



New Brunswick South Central  
Transition House and  
Second Stage Coalition, Inc.



NEW BRUNSWICK  
MULTICULTURAL  
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MULTICULTUREL DU  
NOUVEAU-BRUNSWICK



IMvisible NB

# **Policies, Services, and Supports: A Needs Assessment Report on Domestic and/or Intimate Partner Violence (DIPV) in New Brunswick**

**Dr. Krista Johnston  
Dr. Christiana MacDougall**

**Updated July 14, 2023**



Femmes et Égalité  
des genres Canada

Women and Gender  
Equality Canada

Canada





Contact Us:

Birth Justice Research Initiative  
62 York Street  
Mount Allison University  
Sackville, NB,  
E4L 1E2

Email [krjohnston@mta.ca](mailto:krjohnston@mta.ca) or [cmacdougall@mta.ca](mailto:cmacdougall@mta.ca)

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## **Glossary**

WAGE = Women and Gender Equality Canada

DIPV = domestic and/or intimate partner violence

NSRI = non-status, refugee, and/or immigrant

IR = interview respondent

SR = survey respondent

EIO = Emergency Intervention Order

CPS = Child Protection Services

NBMC = New Brunswick Multicultural Council

GBV = gender-based violence

IRCC = Immigration, Refugees and Citizenship Canada

TRP = temporary resident permit

PLEIS-NB = Public Legal Education and Information Service of New Brunswick

WE = Women's Equality

HRD = Human Resources Development

MAGMA = Multicultural Association of the Greater Moncton Area

SANE = SANE Program (Sexual Assault Nurse Examiners)



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## **Acknowledgements**

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We are indebted to Katey Altman and Fiona Williams (New Brunswick South Central Transition House and Second Stage Coalition), Shadwa Ramadan (New Brunswick Multicultural Council), and Jason Warren (Crossroads for Women) for their ongoing collaboration and support.

And finally, a note of appreciation for the team of student researchers who made this project possible: Kenzie Dunnett, Aude Gazzano, Sophie Fleming, Sara-Ann Strong, and Quinn Waylaing. Huge thanks to Research Coordinator Nell Farion, who kept this project on track despite some very challenging curveballs.



## 1. Summary

This report describes data collected from interviews and an online survey on access to services for those experiencing domestic/intimate partner violence (DIPV) in New Brunswick, with a focus on the experiences of those who are non-status, refugees and/or immigrants (NSRI). The research was funded by WAGE grants received by three organizations: Crossroads for Women (Moncton), the New Brunswick Multicultural Council (Fredericton) and the New Brunswick South Central Transition House and Second Stage Coalition. The data for this report was gathered through online interviews with service users and service providers (n=26) and an online survey of service users (n=39) between June and September 2022. The research was conducted by Dr. Krista Johnston and Dr. Christiana MacDougall and a team of student researchers at Mount Allison University.

Clients who have received services within the domestic violence prevention and response sector were largely positive about their experiences with front-line services and service providers. In particular, the support provided with risk and danger assessments, safety planning, and applications for emergency intervention orders (EIOs) were all named as vital to clients navigating domestic and intimate partner violence. From survey and interview responses, it is also evident that the sector is operating under considerable stress from chronic underfunding and under-resourcing. Stable funding will enable the kinds of training and cross-sectoral collaboration that are necessary to supporting the vital work of this sector.

In terms of services for NSRI clients, it is clear that ongoing training and systems integration between settlement, DIPV and other social services is needed. Although we have insufficient data directly from NSRI clients in the DIPV sector, the data that we do have indicates the need for a better understanding of the different forms of immigration status and their implications for service access and security. It is also evident that new approaches and responses to service provision may need to be created to address the needs of NSRI clients in ways that are culturally appropriate. Hiring and supporting racialized DIPV workers who understand NSRI experiences will be central to positive transformation in the sector in this regard.

Respondents expressed considerable frustration with the legal and criminal justice systems, and with child protection, housing, healthcare, and social assistance. It is evident that all social services are under extreme duress, and the lag in service delivery and loss of staff in the sector have had direct impacts on the safety of clients experiencing DIPV. Coordination across the province will facilitate some systems delivery, but until there is a reliable social safety net, people will need to face several difficult choices when they are trying to leave unsafe situations. As many respondents told us, these are often, quite literally, life and death decisions.



## 2. Background & Context

This Needs Assessment is intended to respond to research needs for three different WAGE supported projects which aim to identify the needs of those experiencing domestic and/or intimate partner violence (DIPV) in New Brunswick, including those who are non-status, refugees and immigrants (NSRI), and to evaluate existing policies and practices in order to identify systemic gaps and barriers. Findings will be used to shape service delivery, to make recommendations for policy change and to assist in the development of a provincial framework to address DIPV.

Conversation about research design began in March 2022. An initial literature review of research on DIPV and the experiences of NSRI clients was prepared by Shadwa Ramadan for the NBMC. Additional literature review was conducted by members of the research team.

This research builds on decades of anti-violence organizing and research in the province (see Calhoun 2001; Doherty 2006; Wisniewski, Arsenault and Paquet 2019), including work undertaken by the NBMC to address the intersections of DIPV and immigration (see Holtman & Rickards 2018; Holtman et al. Provincial Reference Guide) and addressed in the NBMC “Overcoming Barriers” by Gautreau et al.

The findings presented here combine the data from interviews and survey responses. For the most part, what is presented is a description of the main themes that emerged in the data. In order to protect the confidentiality of participants, all identifying information has been removed (i.e. job titles, locations, demographic information) and data will be attributed based on type of research participation: interview respondent (IR) or survey respondent (SR).

This report is organized in separate sections for ease of navigation. Comments from those with lived experiences of DIPV and the services and supports for people experiencing DIPV in New Brunswick can be found primarily in Section 5 of the report. Section 6 focuses on the data from service providers and clients regarding services available for people who are NSRI. The responses of service providers are the focus of Section 7. And Section 8 reflects on the comments from clients and service providers about cross-sector collaboration. Recommendations are provided at the end of each of these sections and compiled in Section 9.



### 3. Methodology

Research design began in the spring of 2022, and data collection ran from June to September 2022. Originally, the data collection plan included focus groups, interviews, and an online survey. Residents of New Brunswick with lived experience of DIPV and service providers in the DIPV sector were the focus of data collection; we quickly learned that these are not mutually exclusive categories. Service providers in settlement and related sectors were also recruited. Recruiting included outreach in English, French, Spanish, Arabic, Ukrainian, and Chinese on social media, and hard copies of outreach materials were mailed to relevant organizations for local circulation.

The response to calls for focus group participants was very low and so individual interviews became the main method of data collection (n=26). Interviews were conducted online via Teams. Informed consent was provided orally, and most participants opted to have edited transcripts returned to them for member checking. Interviews were offered in French or English, with the vast majority conducted in English. Once finalized by participants, transcripts were coded separately by at least three members of the research team and descriptive thematic analysis was undertaken.

An online survey was designed to seek additional input from those with lived experience of DIPV (n=39). The survey was mounted and shared on the Lime Survey platform. Questions explored experiences of DIPV, the kinds of services that were sought, a rating of the helpfulness of interventions sought, barriers to seeking and accessing services, impacts of the pandemic on services, and service coordination, along with demographic data. Surveys were offered in English, French, Spanish & Arabic. Descriptive statistics were developed, and narrative responses were coded using the framework developed for the interview data.

There were some limitations in the study. Recruiting was a challenge throughout the project, perhaps linked to the ongoing COVID-19 pandemic and the challenges of running a study in the summer months, however recruiting in the sector is also known to be challenging. Recruiting of NSRI participants was a struggle as none of the researchers are members of the NSRI community, and the short time frame of the project meant that there was insufficient opportunity to develop relationships that might have helped in this regard. Another challenge was a significant bad actor attack on the online survey, which required a narrowing of recruitment strategies to avoid being overwhelmed by spam respondents. Finally, our interviews were not well distributed across the region. We had robust responses from some sites and no response from others. This means that our findings may be at risk of over or understating issues. However, while this study, and all studies like it, does not produce generalizable findings, the thematic findings shared here do provide insight into the nature of some of the experiences of seeking, receiving, and providing services in this sector.



#### 4. Demographic Data<sup>1</sup>

The majority of respondents are English speaking and self-identify as heterosexual (or straight) women who are white or Caucasian. In terms of race and ethnicity, answers to this question indicate our sample population, while overwhelmingly white, includes about 25% of respondents self-identify as Indigenous (1), people of colour (8), or Black (5). Just over 10% of respondents are newcomers (7), defined as having arrived in Canada in the last 10 years, and whose parents did not have Canadian citizenship. A significant number of participants (n=20) report having a disability or chronic illness.

<b>Race/Ethnicity</b>	<b>N (55)</b>
Caucasian/White	41
POC	7
Black	5
Indigenous	1
Mixed Race	1

In terms of age range responses, participants who responded to this question are fairly evenly divided in the 20-30 (30%), 31-40 (30%) and 41-50 (25%) age ranges, and 15% aged 51 and older.

<b>Ages of Participants</b>	<b>N (53)</b>
20 – 30	16
31 – 40	16
41 – 50	13
51 – 60	7
61 – 70	1

In terms of gender and sexual diversity, one participant is a man, and one is genderqueer. Almost 24% of respondents who answered this question identify as bisexual, queer, lesbian or pansexual.

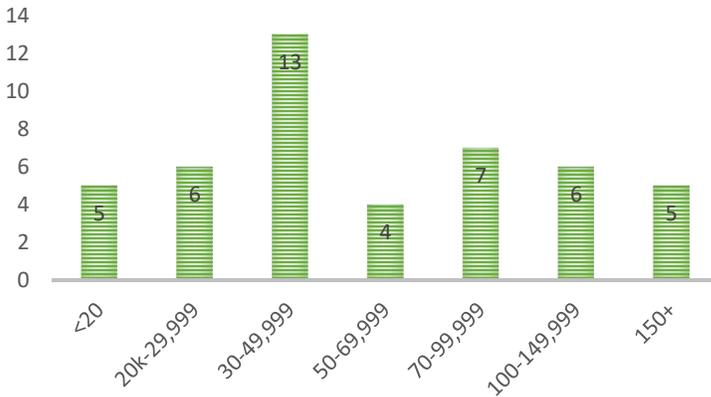
<b>Sexual Orientation</b>	<b>N (46)</b>
Straight/heterosexual	35
Bisexual	8
Queer	1
Lesbian	1
Pansexual	1

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<sup>1</sup> This data reflects responses from all participants, including service providers. Several participants identified as service providers and clients, which made separating this data impossible. Because many questions were optional, not all respondents answered all questions so the total counts in many of the statistics described here is not equal to the full number of study participants.

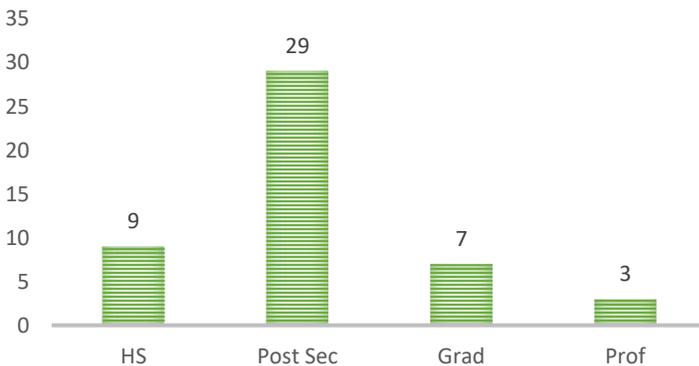
Household income levels of participants are relatively evenly distributed, with the mode being an annual household income falling between \$30,000 - \$49,999.

## INCOME LEVELS



A majority of participants had completed at least some postsecondary education with n=29 having completed at least some college or undergraduate degree and n=10 having completed a professional degree or graduate studies.

## EDUCATION LEVELS

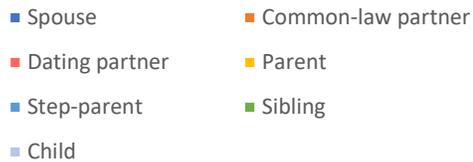
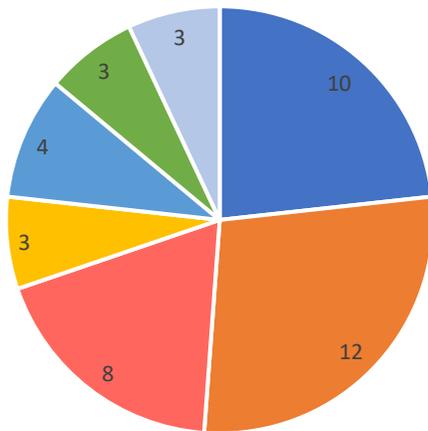


The majority of participants who responded to this question live in or near one of the three large metropolitan areas in the province, with the majority reporting from Saint John (n=16), followed by the Greater Moncton Area (respondents from Moncton & Riverview n=9), and then Fredericton (n=7). Fourteen (14) respondents live in small or rural centres and report that the nearest centres or towns were Black's Harbor, Campbellton, Grand Falls, Miramichi, Sackville, Shediac, Tobique First Nation, Woodstock.

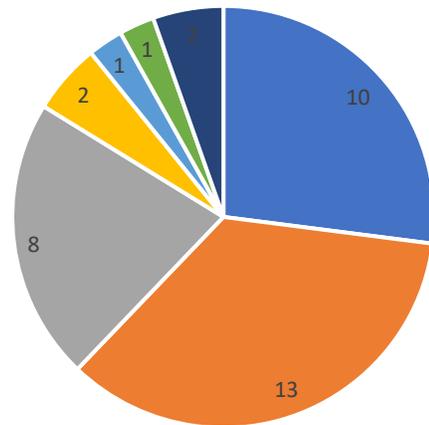
## Forms of Violence

The following images are drawn from survey responses only. They provide some context for the forms of violence that respondents indicate having experienced. They demonstrate that DIPV takes many different forms in the lives of respondents, including but not limited to emotional abuse, coercive control, financial abuse, spiritual or religious abuse, physical abuse, and sexual abuse. Across all forms of violence, common-law partners, spouses and dating partners are the main perpetrators of violence.

Have you experienced any of the following: name calling, saying hurtful things to put you down, or taking actions that would upset or hurt you like damaging things?

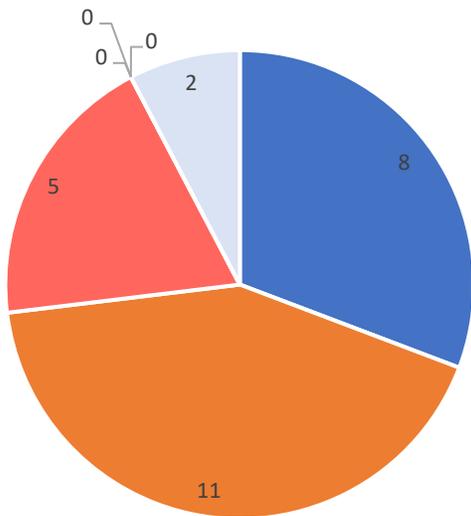


Have you experienced any of the following: someone making you feel like you doubt reality, isolating you, using a mental health struggle or diagnosis to undermine your credibility, or blaming you or making you think the mistreatment is your fault?

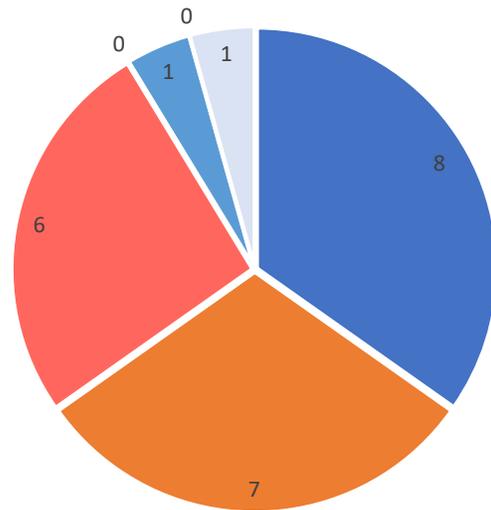


Have you experienced any of the following: someone stealing from you, preventing you from getting a job, withholding basic needs from you, or not involving you in financial decisions or matters (e.g. you are not allowed to do the household banking or have a credit card)?

Have you experienced any of the following: someone stalking you, monitoring your device's location without your consent, monitoring your internet/smartphone use, or restricting your access to your devices or to other forms of technological communication?

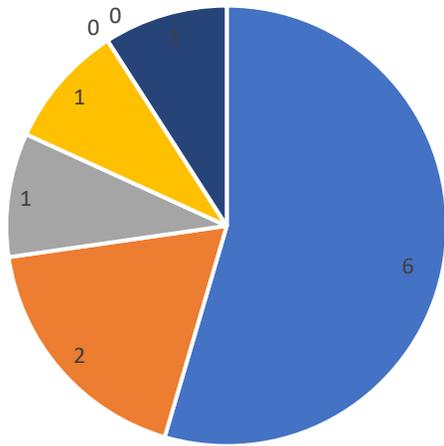


- Spouse
- Common-law partner
- Dating partner
- Parent
- Step-parent
- Sibling
- Child



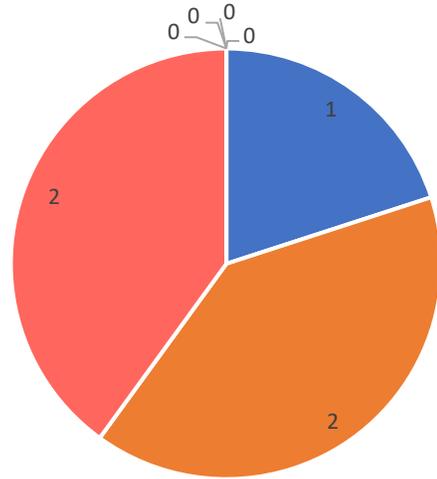
- Spouse
- Common-law partner
- Dating partner
- Parent
- Step-parent
- Sibling
- Child

Have you experienced any of the following: someone mocking your religious or spiritual beliefs or practices, using religion to justify their actions, keeping you from engaging with your religious community or forcing you to take on their beliefs and practices?



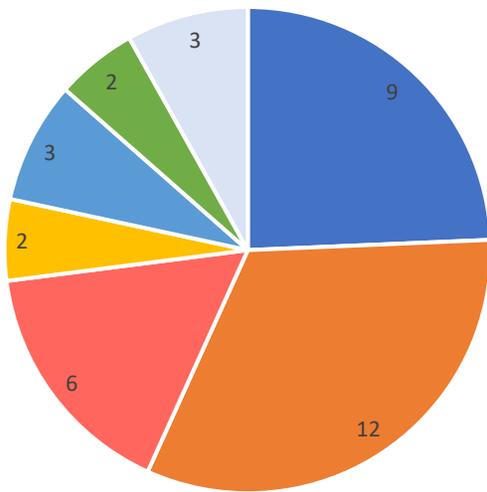
- Spouse
- Common-law partner
- Dating partner
- Parent
- Step-parent
- Sibling
- Child

Have you experienced any of the following: someone mocking your cultural beliefs or practices, keeping you from engaging with them, forcing you to take on their beliefs and practices, or taking advantage of your different cultural background or of you being a newcomer?



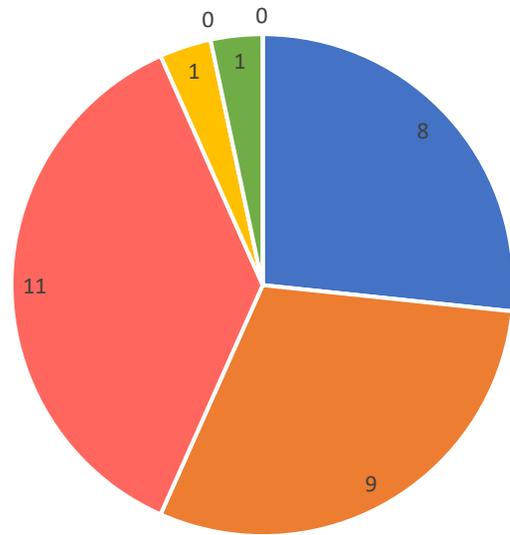
- Spouse
- Common-law partner
- Dating partner
- Parent
- Step-parent
- Sibling
- Child

Have you experienced any of the following: hitting, slapping, punching, kicking, throwing, pushing, or choking, etc., including physical intimidation, i.e. someone doing these things to objects to make you fearful?



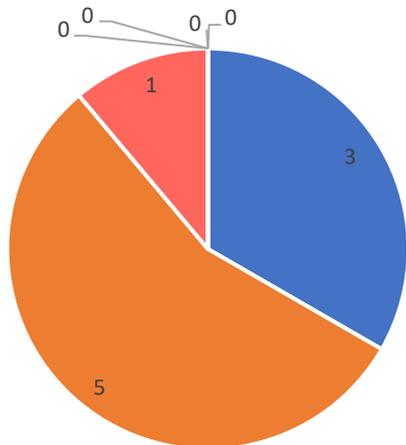
- Spouse
- Dating partner
- Step-parent
- Child
- Common-law partner
- Parent
- Sibling

Have you experienced any of the following: someone saying or doing things that are sexual in nature despite you telling them to stop, expecting you to engage in sexual activity when you don't want to, sexual assault, rape, sexual activity without consent, non-consensual condom removal, or coercion?



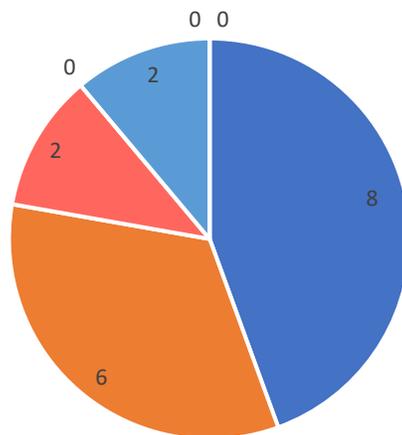
- Spouse
- Dating partner
- Child
- Common-law partner
- Parent
- Sibling

Have you experienced any of the following:  
 increased violence during pregnancy,  
 someone restricting your access to birth  
 control, pressuring you to get pregnant,  
 forcing you to use a form of birth control,  
 forcing you to receive an abortion or forcing  
 you to receive an abortion related to the  
 sex of the fetus?



- Spouse
- Dating partner
- Step-parent
- Child
- Common-law partner
- Parent
- Sibling

Have you experienced any of the following:  
 someone in your household monitoring or  
 controlling your body, for example monitoring  
 your weight, exercise, diet, bathroom  
 behaviours, hygiene practices, or what you can  
 wear?



- Spouse
- Dating partner
- Step-parent
- Child
- Common-law partner
- Parent
- Sibling



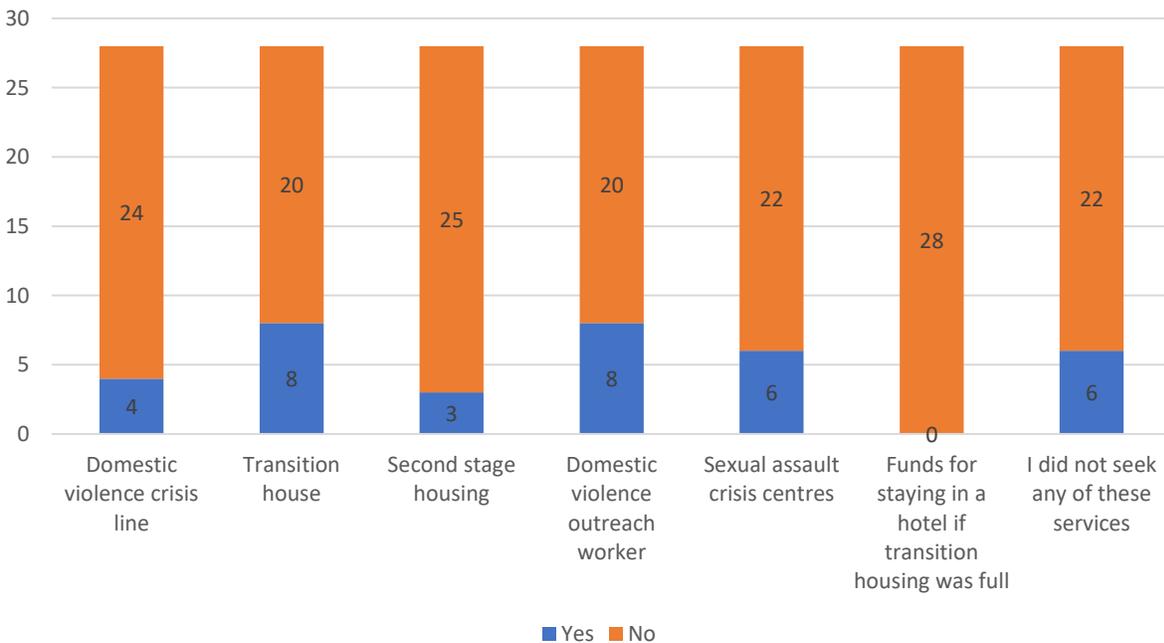
## 5. Finding & Accessing Services

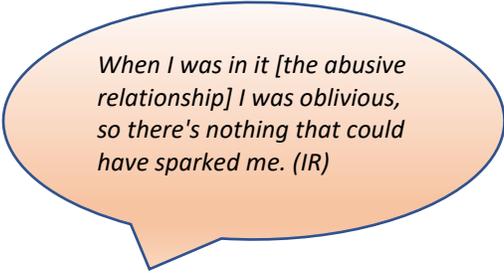
The findings in this section focus on the experience of those seeking and accessing services for DIPV in New Brunswick. The responses of NSRI participants are also included in this section, but Section 6 focuses on that data.

The majority of survey respondents did not access any DIPV services. Of 28 responses to this question a maximum of 8 respondents used any services. It is likely some clients used multiple services, but the data seems to suggest an underuse of resources in the respondents.

It is unclear exactly why these respondents didn't seek services, but the data in this section seems to indicate a combination of personal reasons, including, perhaps, an initial reluctance to see their experiences as forms of DIPV. Respondents also indicate that there is not widespread knowledge of services offered and identify some barriers in accessing services.

Did you contact or access any of these domestic violence services for help with domestic and/or intimate partner violence?





*When I was in it [the abusive relationship] I was oblivious, so there's nothing that could have sparked me. (IR)*

## Finding Services

We began interviews by asking participants to tell us broadly about the kinds of services and supports they had accessed for DIPV. Many began by talking first about the process of deciding whether to reach out for services. As is well known in the sector, the first step to finding services is acknowledging that you need them. Many respondents told us that they didn't seek services initially because they held on to misunderstandings about DIPV, or because they didn't immediately recognize that this was what they were experiencing. Especially in instances where violence was not physical, some respondents shared that it took some time before they realized or admitted that they needed help; and even when the abuse was physical, some didn't initially make the connection to DIPV.

*He was physical with me a few times where I thought it was okay, like there was no, there was no light going off. (IR)*

*You question yourself because like I wasn't getting punched in the face, right? So, you question yourself and you think, okay, well am I overreacting? (IR)*

Some respondents hesitated to reach out for services because of a feeling that others in worse situations needed services more than they did; others shared that they felt they would be able to handle the violence or the complexities of leaving on their own.

Some respondents indicated that even though they knew that they needed support, they didn't know what kinds of services existed, or where to find them.

*I didn't even know that any of that was available to people, and I have friends who have gone through this. I don't think they called [a transition house]. I don't think they knew there was anything like that available. And I think some of my friends could have highly had a benefit from that. (IR)*

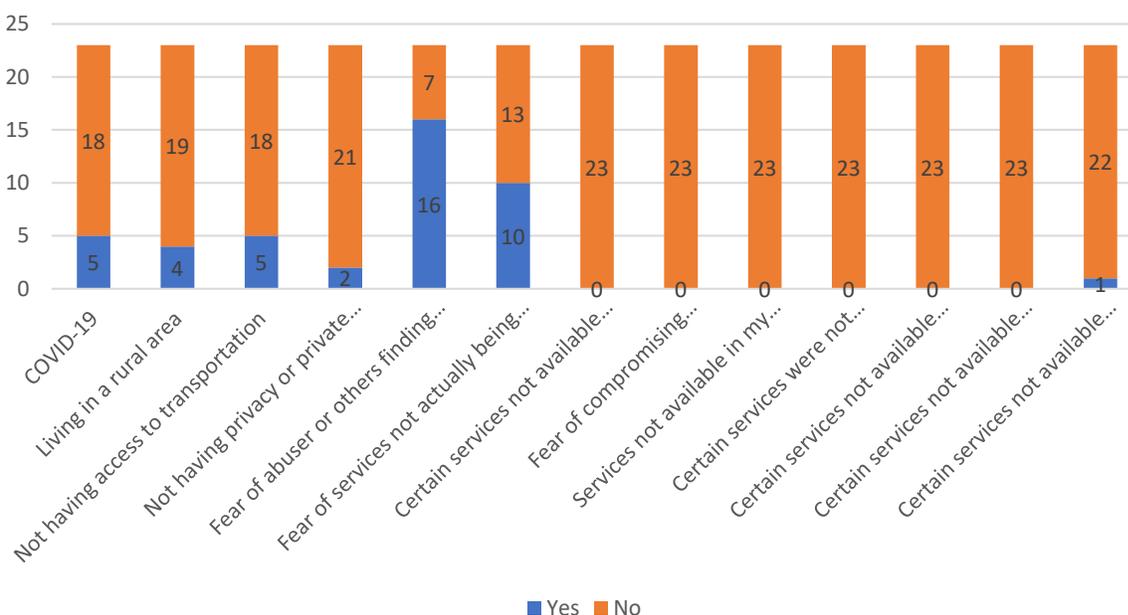
Finding appropriate services was also challenging for NSRI participants. In addition to the lack of information and understanding of DIPV shared by other participants, translation and information pathways are two significant barriers to locating appropriate services for NSRI clients. One service provider indicated that word of mouth and community supports might be more common information sources for NSRI clients, but several service providers indicated that, like other participants, NSRI clients may not recognize their experiences in the language of DIPV either. Lack of clear information in multiple languages about domestic violence services, and lack of trust in social services and police are also themes that appear in this data, and they reflect findings from earlier studies of the sector (for example, see Holtman and Rickards). This also reflects the importance of strong cross-sectoral networks and information sharing in order to ensure that NSRI clients find the supports that they need.

Once they decided that help was needed, many respondents initially sought services online, and some indicated that this did not lead them directly to the kinds of services they were seeking. One person explained that the most immediate support she was able to find was through a hotline in the United States, but that this was not helpful to finding local supports.

*There's like a domestic violence hotline I believe too, it's like 1-800 something, I think I ended up being in contact with somebody from the US at the time. It's a 1-800 number though. And they didn't really know the ins and the outs of the system here obviously, but I was looking, like I needed answers, I needed somebody to talk to at the time. (IR)*

Once they had decided to seek services, survey respondents indicate a number of obstacles to finding services, including in particular, a fear of their abuser or others finding out, or a fear of breaches of confidentiality. Transportation issues, living in a rural area and COVID-19 are also listed by participants as obstacles to seeking the supports they needed.

Were there specific barriers that you encountered when reaching out?



**Legend:**

*COVID-19*

*Living in a rural area*

*Not having access to transportation*

*Not having privacy or private means of communication*

*Fear of abuser or others finding out and what would happen if they did*

*Fear of services not actually being confidential*

*Certain services not available because of my immigration status*

*Fear of compromising immigration status or of being reported to immigration authorities*

*Services not available in my language*

*Certain services were not available to me because of my disability*

*Certain services not available because of Indigenous status*

*Certain services not available because of military status*

*Certain services not available because of my sexual identity or gender identity/expression/presentation*

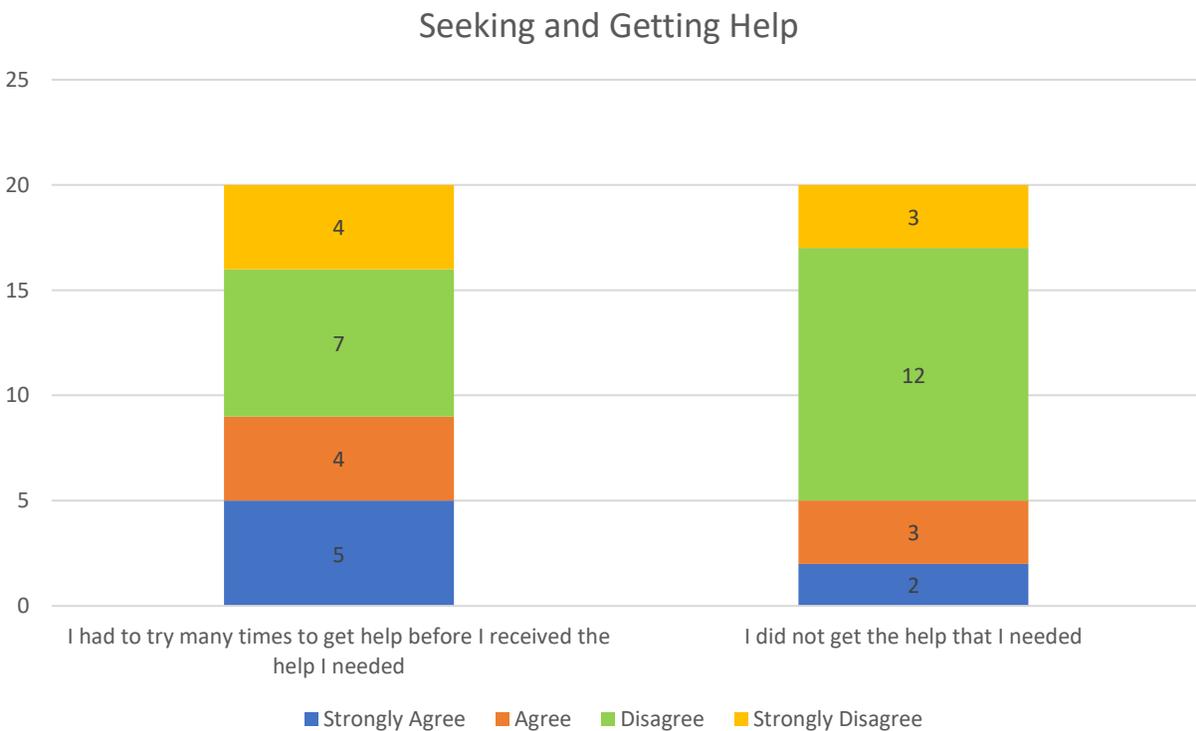
**Recommendations**

- Ongoing public education about the prevalence and indicators of DIPV, and about healthy relationships
- Review and revise online information pathways; continue to publicize the services offered by transition houses with the general public but also within public service, health care, immigration and settlement services, and education
- Ensure that online information pathways & public education about services offered are also offered in many languages and with members of the public service, health care and education who work with NSRI clients

## Accessing/Using Services

From interviews and surveys, we learned that the initial points of contact for those who sought services included transition houses or DIPV crisis lines, police and victim services, health care workers, and sometimes child protection and social development. This demonstrates that multiple sites of initial contact seem to be available to those seeking services. It also demonstrates that ongoing training and coordination is needed among a range of sectors and organizations, a point to which we return below.

Interview participants also repeatedly told us about the sheer persistence required in order to receive the services that they (and often their children) needed. Among the 20 survey respondents who answered this question, 45% (n=9) agreed or strongly agreed that they had to try many times before they received the help they needed; and a further 25% indicate that they did not get the help that they needed. This broad finding suggests that changes might be needed across the sector, whether within policing, the legal system, or services directly for those experiencing DIPV.

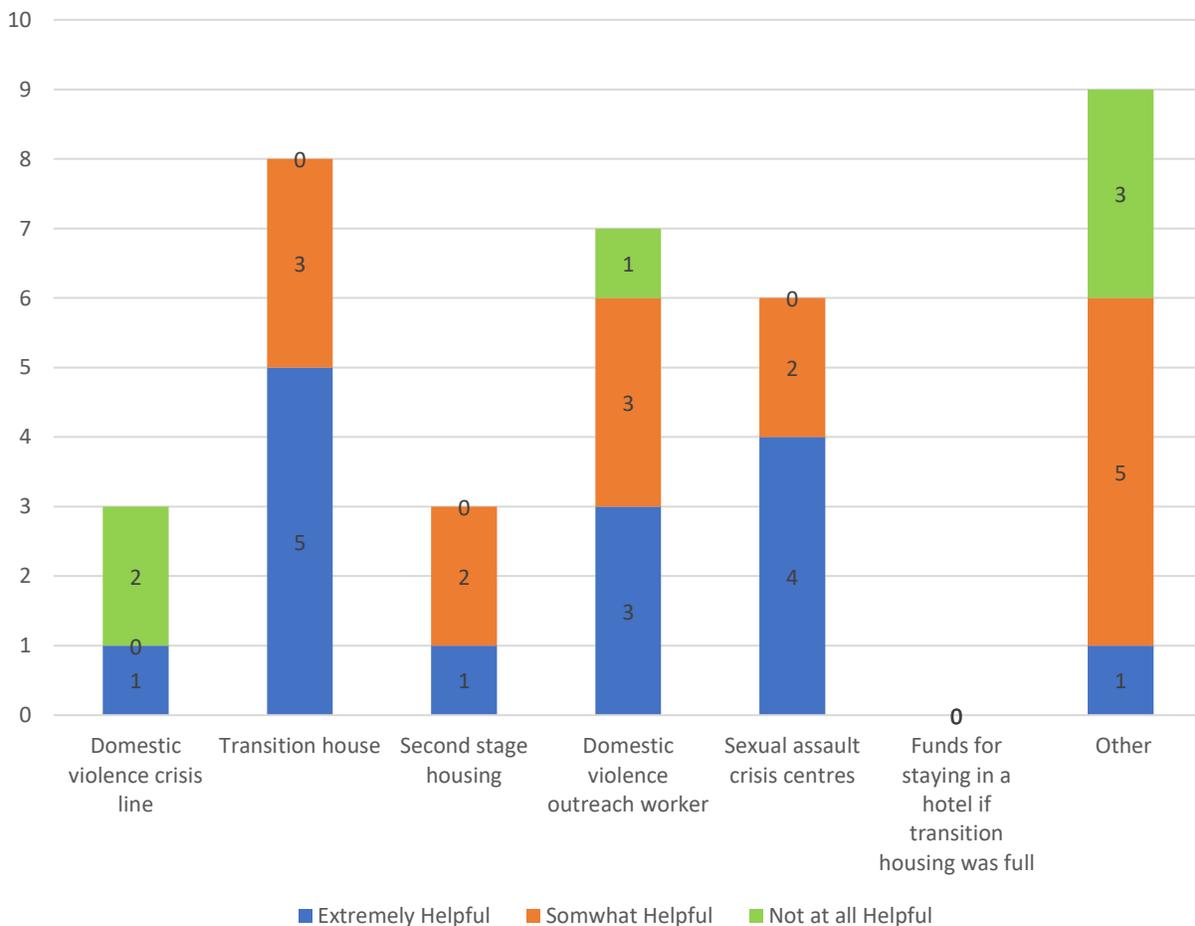


## DIPV Sector Supports

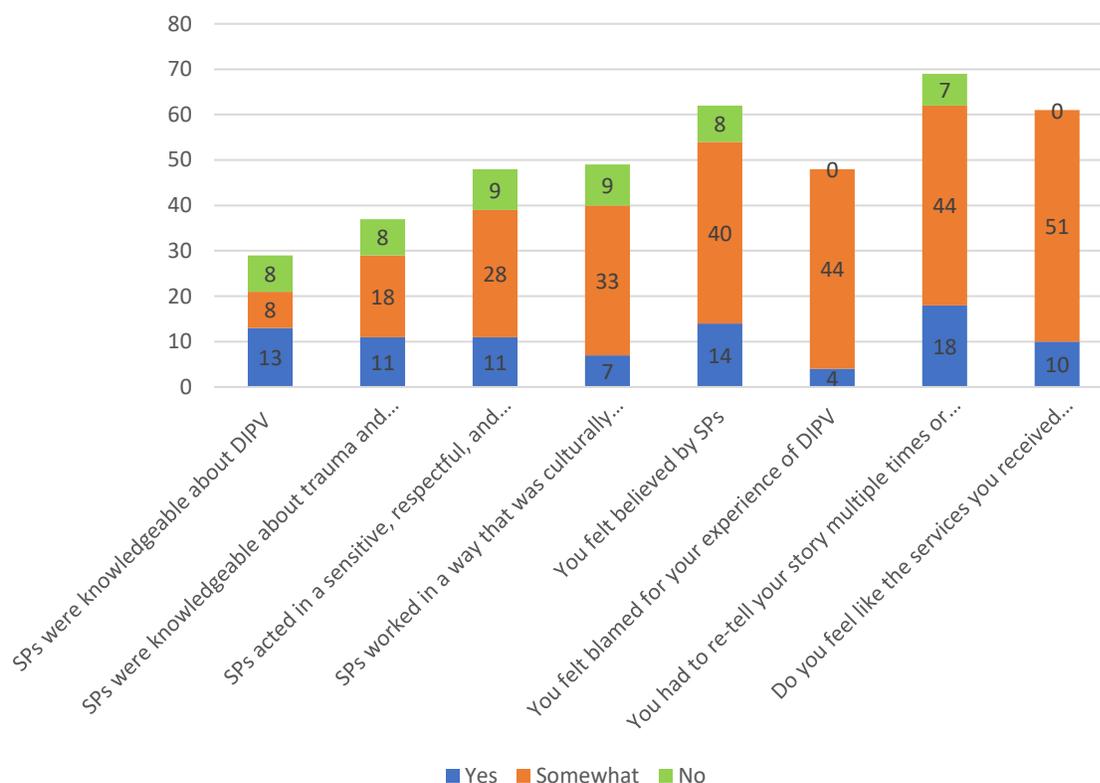
*If it wasn't for the sanctuary house I'm not sure where I'd be (SR)*

The feedback from clients who accessed supports within the DIPV sector (i.e. transition houses, second-stage housing, domestic violence outreach workers, crisis lines) is largely positive. The following figures depict the feedback from survey respondents on the helpfulness of DIPV sector services and the experiences that clients had with service providers in the sector. For the most part, clients indicate that they found DIPV sector services extremely helpful or somewhat helpful. The most enthusiastic responses seem to come from those who have accessed transition houses and sexual assault crisis centres. Combined, the two figures seem to indicate that while there is much that is working well in the DIPV sector, there is also room for ongoing improvement.

Helpfulness of DIPV Sector Services



## Client Experiences of Service Providers



### Legend:

*Did you feel that the service providers who helped you were knowledgeable about domestic/intimate partner violence?*

*Did you feel that the service providers who helped you were knowledgeable about trauma and the struggles that people who experience domestic/intimate partner violence may face?*

*Did you feel that the service providers who helped you acted in a sensitive, respectful, and professional manner?*

*If relevant, did you feel that the service providers who helped you worked in a way that was culturally appropriate, respectful and knowledgeable?*

*In your interactions with service providers, did you feel believed?*

*In your interactions with service providers, did you feel blamed for your experience of domestic and/or intimate partner violence?*

*Did you have to re-tell your story multiple times or to multiple different service providers?*

*Everyone's experience of domestic and/or intimate partner violence is related to their own life experiences and identity. Do you feel like the services you received were tailored to your needs? (Consider sexuality, migration status, experiences with racism and any other important factors).*

Most participants indicated that they felt respected and supported by frontline workers in the DIPV sector. Many talked in detail about the helpful, knowledgeable, and supportive service providers they worked with, and the care that they received. Clients indicated that service providers used the tools of the sector to help them understand their situation and assess their personal/family level of risk and then to navigate a complex system. Clients appreciated the knowledge that front-line service providers hold about systems and processes related to DIPV, and they also spoke enthusiastically about the emotional support, reassurance and empathy that they experienced in their encounters with frontline staff in the DIPV sector.

*They accompanied me to court each time. They helped prepare safety plans for work, school and home. They were a listening ear, that didn't judge and knew exactly what we were experiencing. They know the injustice of the system. The support group was so helpful to meet and speak with others who are also abused by a spouse, the RCMP, CPS and the courts. They take calls during each crisis. They connected us with help and support. Suggested DV/IPV counsellors, arranged meetings with [workplace] security, provided gift cards to allow for food purchases for Christmas. They are our life line. (SR)*

*It felt like I had a girlfriend here who actually has like, a toe in the business, but she felt like a girlfriend. So that was really great. And I know that that might not work for everybody, but that's what I needed. I needed somebody to sort of feel more like a girlfriend. (IR)*

*As much as like victim services do feel like they have your back. They have your back in like a paperwork way. You know? They're not gonna give me the hug. And it felt like the [crisis intervenor] will. She's gonna sit next to me in court and probably look at me with that empathy that I actually need. So that was really nice, yeah. (IR)*

*I was able to e-mail back and forth any questions I had with her, even like she was available for phone calls because I was struggling. She even accompanied me to my first court date and she stood beside me and blocked my view from the, yeah. So that was really nice. (IR)*

*The shelter I am currently with in second stage offered me one of their rentals for my son and myself. Without those women? I don't know if I would be here on this planet, so I have nothing but positive/empowering and grateful emotions attached to them.*

*I think the people that work in these fields, especially the people at the transition house and the crisis workers, they need to be paid well because they deal with so much. And you know fielding these abusers, like I know they've had to deal, not with mine specifically, but you know they deal with a lot of abuse themselves and you know they deserve a lot and a lot of recognition for how hard they go for the people that they're protecting. So yeah, I appreciate them a lot. (IR)*

Of course, some respondents did not receive the help that they needed when they accessed supports in the DIPV sector, or had experiences of that help that were less than positive.

*I was lucky and had an okay job. Unfortunately, the DV worker got so focused on that. She kept telling me how “lucky you are compared to the other women that come to me for help. You can leave and be fine.” I understand now what she sorta meant but at the time I was SO ASHAMED and scared that it felt like more shame on top of everything. (SR)*

*I didn't find the Domestic Outreach [worker] very helpful as I went to her to find out how to leave safely and where to go and she never really helped me figure that out. She would just go over what abuse is and the cycle of abuse and tell me if things got worse to call 911 or go the shelter for wom[e]n and children. (SR)*

Luckily, the second respondent had support from social workers who were involved through social development, and they connected her with second stage housing, at which point she was able to safely leave and receive the supports she needed.

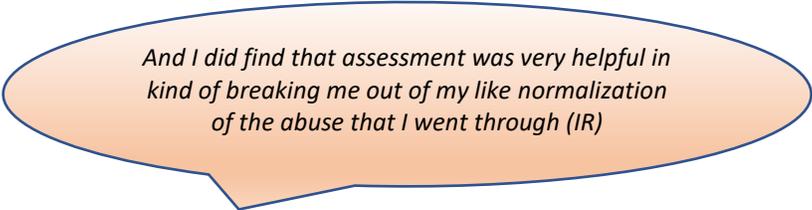
*Once I was extremely clear and set on leaving and Second Stage had a place for us things went faster and we were out within two weeks. Second Stage is very friendly and welcoming. (SR)*

One respondent also noted that the absence of racialized service providers has created a barrier to her accessing and receiving appropriate services.

*I have never been able to find a service provider who shares my identity as a person of colour; all of the service providers available in the province, I found out, are white. While I have been able to find service providers who are queer and/or trans, which means I feel safe addressing how my gender and queerness were involved in the abuse, I do not feel I have been fully understood in that other dimension. Even when a white practitioner is actively anti-racist and understanding, it still feels strange and incomplete trying to talk about racialized trauma with them. (SR)*

This was also an issue identified by service providers, and we return to a discussion of the overwhelming whiteness of the sector in Section 6.

## Helpful Tools



*And I did find that assessment was very helpful in kind of breaking me out of my like normalization of the abuse that I went through (IR)*

Interview respondents indicated that transition house staff employed a range of helpful tools to help clients decide on their next steps. Many talked about the usefulness of the visual depiction of the cycle of violence.

*For the first time, I realized it was abuse. I felt hope. I understood that it was a character flaw that he had (SR)*

Another tool mentioned by many respondents is the danger or risk assessment (also sometimes called a lethality assessment).<sup>2</sup> For many clients, the risk assessment was conducted upon intake to a transition house, and it served as a way of gaining a clearer understanding of their situation.

*I think that was also very helpful in helping me in kind of get[ting] me out of my own head. Because I kept thinking that I can deal with it, I can deal with it, I can deal with it. But then like going through and like looking at all the different like boxes that I was ticking like, this is so not normal (IR)*

Perhaps more eye-opening, however, was the same participant's explanation of the impact of completing this assessment again, after she had been living in the shelter for a couple of weeks.

*And then she did one the day that I filed for my first EIO. And at that point in time I had gotten to know them quite well, because they work in the house a lot.... And when she did the second assessment with me, my score was 37. And she said, "This is when I normally look at the person doing the assessment and tell you your husband is going to kill you" and she said, "but I know you know this," and she said "I think it's really time for us to get the EIO [Emergency Intervention Order]." And I said "okay." (IR)*

The risk assessment tool is clearly a useful one for service providers and clients, in assessing the situation and developing a plan, but also in providing clients with a clear indication of the potential severity of their situation. Respondents indicated that once they had this information, they were able to develop a safety plan or an exit plan. The tool also proved useful in deciding whether to apply for emergency intervention orders or to pursue other directions, such as filing police reports.

Under the Intimate Partner Violence Intervention Act of the province, an EIO can be granted to provide temporary measures to protect those experiencing DIPV. Once granted, EIOs are in effect for up to 180 days (PLEIS-NB). Most interview respondents who sought EIOs did so with the assistance of transition house staff, although other service providers are also trained to assist in these applications. From the perspective of service users, applying for an EIO is a daunting task, and many recounted the crucial importance of the expertise, guidance and support provided by frontline DIPV staff in navigating this process.

*[The Crisis Intervenor at the transition house] helped me with my Emergency Intervention Order, so she helped me with that process. I don't know what I would have*

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<sup>2</sup> Several different approaches exist to assess the level of risk in instances of DIPV, and police and victim services will also use these measures to determine level of risk (see Miller 2008 for an inventory of approaches used; updated in 2012).

*done without that available, like that service specifically. I don't know what I would have done without that. I know that I could have been able to do it on my own because my lawyer had sent me the link to be able to file on my own for that. [The crisis intervenor] was really helpful just because emotionally I don't think I would have been able to do that... And you know, like what specifically they're looking for, because they are looking for a certain language and certain words, so just, you know, leaving out the emotionality of things and putting in like actual facts. So that's where she was able to help. (IR)*

*The EIO process was quick and not complicated with the help of a local DV organization. (SR)*

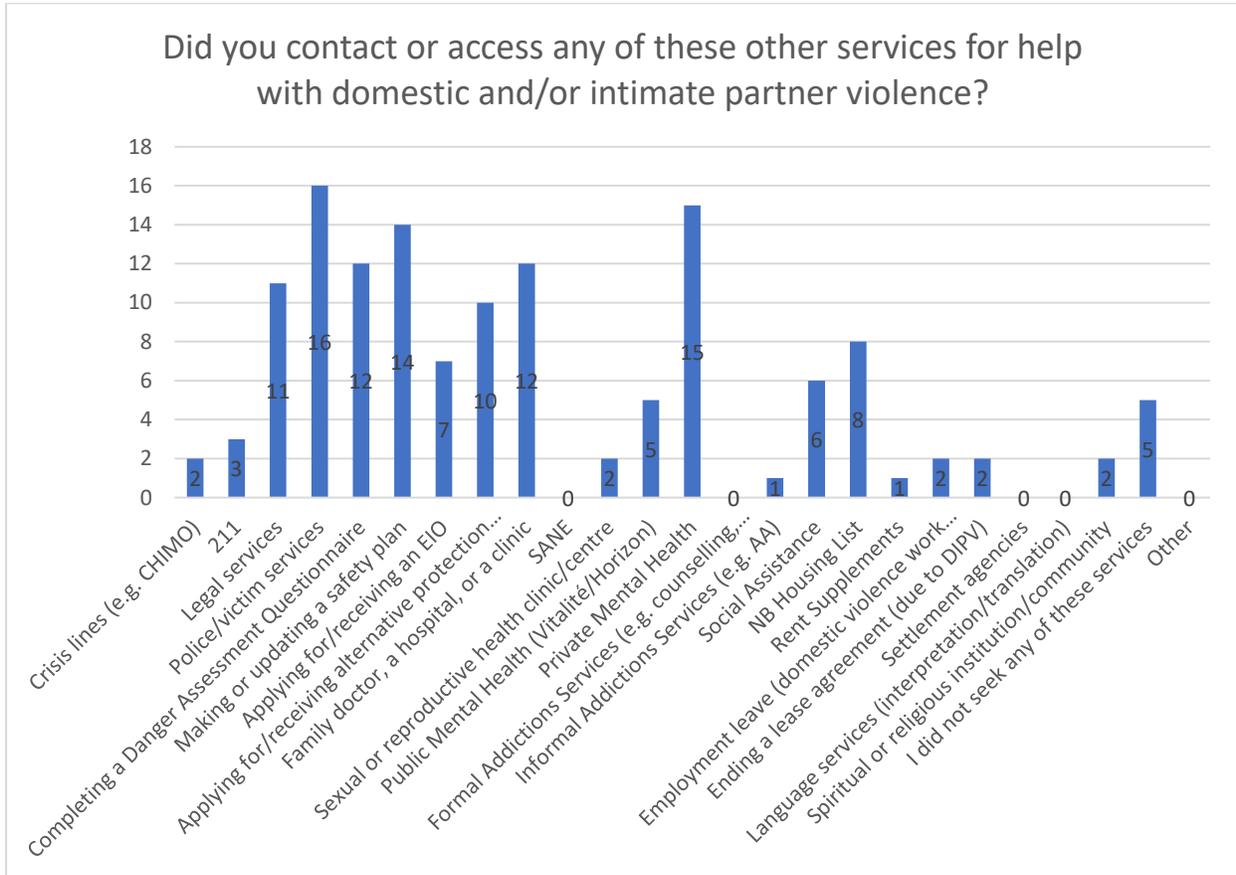
Overall, feedback from clients of DIPV services indicate that services within the sector are working, and they are appreciated. The main areas of concern based on interview and survey data seem to be time delays in accessing services and capacity limits in terms of accessing space in transition houses, second-stage housing, and other programs. In particular, access to counselling and supports for children within transition houses were areas of concern for a number of respondents. While some transition houses are able to provide such services, this is not the case across the sector.

*It is a shelter, there's no services within... Basically the shelter is just that: it is a protective place to stay, which is needed, and which is great. So, when I say this, it's not about blaming any individual. It's more about the system in and of itself and how it's structured. (IR)*

Several participants noted that better access to counselling, legal advice, and other supports from within transition houses would be beneficial, as well as more support in managing the range of services often involved in addressing DIPV.

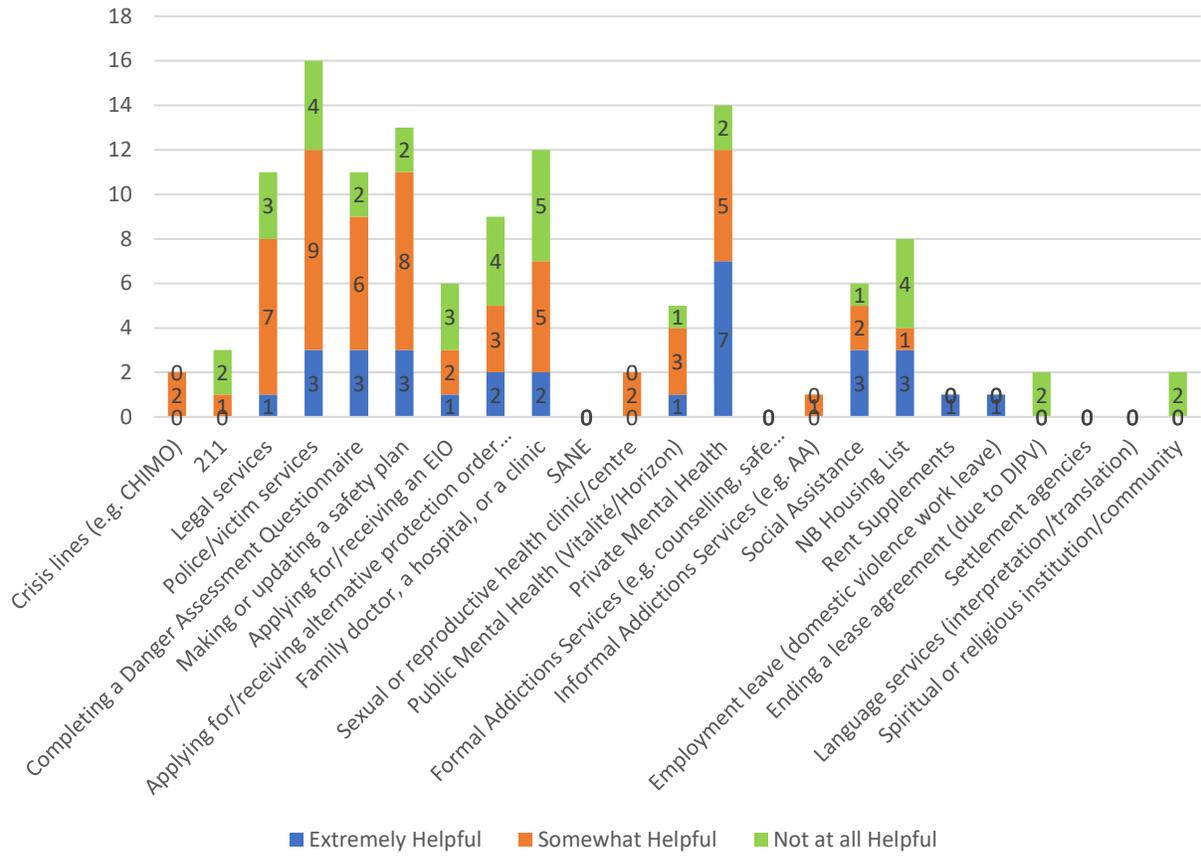
## Connecting with Other Supports

The figure below demonstrates the broad range of services and supports outside of the DIPV sector accessed or contacted by survey respondents.



We also spent considerable time in interviews piecing together the kinds of services participants accessed, and where they were provided (i.e. as part of the DIPV sector, or facilitated by a DV sector worker, or supports that clients located separately or through other services). Looking across interview and survey responses, a complex web of services emerges, some of which are well integrated and work together seamlessly, and others which seem to be difficult to access or to operate separately from other systems. The following figure indicates that some of these additional services have been helpful supports to survey respondents, and their responses also indicate some of the limitations of services outside the DIPV sector. Below, we detail participants' comments regarding mental health supports, child protection, the legal system, and policing.

## How Helpful were Non-DIPV Sector Services?



## Mental Health Supports & Counselling

Several respondents indicated that counsellors, therapists or social workers were central to their realization that they were experiencing DIPV and to helping them to leave abusive relationships.

*It was only in the last few years of my marriage that I connected with a wonderful counsellor who understood what I was going through and she was the one who helped me devise a plan to leave when he was away. I am so thankful for her support. (SR)*

For most respondents, access to counselling and other mental health supports only came once they began seeking help for DIPV. Although some respondents (and some of their children) received counselling through the transition houses they stayed at, this does not seem to be widely available across the DIPV sector. For those for whom counselling was available, either through the transition house, victim services, or social development, many indicated that there were limits on the number of sessions and counsellors available, with restrictions and structural issues that impacted on continuity of counselling services.

*And then [Victim Services] also offered therapy sessions. But where my therapist was private practice, he wasn't like enrolled in that program, because I could have gotten 10 sessions paid through Victim Services. (IR)*

*I've already used most of my therapy sessions and I feel like I've hardly gotten anywhere. I understand why its limited, but I really need more support. (SR)*

*Staff shortage has not made it possible to receive consistent and ongoing counseling for my daughter and I. (SR)*

Some indicated that they worked with their counsellor to make sure that the limited access to counselling could be strategically timed so that access to this key support would be available throughout the lengthy judicial process.

*We were on the 7<sup>th</sup> session, and she says, okay, we're gonna do a pause because there's still some time, we haven't found out anything from the court. So, we're gonna hold off until we find out, and then we'll use that last session as, like a debrief depending on what goes on. (IR)*

The limited access to counselling sessions is also tied to staffing issues within transition houses and across social services in the province.

*They didn't have another counselor available. So I did reach out to [the transition house] again, just to see if I could access, like even just have a phone conversation with one of*

*their outreach workers. She's really busy too. I did have one nice conversation with her since, but then I hadn't been able to get in touch with them. (IR)*

This limited capacity across the sector is sometimes understood and excused by participants as necessary triage.

*I guess like I could still access the services, but I know they're really busy. And I guess I wouldn't want to take that away from somebody that needed help getting out of a situation similar to what I was in. (IR)*

*Because the severity of my situation like currently, or at that time, was quite low, I got kind of put, and I was completely fine with it, and I told them that too, I got put at the bottom of the pile for counseling and so did my daughter just because they were having to deal with still some really like, you know, heavy cases where they had people that were still in imminent danger kind of thing. (IR)*

Other clients were directed toward counselling services available through workplace employee assistance programs, but they found that these supports did not always have expertise about DIPV.

In addition, mental health supports for children were identified by clients and service providers as insufficient.

*I started really worrying about my daughter's mental health because of the emotional abuse that she was experiencing in the home and that she was witnessing me experience. And so, I was like, I want some help now and they didn't do that at [the transition house]. (IR)*

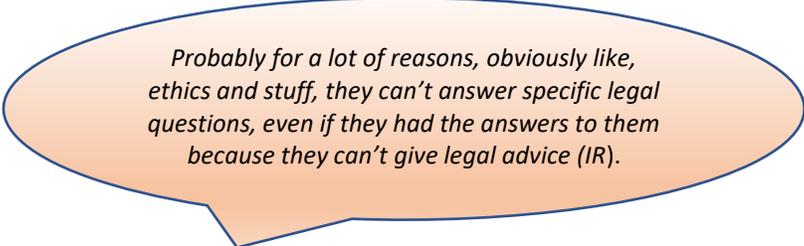
Several respondents indicated that they turned to private supports and resources given the long waitlists, insufficient access and limited supports available through the system.

*And then a lot of the supports that I've been able to seek that I found have really helped are the ones that I found online, but they're mostly based out of the US or in Toronto, Ontario. (IR)*

*I have gone to see a couple psychologists I found. I did find one that I really like. Unfortunately it's \$200 an hour and my medical coverage covers only 40, like \$40 up until a certain amount. My daughter's as well was \$185 an hour and the same thing. (IR)*

Clearly, ongoing access to mental health supports, including counselling, are needed within the province, both within the DIPV sector and in related sectors including victim services and social development. And it is crucial that these counsellors have knowledge and training in working with those who have experienced DIPV.

While most interview participants were speaking directly to their experiences with the services available via transition houses, given what we know about DIPV, these recommendations would likely be equally applicable to second stage housing and other DIPV services as well. Most trauma processing happens *after* a crisis situation, which means that there is an important opportunity for clinical intervention in second stage housing. Among the few participants who had accessed second stage housing, it was clear that ongoing supports, including counselling, were still needed, and still insufficient.



*Probably for a lot of reasons, obviously like, ethics and stuff, they can't answer specific legal questions, even if they had the answers to them because they can't give legal advice (IR).*

## **Navigating the Legal System**

Many respondents indicated that navigating the legal system was a significant challenge, and one for which there is little support from within the DIPV sector or elsewhere. Some respondents indicated that transition house staff were able to help them understand the steps of the legal process, and to help them to prepare to manage the emotional side of that experience, which one person described as helping her to 'brace herself' for the length of the process and the challenges of testifying in court. Although some service providers did indicate that they work in close contact with local legal clinics and experts, most transition houses do not provide in-house legal advice, and in fact are careful to avoid providing potentially incorrect information.

As one service provider explained:

*It's kind of like walking on eggshells I guess when it comes to the legal aspect of it, but we try to, we do know that there are some free like legal clinics here, so if it's something that they may need like some legal advice, and that's for anybody, we can kind of point them in that direction. (IR)*

Thus, whether for issues of child custody, separation, divorce, or for criminal proceedings against abusive ex partners, clients largely navigate the legal and related criminal justice system on their own. Some spoke of fantastic (but very busy and expensive) lawyers, but most described the legal system as confusing, expensive, slow-moving, and ineffectual. One service provider identified problems in the legal system as a barrier to leaving abusive relationships.

*I would say that another big barrier can sometimes be the judicial system, for the wait time to process. Because sometimes that can increase the women's risk or decrease her ability, or act as a barrier to leave. (IR)*

Access to Legal Aid (or lack thereof) was also identified as problematic, both in terms of service delivery lags in the system, and in terms of the limited coverage. For instance, Legal Aid is available for someone who is being charged with domestic violence in New Brunswick, but not for witnesses or survivors of domestic violence who do not require legal representation in these

instances. There are also some limitations on access to Legal Aid for matters pertaining to family law. Thus, several participants indicated that although their ex-spouses had access to paid legal support for their criminal cases (i.e. via Legal Aid), no legal support was provided to those who might be testifying against abusive exes in criminal cases, and there is no mandated legal representation for children in either criminal or family court cases.

In addition, one survey respondent indicated that the court process had also put her at risk of further violence from her former partner in providing him with her address; this violation of safety has made her unsure whether she should proceed with filing a police report.

*He did not know my address until the court blankly provided it through court documents. Now he knows where I lived. I want to report him for the rape and other assaults he put me through, but I don't know how to put it into words. I'm scared and I don't want to because he knows where I live. And I don't want to disclose it verbally. I wish I could just write it down or submit it anonymously. (SR)*

Similarly, other participants worried that judges do not have sufficient education on DIPV and that they are making life-changing decisions based on incomplete or false information.

*Criminal court judges and family law court judges being required to have training in IPV/DV. They should be wise to the manipulation of abusers and the stats. They should be able to recognize the abusers' tactics and not fall prey to them. There should be checks and balances in place to catch the blatant ignorance of the judges and the false assumptions they base their decisions on. (SR)*

Participants expressed many different frustrations with the legal process and the related processes of child protection and policing. In particular, the criminal and family court systems don't seem to take an integrated approach to these matters. As one participant explained:

*The legal system is the most important thing, especially when there's children involved. That is one of the most pressing issues and is something that is weaponized by perpetrators, often. (IR)*

Respondents indicate that family and criminal justice issues are often litigated separately, even though issues of DIPV often cross-cut these courts. Numerous participants expressed their fears that this false separation of criminal and family matters put their children in dangerous situations while depriving them of necessary supports.

### **Child protection & Social Development**

For some respondents, social workers involved in child protection and social development were the first points of contact and important in helping to design exit plans.

*The social workers were helpful in trying to fix the situation and keep our family together until he was no longer safe to live with and not willing to participate in the case plan. Once the decision was made that it would be easier for me to take the kids and leave they were involved in every step of helping me leave and found and made the contact to Second Stage and came on moving day to protect me and tell my ex-partner what was going on and that he was not to interfere or follow us. (SR)*

Although some felt that CPS was an important support, one of the biggest frustrations shared by participants was the lack of robust protection for children who have witnessed or been victims of domestic violence.

*CPS was useless in protecting the children when the psychiatrist and counselors filed reports. I never once called them. (SR)*

Another participant noted that she struggled to get child protective services (CPS) to intervene and support her children, both of whom had also been abused by her ex-spouse.

*They wouldn't come... They wouldn't come out because they're like, "well, you're not with him." (IR)*

As she pursued criminal charges against her ex-spouse under DIPV legislation, her separation and matters of child custody were being addressed in family court, where the absence of a CPS report made it difficult to establish her argument that the children had been abused and would be in danger if her ex-spouse was granted visitation or custody. The refusal of CPS to investigate at the initial point of separation also meant that her children did not receive access to counselling or other supports that they needed.

The lack of understanding of the connections between DIPV and child abuse was also identified by one service provider who shared her outrage that an EIO hadn't been granted for a client on the grounds that the biggest risk posed by the abuser was to their children and not to her. Under the EIO process, this was considered inadmissible information. As the service provider noted, "*can we not put two and two together here?*" (IR).

Numerous other participants expressed frustrations with CPS and the family court process. At least three interview respondents told us that they had been granted EIOs based on the risk of lethality posed by their ex-partners, and yet that did not prevent their exes from being granted unsupervised access to their children by family court. Several said that their abusive partners were still exerting power and coercive control over them through their children, and that this was enabled by family court orders. As one participant explained:

*CPS is a disaster. Fix it. The concept of the "best interest of the child," being to spend as much time as possible with each parent, is flawed and wrong when a parent is abusive! It is child abuse to force children, against their will, into the hands and homes of parents*

*who are abusive. That should be considered a crime itself! That is most certainly not in the best interest of the child! (SR)*

## **Policing & Victim Services**

Participants had mixed responses to their experiences with police services. Although some recounted that the RCMP or local police forces had been central to them leaving abusive situations, others had negative experiences with policing in regard to DIPV.

For many respondents, transition house staff were crucial intervenors in dealings with police. One participant explained that the process of reaching out to the police from the transition house was preferable for her, rather than going directly to the police on her own.

*I think it would have been a lot more intimidating to do that [go directly to the police] and to call and have to talk to police officers. That would be more like an interrogative way than to deal with that at the crisis centre where they are used to dealing with women that have gone through domestic violence. (IR)*

Transition house staff were again sometimes able to act as buffers, and to assist clients in these intimidating engagements.

A number of respondents indicated that they had interactions with police that indicated that there was insufficient knowledge and training of the police regarding DIPV.

*One of the things that was a little bit disappointing was the fact that I kind of had to educate [the officer who took my statement] on sexual assault, sexual coercion, you know... he didn't even know what sexual coercion was, we googled it together... And he was shocked! (IR)*

*They [the police] don't know squat about anything. (IR)*

This is also the impression of some service providers:

*You know, we're having police that are here when women are requesting safety to help to leave and you know, asking for escorts and then the police are going and talking to the abuser and the abuser is going, "Oh no, no, no, everything's fine." And the police are going "Oh, you're overreacting", and then leave. Like that should never be happening. (IR)*

Some respondents, particularly on the survey, indicated that the police and the RCMP were very negative parts of their experience, potentially increasing their risk of harm.

*RCMP were coercive and abusive in nature themselves. Forced me and tricked me into submitting certain claims or else I would lose this or that! (SR)*

*The RCMP and courts were manipulated by the abuser and used against the children and I. The RCMP and courts lack training or knowledge of IPV/DV and abusers' behaviors and sided with them. Therefore they were abusive themselves. (SR)*

*The police did not arrest him. I was unable to speak due to the severity of my injuries. He said that I started the fight. They instead laid charges on me without any statement from myself... When I spoke with the police officer following the incident, he did not direct me to any services. He told me to contact a lawyer and they could help me but that I had to provide him a statement if I wanted his help. I was very discouraged and felt cast aside by the RCMP and the military. We need to do better. The police are supposed to help. They did in fact the opposite by making the situation worse and adding more responsibility to me as the victim. (SR)*

*When he found me after I left...he was waiting in the parking lot of my apartment building in a different town. I called the RCMP whose office was literally across the street. The female officer asked me "Well what would you like us to do? It sounds like he just needs closure." I will never forget and never forgive the police for that. (SR)*

In contrast, for at least one participant, a few local police officers provided important support to her in leaving her abusive partner, although she noted that she had less positive interactions with other members of the police force.

*There's a few police officers on the force, like locally, that have been really great for me to deal with. They're very nonjudgmental and nonjudgmental on my side of things... and there was some law enforcement and people in the judicial system that really just don't get it. (IR)*

Similarly, respondents indicated that victim services seemed to have a clearer sense of DIPV legislation and were crucial supports in providing counselling and a sense of how the process would unfold. Like many services, clients observed that victim services seem to be understaffed and under resourced, which required consistent follow up.

*And once they did call though, victim service it was really, really, awesome. Like they handled it really well, and the only thing that sucked a little bit too was that I was the one that had to sort of make contact when I wanted info and when I'd call, they'd be like, oh yeah, we just got it. So yeah, but again, every time I got on the phone with somebody was always a lovely experience. (IR)*

## **Support and Self-Advocacy**

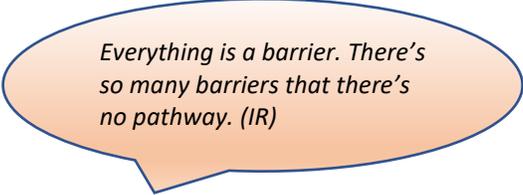
A key takeaway from interviews and survey responses is that transition houses are core supports for those experiencing DIPV. At the same time, many clients expressed a sense of isolation and a feeling that they were on their own in terms of navigating a number of complex

systems, most notably to secure counselling, and to navigate the legal, child protection and police systems. In other words, once they had left their abusive partners, there were far fewer services, and they were not well coordinated.

*I needed help and had to find it on my own. (SR)*

*I did not use any government services, I sought my own. (SR)*

*But once you leave, you're on your own and that's what it feels like... from that point that you leave, no one understands... you're on your own. (SR)*



*Everything is a barrier. There's so many barriers that there's no pathway. (IR)*

We were struck by the ways that interview participants navigated these complex systems, and by their persistence in finding ways out of abusive situations for themselves and their children. Yet we were also struck by the tremendous time, energy, and effort required. As several respondents noted, many of them were able to leave and establish new lives because of their own resources and fortitude. While services in the DIPV sector are clearly working to address what they can, there are many additional systems and services where clients experience significant barriers.

### **Recommendations**

- Continue to ensure transition house staff are trained on EIOs and risk assessment procedures
- Continue to review intake procedures
- Ensure access to counselling in all transition houses and in second stage housing
- Ensure access to counselling for children in all transition houses and in second stage housing
- Address limitations on and barriers to accessing counselling supports for services covered via transition houses, victim services, and second stage housing.
- Case management within transition houses to facilitate a range of services/resources (legal, police, social development)
- Provide legal information & support through transition houses
- Closer look at existing legislation, particularly the interface between child custody, child support and criminal justice and DIPV legislation, as well as EIOs
- Ongoing training for police on DIPV and GBV; address staffing issues in victim services



## 6. Access to Services for NSRI Survivors of DIPV

The information in this section draws heavily from interview and survey responses from service providers and 7 interviews with NSRI survivors of DIPV; these categories are not mutually exclusive.

It is important to note that NSRI references legal status rather than cultural or ethnic identity, but that this category is often interpreted and perceived to signal racialization. Not all respondents who identified as non-status, refugee, or immigrant are racialized; and not all racialized participants fit the category of NSRI. Furthermore, as is the statistical norm in the province, several NSRI respondents were from the US or the UK and identified as white. This suggests that further in-depth research and analysis is needed regarding the experiences of access to DIPV services and supports for non-status, refugee and immigrant clients *and* for racialized clients. Research on the experiences of Black and Indigenous clients is also urgently needed and under-represented in the existing data on DIPV in New Brunswick, and in this needs assessment.

### Federal Immigration Policy

NSRI survivors of DIPV face a range of structural issues related to the immigration and citizenship systems in Canada. Particularly during the first years of the COVID pandemic, increased wait times for immigration paperwork of all kinds placed considerable additional stress on NSRI families. Frequently, insecure legal status, even when caused by systems delays that are fully outside of the applicants' control, result in delayed work permits and access to other crucial resources and supports. Several service providers indicated that even in pre-COVID years, the 30-day limit for transition house stays was unrealistic for NSRI clients without regularized status.

*When you have a shelter [providing] a service by the provincial government who is saying to us, keep them here for only 30 days, and I turn around and say that, you know, she was here for seven months because the government, again, is making it difficult for her to move forward.*

Some work has been done to lessen the degree of dependence of family class applicants (often women) on primary immigration applicants. Despite this, lack of clear information, isolation, and uncertainty related to the immigration process may all result in hesitation to leave an unsafe relationship. In interviews, service providers reported that they see high levels of financial and legal abuse experienced by NSRI clients.

*The abuser uses that, you know, as intimidation, as a form of control. So, if the woman knows her rights, and if she has the information that no, this is not true... So yeah, I think we need more information, like awareness, so that, especially related to immigration*

*they know that they're not going to be, you know, [deported] or they're not going to lose their children just because this happens. (IR)*

As a result of the complexities of immigration status, several services and supports need to be put in place to ensure that NSRI clients are well served. These include determining any potential implications for pending applications related to their status, including permit renewals or extensions for work, study, or visitor permits. For at least two respondents, timely access to their work permit or a renewal of their work permit was the main obstacle to moving forward with their lives. Having spent between fifty and ninety days in the transition house, both were waiting for the crucial work permit so that they could obtain employment, childcare and housing. Although IRCC has provisions for a temporary resident permit (TRP) for victims of family violence, the eligibility criteria are quite narrow, and it is clear that other solutions are required and actively being sought by those working with NSRI clients in the DIPV sector.

Additionally, as access to health care is often tied to immigration status, ensuring emergency Medicare access for DIPV survivors and their children is also crucial. In some instances, this may require working with federal counterparts, or the creation of a separate provincial program. Access to work permits, daycare subsidies and other social services including housing will also be high priorities and may require coordination with federal and provincial organizations, or with local settlement agencies.

*Of course, there's the waiting time, and with that waiting time they cannot do anything. They cannot seek social assistance, so, just imagine being here with two kids with nothing, with no money. (IR)*

*I wish that there would be an immigration representative, or any, you know, anyone from immigration that would help them at least. Let's say, if they don't have their permit, can they give something else just for them to gain resources like social assistance or stuff like that while they're waiting. (IR)*

One issue for the sector to consider and address is the impact of limitations due to funding models and issues of federal and provincial jurisdiction.

*Only five agencies across the province can work with refugees. (IR)*

*The problem with MAGMA though is that they stop supports if you've already been more than a year here. So that's like, ok, what are we going to do after that? (IR)*

As a result, some NSRI clients will not have access to support through the settlement sector or to second stage housing services because they do not meet the citizenship eligibility criteria.

## Implications for Service Provision

DIPV sector workers, and workers in related sectors, need to understand these complex structural issues and to work to address eligibility gaps. Clearly communicating accessibility criteria for various services is an important first step. Training within the sector and beyond on the interface between immigration status and DIPV is also needed.

*I don't know why in New Brunswick it's like that, it's kind of like a veil on oh, we don't enter on that topic, like we won't talk about immigration status. But you should, because it should be common knowledge... Like, people don't want to talk about it. But at the same time, yes, immigration policies are putting people in vulnerable positions, which means that they will be more subject sexual violence, human trafficking. (IR)*

DIPV service providers need clear information on:

- When/how people can lose their status or be deported
- When/how people can lose custody of their children and the additional complexities when children have different citizenship status than their parents (i.e. children born in Canada are Canadian citizens even if their parents are awaiting refugee status, or hold a temporary permit)
- Whether people have the right to work, access to social assistance, legal assistance with immigration and/or refugee claim
- Information on the signs of human trafficking and other potential forms of abuse and coercion related to immigration status

In addition, service providers note that NSRI clients may not immediately respond to the language of DIPV. One explained:

*Often, I find that the violence prevention sector is very Canadian. It's like "we're gonna talk about sexual violence today and about DIPV." And I'm like okay, well with the NSRI women, they will not show up to a presentation if you're like, "Welcome to DIPV 101" "Welcome to Sexual Violence." (IR)*

Instead, she recommended working information about DIPV and sexual violence into other sessions, for instance including information on sexual harassment in the workplace in a session on employment standards.

Interview participants clearly identify the need for reliable translation services.

*The demographics have changed. So actually, right now in New Brunswick, you have more newcomer women who neither speak French or English. I mean, they can speak to a certain level, but would they feel comfortable reaching out for help?" (IR)*

Service providers noted that the absence of easily accessible translation services, particularly in crisis situations, impedes timely response and clear understanding of the needs and situations

of some NSRI clients. It was also noted that translators should also be trained in trauma-informed responses, and that confidentiality is an ongoing concern.

### **Training for Service Providers**

Interview and survey respondents also indicate that more information and training on DIPV is needed in the settlement sector.

*Sometimes you can talk with settlement workers, and they will be like “Oh, I didn’t have any client who experienced domestic or intimate partner violence.” And it’s like, “Well, that’s not true because there are four of them in the shelter across the street.” So, it’s [an issue of the] settlement coordinators kind of not being aware of the signs, and the same thing with the shelters not being aware of cultural differences. (IR)*

These comments point to the crucial importance of ongoing and enhanced collaboration between the DIPV and settlement sectors in New Brunswick.

In addition to addressing structural and systemic issues, responses from interview and survey participants indicate the need for ongoing training and capacity building within the DIPV sector. In our conversations with service providers, many indicated that there were large variations in training and awareness across the sector. We also saw some different institutional cultures regarding newcomers, including reliance on stereotypical views about newcomers and DIPV. Although some transition houses have been engaging in cultural sensitivity training, the impacts of this training seem to be uneven. Cultural sensitivity training is certainly an important component of the skillset needed in transition houses, but additional training on immigration systems and structures, as outlined above, is also crucially necessary. A final, but crucial component to addressing the needs of NSRI clients is to ensure the hiring and retention of racialized staff members with training and experience with the Canadian immigration system.

*I am also an immigrant myself, and so I know what these women went through, and so I can relate to them... as far as representation, it is important because I felt like, when I started this job, the clients who are, you know, NSRI are so relieved, and you know, they feel comfortable to relate to me because they know that I’ve been in that position, which is good. And for me too, I feel that it’s important to be able to relate to someone. (IR)*

Service providers also noted that ensuring greater representation in terms of racial diversity is also important to building meaningful connections with local ethno-cultural organization.

While there are some signs of an urgent need to deepen training and understanding of the unique set of circumstances faced by NSRI clients, there is also evidence of change and important collaboration between the DIPV and settlement sectors. One interview participant explained that she has seen instances where a DIPV outreach worker and settlement worker have collaborated in service provision, meeting at the local multicultural association rather than the transition house or shelter in order to support a client in a space that was familiar and

comfortable for her, and one that would not arouse the suspicions of her abuser. There are also promising signs of ongoing work between NBMC, WAGE and other organizations to address this issue. As noted by interview respondents, all of the sectors which interact with survivors of DIPV also need enhanced training regarding the circumstances of NSRI clients; this includes policing, social assistance, and a range of other services.

### **Recommendations**

- Ensure that updated information on immigration status and DIPV is posted to relevant sector websites; perhaps in coordination with PLEIS-NB
- Training and policy documents on immigration status, including flow charts for processes and inquiries
- Ensure access to translation on demand, either through a service or through staffing; translation services also need to be trauma-informed and ensure a high level of confidentiality
- Enhanced collaboration between DIPV & settlement sectors
- Hire staff with lived experience, knowledge and skills related to the immigration process in Canada
- Updated training for staff including signs of trafficking, forms of coercion related to immigration status

### **Policy Level Recommendations**

- Emergency income assistance, permit renewal/extension, speeding up access to work permits; expand access to TRP in cases of family violence
- Emergency access to Medicare for survivor and children
- Emergency access to daycare subsidy and social services
- Housing access
- Ensure that EIO & Danger Assessment training take NSRI/immigration status into consideration
- Provincial funding package from WE to address DIPV in NSRI communities.
- WE: create a portfolio for immigrant women



## 7. Providing Services

A significant number of interview participants were service providers in the DIPV and settlement sectors (n=10). Most work at transition houses, although some work in second-stage housing or other forms of DIPV prevention and intervention. These participants provide valuable insight into the workings of the sector and of related services, policies, and legal frameworks.

As noted above, service providers in the DIPV sector are recognized as thoughtful, caring, and knowledgeable about navigating various systems and structures in the province. We noted that several participants were *both* service providers and survivors of DIPV, and several indicated that their experience of the support provided in transition houses and shelters led them to seek employment in the sector.

Service providers shared clear insights into some of the limitations to the services they can provide. Staffing, ongoing training, resources and scarce funding are primary concerns among those working in the DIPV sector.

### Staffing

In particular, interview respondents from a number of different transition houses affirm what clients of their services say above: they need more staff to provide services within transition houses, and they recognize the need for more in-house counsellors, child support workers, EIO workers, and workers with expertise regarding immigration and the needs of NSRI clients.

*We don't have access to a child support worker, and we are in a great opportunity to provide supports on a longer-term basis for children who are coming here. So again, being able to have access to funding for child guidance would be, I think, essential in the work that we're doing to help break that intergenerational trauma and violence that we can see and help to reduce those adverse childhood experiences, particularly for children before the age of 6. So it would be great to be able to have that. (IR)*

Both clients and staff recognize that working in this sector comes with a high toll. There is widespread acknowledgement of staff burnout and high levels of staff turnover, both likely exacerbated by the COVID pandemic.

*I mean, we have a high turnover rate. Our burnout, just because like you said with it being constantly go, go, go, you know, people burn out, especially if they're not expecting kind of what they're walking into or if they're just not equipped for it. You know, sometimes personal situations change and they might not be in a good spot compared to where they were a year ago. So, I would say for us that and kind of having to pivot where you know, sometimes we're used to having a team of five and then you*

*know some days we'll have a team of three instead. So, I would say for us, that is usually the biggest struggle and I mean right now especially with the housing crisis, a lot of times our residents think we can do all of these things for them and we just, simply put, we can't. We can't. (IR)*

There is an urgent need to hire and retain staff in these crucial roles, and that will likely require leveraging funding, raising wage rates and improving working conditions. When individual staff have been in place for a long period of time, there is an opportunity for more familiarity with partner organizations, the services they offer, and increased possibilities of collaboration.

### **Training**

Along with high level of staff turnover, institutional-level, sector-level, and service-level knowledge and competencies are lost. This shows up as loss of knowledge among individuals in particular roles, as well as loss of cumulative impacts of training. With low staff turnover, those who have expertise and training can support and provide ad-hoc training for newer staff. However, with high turnover, staff must rely on formal training and support. This creates additional time and financial expense. Paying close attention to training, and looking for opportunities to combine training opportunities (as some transition houses are doing) will be important measures of addressing training levels across the sector.



*We can't accommodate the amount of referrals that we receive for a second stage [housing space]. (IR)*

### **Physical Constraints (i.e. Space) & Funding**

Transition house staff identified the need for stable, core funding, but also for resources to ensure that they have appropriate physical space for clients. This was also identified as an issue in second-stage housing.

*There are times that we do have to turn people away or find alternate arrangements due to, you know, being at capacity or even, you know, especially because of COVID it's limited our number. (IR)*

Service providers also note that few of the beds in transition houses and few units in second-stage or subsidized housing are physically accessible for people with disabilities.

Constant uncertainty about funding was identified as a crucial limitation on the ability to provide space and services by one second-stage housing service provider:

*I would say that we would benefit greatly from greater access to funding, so that we can increase our capacity in terms of residential units, so we [can] meet the need and the demand that we have for services. Like I said we have [less than 15] units and we*

*received over 100 referrals in the last fiscal year. So, we absolutely would benefit from greater funding, not only for the residential services buildings but for on-site programming. We receive enough funding for one employee and then the rest is generated from grants. (IR)*

Several service providers indicated that they have been able to maintain capacity and services because of special additional funding provided by the federal government due to the pandemic. It is unclear how they will continue to operate once this funding expires.

### **Gaps and Exclusions in Service Provision**

Additionally, some of the funding models result in stipulations about which kinds of clients can receive services at transition houses or qualify for second-stage housing. Children under the age of 12 can accompany clients at most transition houses, but this puts parents of children ages 12-18 in a difficult position, particularly if their children are boys. One client explained that she found it difficult to find a transition house that would allow her to bring her 12-year-old son with her.

*I had called other places and could not get in with my son. This is the only place that would take me and my son in. (IR)*

Clients who cannot find adequate emergency housing for themselves and their children are more likely to remain in unsafe situations than to leave their children, even temporarily. For this client, leaving without her son was simply not an option.

This issue is related to a widely documented sector-wide issue of gap in service provision for teens. As one service provider explained:

*We do receive phone calls from teens even that are experiencing, you know, domestic violence and we're not, because I mean, you have to be of age. So that can be challenging because we don't necessarily have the resources. (IR)*

Whether tied to funding agreements, limited resources or to factors like core values and ideas about safety, a number of policies enacted at transition houses work to exclude specific groups of clients according to gender identity (sometimes according to level of surgical or hormonal intervention), addictions and substance use, and mental illness. While we don't have easy answers to these challenges, we encourage all those involved in the DIPV sector to keep thinking about and working through the values of inclusion and commitments to justice that have propelled this movement.

Despite the considerable challenges in the DIPV sector, the high rates of burnout and the rapid turnover of staff, service providers expressed pride in the work that they're able to do in spite of dire circumstances and systemic issues.

*[T]he majority of our clients really do transition into like healthy independent living, lives where they're safe. They and their children are safe, breaking those intergenerational trauma, violence, poverty, homelessness... Being able to have increases in funding that would allow us to continue to provide these essential services that help to provide these great outcomes would be fantastic. Funding obviously is a big piece of it. (IR)*

## **Recommendations**

- Standardize wage rates and working conditions across the sector
- Emphasis on hiring staff with lived experience as well as expertise in DIPV
- Conduct a sector-wide training inventory to determine who has received which kinds of training and to assess what kinds of skills and experience are still required within the sector
- Create handbooks on different aspects of common procedures within transition houses (i.e. EIOs, child welfare, immigration) with information and flow charts as well as contacts. In the case of staff turnover, some of the information can be retained
- Specialized training for Executive Directors of transition houses as they hold considerable responsibility for setting the tone within their organizations
- Prioritize accessible spaces (all spaces accessible = accessible spaces!)
- Seek increased funding into to increase spaces
- Intra-sector conversation about inclusion and commitments to justice



## 8. Coordination Across Services & Sectors

From our conversations with clients and service providers it is clear that there are insufficient staff or other resources in the DIPV sector. It is also clear that many clients seek supports to leave abusive partners through other services and sectors, including policing, child protection, housing, immigration and settlement services, and private mental health organizations. In order to truly arrive at a place where support for those leaving DIPV is readily available, enhanced collaboration and training is needed across all social service sectors.

Some coordination already does take place within the DIPV sector and across a range of social services sectors. One participant talked about a meeting held to develop a safe exit plan which included the ED of the local emergency shelter, the local head of social development, RCMP & city police officers. She said *“it was really cool to see them all come together, and you know, I'm assuming they've done stuff like that before, but I don't think that it's the norm”* (IR). Similarly, a survey respondent explained that she was able to leave her abusive partner due to the collaboration of her housing worker and child protection:

*When I told my [housing] worker what was happening, him and the child protection social work[er] worked together to get the funds and supports in place for the children and myself to leave. (SR)*

Unfortunately, this is not yet consistently always the case, and respondents also signal the need for ongoing training and interconnection among a range of services.

*I think it would be beneficial if anybody that has to deal with the public, and obviously if they're dealing with the public in a helping manner, like police or even people working in hospitals or doctor's offices, if they had training because they do need to understand that it's not something that's wrong with the person that's going through it that they didn't leave or that they can't leave. It's obviously something to do with the abuser, but it's like something in their head just doesn't click that they don't get it. (IR)*

At times, the disjuncture among services means that clients are repeatedly providing the same paperwork, recounting the same experiences to multiple service workers. In some areas steps are being taken to create common intake forms and integrate some forms of service delivery, and these are positive potential developments that could be explored across the province.

Responses from interview and survey participants indicate that there is significant potential in generalizing awareness and response to DIPV in a range of sectors in the province. In particular, health care and housing are identified as two places where additional training and collaboration with the DIPV sector are needed. We note that these are also areas that surface as crucial sites for intervention for addressing the needs of NSRI clients as well.

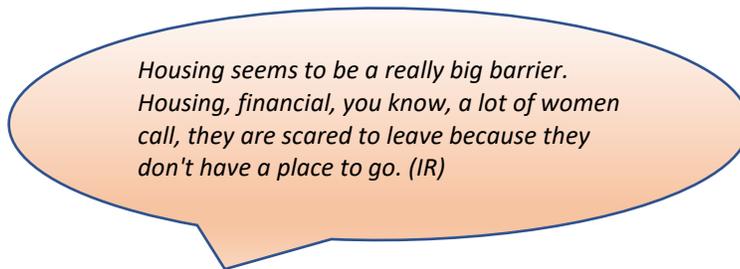
## Healthcare

Some participants indicated that their family doctor was a safe person to speak with, and in three interviews we were made aware of crucial interventions made by nurses or doctors who stepped forward to support women experiencing DIPV.

We were also told of discriminatory and violent experiences with health care systems and staff who did not respond in appropriate or helpful ways. As one participant notes, there is a need for “*accessible abortion and reproductive healthcare options that are non-judgmental and trauma-informed*” (SR).

Healthcare workers should also be trained to recognize and respond to DIPV, and on the available supports and potential for collaboration with the DIPV service sector.

## Housing



Housing emerged as a central concern for many participants, both service providers and clients. When asked what the main obstacles were to providing supports to her clients, DIPV service providers frequently pointed to the housing crisis in the province.

*Besides the funding, there are several key obstacles that come to mind. I would say the first one would be a lack of access to housing, affordable, subsidized housing. That's key area, you know, for women who are trying to flee violence, the lack of available financial support and resources for women who are fleeing domestic violence. That could be anything from helping them to leave, you know to start over again, even moving expenses-- it is very expensive to be able to leave. So, that is a key aspect. (IR)*

*What we're hearing more now, particularly during COVID, is a lot of discouragement and feeling that there's no point in thinking of leaving if safe housing and affordable housing isn't available to someone. So even going to a transition house sometimes isn't necessarily an option because again, the general sense is that there's a lack of affordable housing and the start-up costs are overwhelming. Again, if those services aren't provided, then many more women now are kind of stating that they're going to have to remain in the relationship. (IR)*

In addition to available rental units on the housing market, service providers also indicated that the shortage of subsidized housing, particularly for larger families, is an issue.

*You know, bigger units, so for women that have multiple children, they're very few and far between. So it's a matter of, okay well, NB housing can't necessarily create more units, so you have to wait for a unit to become available (IR)*

*Sometimes we also have to refuse someone because if a unit does become available, but it doesn't accommodate their family size, then we can't offer that service either, which is very unfortunate. (IR)*

Further outreach to the private housing market was also suggested by some interview participants. For example, providing information for landlords and rental companies regarding DIPV, and instances in which someone might need out of a lease, or to talk privately with the landlord to make alternate arrangements, might help to ensure safety and facilitate safe exit plans. Working with landlords' associations or through the tenants' boards might be places to advance this work.

### **Cross-Sectoral Wait Times**

Any potential for collaboration and cross-sectoral cooperation is immediately dampened by the crisis of social services in the province. Clients across all social services in New Brunswick have noted increased wait times and lags in service delivery due to insufficient staff. For those in crisis situations, these delays and gaps in service can have dire consequences.

*At this point I would say all sectors are kind of reporting that there are there are staff shortages, which makes it difficult to deliver services for women and children. (IR)*

*And then I would also say that it would, particularly in the last year, there seems to be a significant wait times for many service deliveries. So, even if you're making a referral for someone, they may not have the staff or they're short-staffed, so services are not necessarily being delivered in what we would consider like a timely or appropriate fashion to meet the needs for the clients that we serve. (IR).*

*I can't speak to intake and investigation and child protection but income support, HRD [housing], generally is one that seems to have had a significant increase in wait times. (IR)*

### **Provincial Collaboration**

Service providers see tremendous potential for increased collaboration in existing agreements and protocols, some of which require updating or requiring staff retraining. In particular, they identify the need to update the New Brunswick Woman [sic] Victims of Abuse Protocols, originally created in 2004 and updated in 2014.

*There are protocols that exist that state that in HRD or in housing or Legal Aid, say for example that if someone identifies as a person who's experienced intimate partner*

*violence, that they are to be prioritized. And even though they exist, I'm not certain if that training and education is being provided to other frontline service workers. So, it's easy for me to call someone and say: I appreciate that you've scheduled this income assistance appointment with someone for three and a half weeks from now, but I do know that the domestic violence protocols indicate that this is to be a priority. So, let's see what we can do about getting that screening done much sooner. And again, sometimes it's that they're not aware that those protocols have been and have been implemented because it's been quite some time since then. (IR)*

This points to a sense among many service providers that there is not a cohesive provincial strategy to address DIPV.

*I would also say that for us, it would be wonderful if the province had a strategy or framework that prioritized intimate partner violence. Again, we have the abuse protocols, but what are the things that we really run into again is a lot of red tape, lack of access –speedy access— that is necessary, particularly in justice –in criminal and family court— to be able to prioritize these cases again. Like you said with HRD, social development, housing, I think if we actually have a strategy as a province to address this issue it would be beneficial to the women who are experiencing intimate partner violence, their children, and the service providers, particularly us. (IR)*

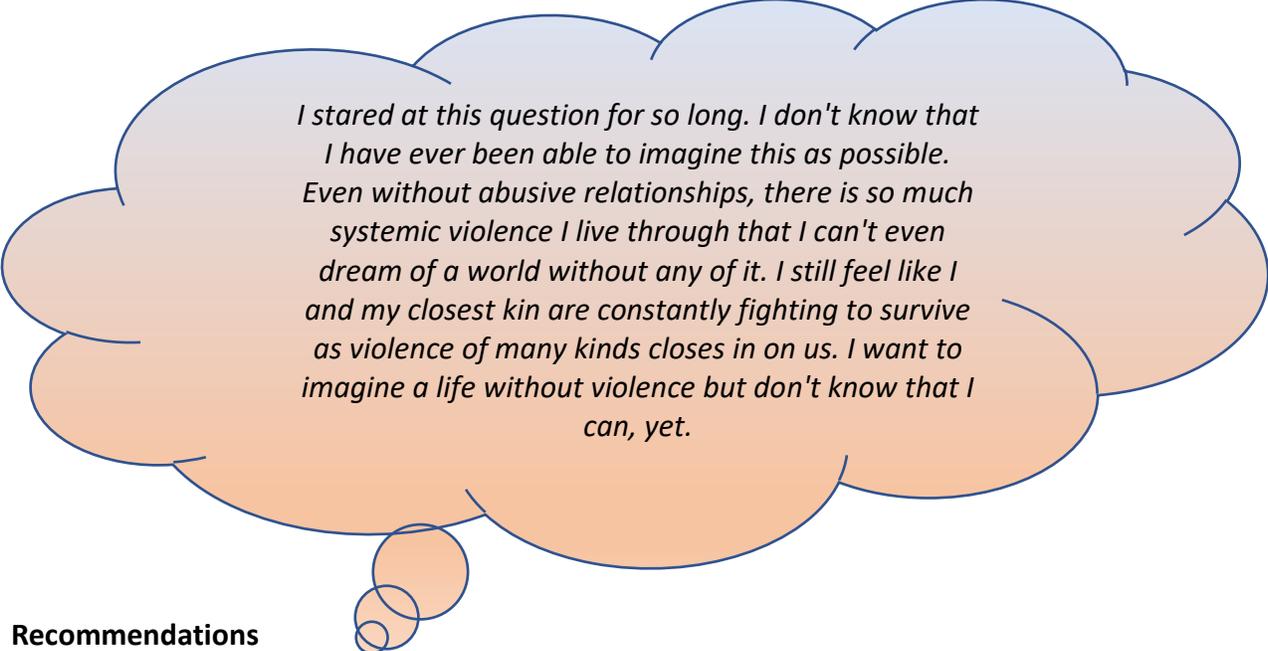
*I think I think a good framework would include a good definition of intimate partner violence, coercive control. I think a good framework will examine and identify the impacts of intimate partner violence on victims and the system, communities, the whole. I also think that a good framework will examine existing policies and practices and again be able to identify those that may need to be re-examined or make positive changes so that it really can decrease those barriers that I identified earlier on, so that women who are experiencing intimate partner violence can have speedy access to services they need. And as well as providing the appropriate funding and resources into services as well as early intervention and prevention and education. And I think it would be a systems approach that includes training and education first for frontline service workers that have been identified as potential for those point entry sites. But again, having that funding in a commitment to address this issue, because I think that that will help to lead to action as well as building our capacity as a process—our issue and being able to do that in a sustainable manner. (IR)*

In addition, Women's Equality (WE) for the Government of New Brunswick has a folder dedicated to addressing domestic violence, but none for immigrant women, nor for 2SLGBTQIA+.

As we noted at the outset of this report, current funding for program expansion and research on DIPV in New Brunswick, including for research on NSRI experiences of DIPV is all coming from federal grants which will expire in 2024 or sooner. This paints a dire picture for the potential to address a pressing concern across communities in New Brunswick. In the province

of New Brunswick, unique individual agencies are working to identify and respond to local needs. These agencies are best positioned to lead this work, but they require stable funding and support from the provincial and federal governments as well as the autonomy to continue to respond to local needs.

At the end of the online survey, we asked respondents what they need to live a life free of violence. Their responses range from single words (courage, funding, a divorce) to detailed commentary on their needs and experiences. Each of those responses should galvanize action. We close with one response which for us encapsulates the complex and pressing work that lies ahead for all committed to building and living in a world free of violence:



*I stared at this question for so long. I don't know that I have ever been able to imagine this as possible. Even without abusive relationships, there is so much systemic violence I live through that I can't even dream of a world without any of it. I still feel like I and my closest kin are constantly fighting to survive as violence of many kinds closes in on us. I want to imagine a life without violence but don't know that I can, yet.*

## Recommendations

- Create a provincial DIPV Advisory board with Executive Directors, front line staff, and provincial counterparts (including WE, NBMC, others)
- Establish some sector-wide standards and ensure autonomy from provincial government
- Peer education to address knowledge gaps; social norming to model respectful language and interpretations of uncomfortable behaviour
- Explore standardization of training & cross-sector collaboration
- Attempt to collectivize training and requests for research
- Potential development of common intake forms
- Explore funding opportunities and ad hoc opportunities to address system interactions and integration through small working groups or tabletop case studies
- Aim to establish some consistent practices across sectors, even if service provision will vary
- Ensure stable funding for the DIPV sector from provincial and federal counterparts



## 9. Key Recommendations

### Section 5: Finding & Accessing Services

- Ongoing public education about the prevalence and indicators of DIPV, and about healthy relationships
- Review and revise online information pathways; continue to publicize the services offered by transition houses with the general public but also within public service, health care, immigration and settlement services, and education
- Ensure that online information pathways & public education about services offered are also offered in many languages and with members of the public service, health care and education who work with NSRI clients
- Continue to ensure transition house staff are trained on EIOs and risk assessment procedures
- Continue to review intake procedures
- Ensure access to counselling in all transition houses and second stage housing
- Ensure access to counselling for children in all transition houses and second stage housing
- Address limitations on and barriers to accessing counselling supports for services covered via transition houses, victim services, and second stage housing
- Case management within transition houses to facilitate a range of services/resources (legal, police, social development)
- Provide legal information & support through transition houses
- Closer look at existing legislation, particularly the interface between child custody, child support and criminal justice and DIPV legislation, as well as EIOs
- Ongoing training for police on DIPV and GBV; address staffing in victim services

### Section 6: Access to Services for NSRI Survivors of DIPV

- Ensure that updated information on immigration status and DIPV is posted to relevant sector websites; perhaps in coordination with PLEIS-NB
- Training and policy documents on immigration status, including flow charts for processes and inquiries
- Ensure access to translation on demand, either through a service or through staffing; translation services also need to be trauma-informed and ensure a high level of confidentiality
- Enhanced collaboration between DIPV & settlement sectors
- Hire staff with lived experience, knowledge and skills related to the immigration process in Canada
- Updated training for staff including signs of trafficking, forms of coercion related to immigration status

### Policy Level Recommendations

- Emergency income assistance, permit renewal/extension, speeding up access to work permits; expand access to TRP in cases of family violence

- Emergency access to Medicare for survivors and children
- Emergency access to daycare subsidy and social services
- Housing access
- Ensure that EIO & Danger Assessment training take NSRI/immigration status into consideration
- Provincial funding package from WE to address DIPV in NSRI communities.
- WE: create a portfolio for immigrant women

### **Section 7: Providing Services**

- Emphasis on hiring staff with lived experience as well as expertise in DIPV
- Conduct a sector-wide training inventory to determine who has received which kinds of training and to assess what kinds of skills and experience are still required within the sector
- Create handbooks on different aspects of common procedures within transition houses (i.e. EIOs, child welfare, immigration) with information and flow charts as well as contacts. In the case of staff turnover, some of the information can be retained
- Specialized training for Executive Directors of transition houses as they hold considerable responsibility for setting the tone within their organizations
- Seek increased funding to increase spaces; prioritize the creation of accessible spaces

### **Policy Level Recommendations**

- Standardize wage rates and working conditions across the sector
- Stabilize funding for the DIPV sector
- Invest in stabilizing social services in terms of staffing and funding

### **Section 8: Coordination Across Services & Sectors**

- Create a provincial DIPV Advisory board with Executive Directors, front line staff, and provincial counterparts (including WE, NBMC, others)
- Establish some sector-wide standards and ensure autonomy from provincial government
- Peer education to address knowledge gaps; social norming to model respectful language and interpretations of uncomfortable behaviour
- Explore standardization of training & cross-sector collaboration
- Attempt to collectivize training and requests for research
- Potential development of common intake forms
- Explore funding opportunities and ad hoc opportunities to address system interactions and integration through small working groups or table top case studies
- Aim to establish some consistent practices across sectors, even if service provision will vary
- Ensure stable funding for the DIPV sector from provincial and federal counterparts



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