

Intimate Partner, Sexual, and Gender-Based Violence in Rural, Remote and Northern Areas

Report 2025



The authors of this report are:

Hillary Derewianchuk

Krista Murray

Candice Waddell- Henowitch

Savannah Torres-Salbach

Andrea Thomson

Nadine Smith

H. Rainer Schira

All original art by: Merissa Mayhew

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Acknowledgements

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The scoping review has been approved by the Brandon University Research Ethics Committee. Funding was provided by the Faculty of Health Studies and Centre for Critical Studies in Rural Mental Health Research Funds.

Brandon University's Rural, Remote, & Northern Gendered-Violence Research team honours the ancestry, heritage, and gifts of the Indigenous Peoples of Turtle Island. We acknowledge that Brandon University is on Treaty 1 and Treaty 2 land, which is the shared territory of the Dakota Oyate, the Anishinaabeg, and the National Homeland of the Red River Métis. We also acknowledge that many other Indigenous peoples call Brandon home, including the Ininew, Anisininewuk, Denesuline, and Inuit.

Brandon University's Rural, Remote, & Northern Gendered-Violence Research team remains committed to working in partnership with First Nations, Inuit, and Métis people in the spirit of truth, reconciliation, and collaboration. We hope that this resource serves as a reminder of the increasing need for services addressing sexual and partner violence, which disproportionately affects Indigenous women and girls.



Introduction

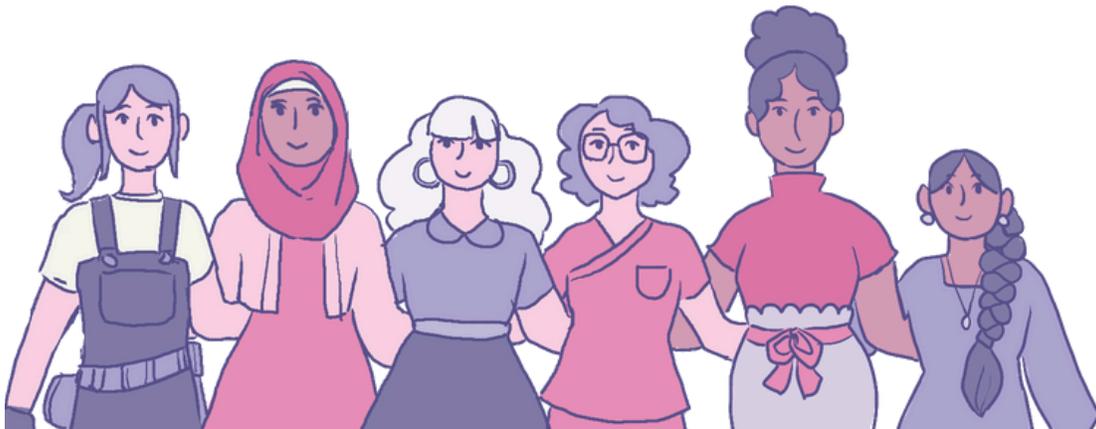
Intimate partner violence (IPV), sexual violence (SV), and gender-based violence (GBV) are major public health concerns worldwide. According to the World Health Organization, 30% of women have experienced physical and/or sexual violence (1). Additionally, survivors of IPV and SV are subject to an array of negative health consequences. These can include but are not limited to; sexually transmitted infections, depression, anxiety/anxiety related disorders, post-traumatic stress disorder, pain syndromes, and gastrointestinal disorders (1). There is evidence to suggest that rates of IPV, SV, and GBV are higher in rural, remote, and northern (RRN) areas (2). People accessing services related to IPV, SV, and GBV in RRN areas encounter unique challenges such as geographical isolation, stigma, and lack of services (3). Despite the complexities faced by survivors of abuse/violence in RRN areas, there is a significant gap in the literature that explores the experiences of RRN survivors (4).

Why is this research important?

There is a paucity of research on IPV, SV, and GBV in RRN areas. By conducting research that aims to learn from survivors' experiences of accessing care, researchers can help identify successful services and identify gaps/barriers that should be improved upon. This in turn can help ensure policy makers and government officials are better informed when allocating resources and funding for IPV/SV/GBV.

What did we do?

This report is three-fold. First, the research team conducted a scoping review to identify current research on IPV/SV/GBV in RRN within Canada and the United States. Next, the research team identified all RRN resources in rural, remote, and northern Manitoba for those seeking care for IPV/SV/GBV through an environmental scan. Lastly, a survey was conducted to analyze Manitoba service providers' perspectives on the characteristics of organizations, scope of services, readiness, and training to respond to IPV/SV and factors impacting response to IPV/SV.



A Dive Into the Literature

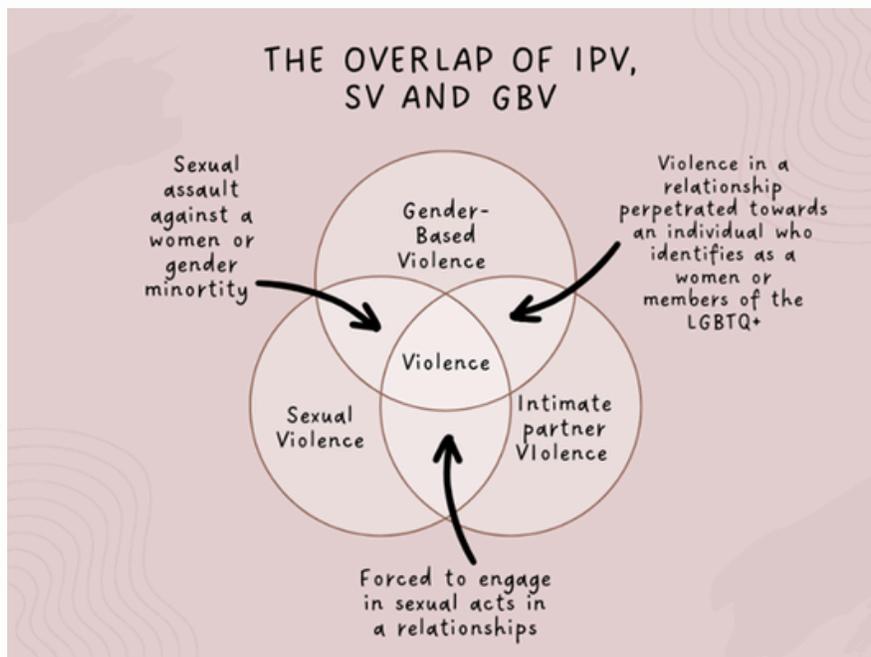
Definitions

The scoping review concluded that there is a significant absence of literature regarding IPV/SV/GBV in RRN areas. The team analyzed 33 peer reviewed manuscripts from North America (For more information on methodology, please refer to the scoping review (4)). Of the 33, 58% were written in the United States and 42% were written in Canada. Within the articles reviewed, the researchers were not able to determine standard definitions of IPV, SV, and GBV. Although perhaps not surprising given these types of violence can easily overlap e.g. sexual assault by a partner is both IPV and SV (5). Given the lack of a standard definition, the research team defined each type of violence as:

Intimate Partner Violence: “Intimate partner violence refers to behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors. This definition covers violence by both current and former spouses and partners” (5).

Sexual Violence: “Any attempt or completed sexual act that is unwanted by the victim/survivors” (6).

Gender Based Violence: All violence directed at individuals based on their gender, gender expression, gender identity, or perceived gender (7).



Findings

Since GBV encompasses both IPV and SV, this report focuses primarily on IPV and SV, aligning with how most service organizations categorize their support programs

Highlighting Sexual Violence: Of the studies analyzed, only 6% pertained exclusively to SV. There is a need for further research in this area due to the staggering statistics related to SV. In Canada, in cases in which the perpetrator of sexual assault was charged by police, 87% of those violated knew the perpetrator (8). Furthermore, in over half of the reported sexual assaults in Canada, the perpetrator was identified as an acquaintance, neighbor, or friend (9). These statistics, along with the scoping review results, emphasize the need for more research and resources allocated specifically for survivors of SV.

Within the environmental scan that was conducted only one Manitoba resource exclusively aided those impacted by SV. The organization was limited to serving one health region in Manitoba. Although many shelters and resource centers will provide supports for those who have experienced SV, it is not their primary objective. Additionally, individuals who have experienced SV perpetrated by a person known to them, but not an intimate partner, might not perceive themselves as candidates for accessing care from these organizations (10). This demonstrates the dire need for resources to help those impacted by sexual violence.

Violence Against Indigenous Women: Within the manuscripts analyzed, only 9% focused on the experiences of Indigenous people (4), however, Indigenous women have a higher likelihood of experiencing IPV (11) and are three times more likely to be sexually assaulted than non-Indigenous women (8). Indigenous women can face unique challenges in fleeing violence or accessing care. These can include lack of transportation or difficulties finding transportation, inadequate housing, and a lack of culturally competent care (11). There are many factors contributing to the high rates of violence against Indigenous women in Canada such as the effects of colonization, racism, and ongoing discrimination (12). Although these topics are beyond the scope of this report, it is noted that there is a high need for more research with Indigenous peoples, foregrounding their experiences of IPV/SV/GBV, their experiences accessing care, and how to implement culturally competent care.



Resources Within Manitoba

An environmental scan was conducted to determine the resources available to individuals who have experienced IPV/SV/GBV in RRN Manitoba. The goal in conducting this scan was to create a centralized resource in which all IPV/SV/GBV organizations information could be accessed. The research team decided to create a digital and printed booklet, accessible via the QR code at the bottom of this page.

Methodology

The environmental scan was conducted by doing google searches to determine the resources in Manitoba. After retrieving as much information as possible through websites and social media, the research team contacted organizations through email or phone and confirmed services provided. The resource will be housed and updated through Manitoba Association of Women's Shelters in conjunction with Klinik.

Results

Overall, the research team was able to locate 25 resources in RRN Manitoba. Resources were divided by health region; 4 in the Southern Health Sante Sud region, 6 in the Interlake region, 8 in the Northern Health region and 7 within Prairie Mountain Health. Out of the 25 resources available in Manitoba, most focused on aiding individuals who have experienced IPV with one resource devoted to aiding exclusively victims of SV. The services that were evaluated included access to a shelter, advocacy, counselling, protection order designate, virtual care, traditional housing, transportation, and childcare. Additional services unique to the organization are included in the organizations' write up within the booklet.



In conducting this environmental scan, what became evident was the range in services provided between different organizations. Some organizations were limited to providing just shelter and advocacy, whereas other organizations provided those resources along with additional services. Discrepancies in the services offered may be influenced by factors such as government funding, fundraising capabilities and access to qualified providers (e.g. counsellors).

Survey to Care Providers

The last part of the research project was to reach out to care providers at the organizations found in the environmental scan and ask providers to complete a survey which examined 1) characteristics of the organization; 2) scope of services; 3) training and readiness to respond to IPV/SV; and 4) factors impacting response to IPV/SV. Organizations were not contacted if they worked in Manitoba's urban centres (i.e. Winnipeg, Brandon, Winkler, Steinbach, and Portage la Prairie).

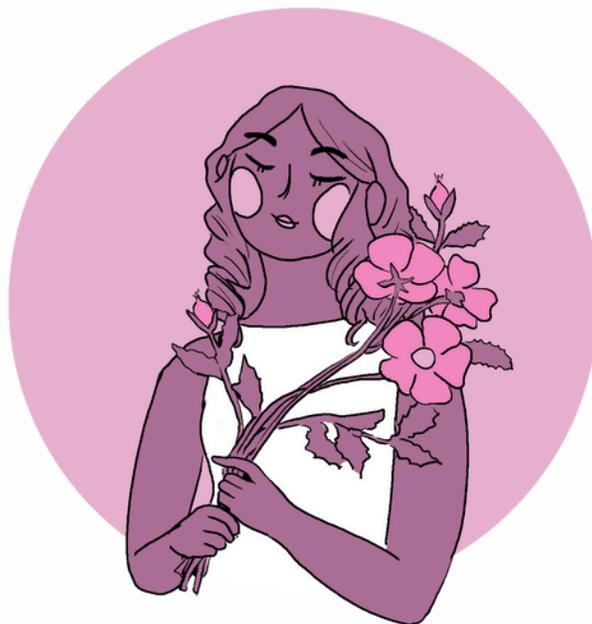
Methodology

When conducting the environmental scan, organizations were asked to provide an email address that could be contacted in case of further questions as well as for survey distribution. The survey was sent to the email provided and it was requested that the survey be forwarded to other providers within their organization.

Response Rate

The survey was sent to site representatives from 20 organizations, with a total of seven individuals participating. One participant opened the survey but did not complete any of the questions and 4/6 participants completed the survey in its entirety. The lack in survey response could be attributed to a busy workload/ burnout, and/or the survey not reaching all care providers within the organization. Although there was not enough feedback to evaluate the research questions sufficiently, the results are still beneficial.

While there was a lack of responses to the survey these results provide an important snapshot of what service providers working in this field were thinking when the survey was conducted (December 2024/January 2025).



Results

All respondents worked at non-profit institutions serving women and/or families with half of respondents serving members of the 2SLGBTQ+ community. Overall, there was a high level of confidence among survey participants in their training by their organization for responding to IPV/SV disclosure (4/5, 80%). The participants responded strongly to having been provided with the necessary tools such as manuals, best practices, and organizational guidelines to provide quality care (4/5, 80%). All service providers cited providing counselling and mental health services and the majority (5/6, 83%) provide shelter beds. No organizations provided forensic nursing services, the ability to conduct IPV/SV assault collections (i.e. rape kits) or legal aid. Interestingly, these were the services that many providers cited as being needed for their clients: IPV/SV collection (5/6, 83%), sexual and reproductive health services (4/6, 67%), medical services including a forensic nurse (4/6, 67%). Additional services providers wish their organization could offer are listed in table 1.

Service	Total N=6	
	N	%
Legal Aid	5	83
Medical, Reproductive, and Forensic Nursing Services	4	67
Transitional Housing	3	50
Counseling/Mental Health Services	2	33
Shelter Beds	2	33
Helpline	2	33
Indigenous Focused Services	2	33
Public Education and Health Promotion	2	33

Table 1. Services Needed by Site (n=6)

Recommendations

From the scoping review, the environmental scan, and the interviews with providers, the following recommendations are suggested:

1. Increase research with individuals who experience SV perpetrated by an individual known to the victim that is not an intimate partner (i.e. friend, acquaintance, colleague etc)
 - a. Work to find common themes among survivors to determine what type of resources are needed to aid in healing.
 - b. Determine what type of resources are provided for SV in city centres and other locations in Canada. Determine the best resources that can be implemented in the RRN context and provide funding to do so.
2. Research on IPV/SV/GBV with Indigenous individuals and communities to determine facilitators and barriers to accessing care.
 - a. Work towards developing culturally competent care in collaboration with Indigenous Organizations and communities.
3. Provide additional funding for existing organizations (IPV based, mental health services, women's health clinics) to provide care to individuals who have experienced SV.
4. Provide funding for existing organizations to offer legal aid, forensic nursing services, and other services needed to help victims of SV/GBV/IPV.

RESEARCH

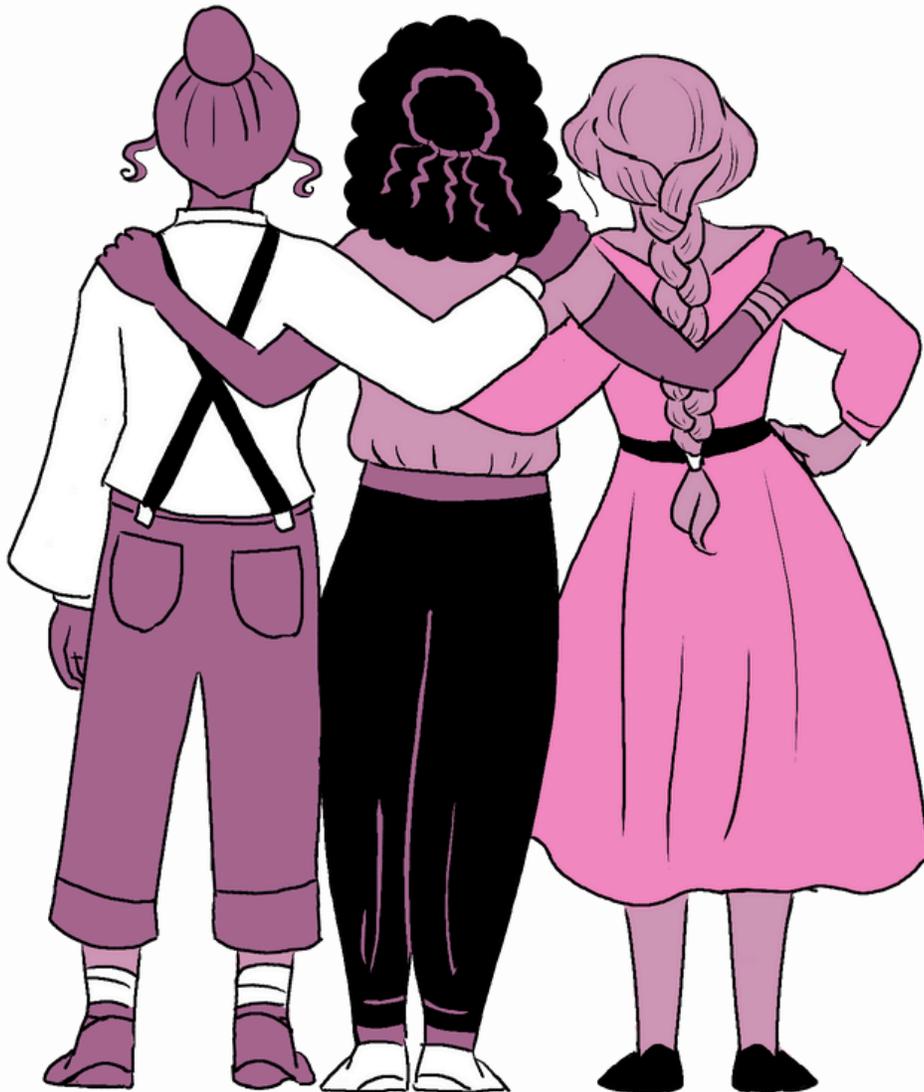
CULTURAL
COMPETENCE

FORENSIC
NURSING

LEGAL
SERVICES

Conclusion

This report addresses a critical and often overlooked area of public health: the prevalence and impact of IPV, SV, and GBV in RRN communities. While the findings highlight the persistent gaps in research and service provision, they also point to opportunities for meaningful change. The lack of consistent definitions, limited research on SV, and the underrepresentation of Indigenous perspectives reveal the urgent need for additional research and culturally appropriate services. Ongoing advocacy efforts and informed policy development are essential to improving access to care and support for survivors across RRN areas. This report serves as a foundation for future initiatives aimed at reducing violence and enhancing supports and services for those at risk.



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A Guide to
INTIMATE PARTNER VIOLENCE
and **SEXUAL VIOLENCE RESOURCES**
in Rural, Remote, and Northern Manitoba



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For More Information Please Contact:

Dr. Candice Waddell-Henowitch

waddellc@brandonu.ca

