

# Coping with and Responding to Challenges: A Comparative Case Study between Service Providers Supporting Those Experiencing IPV

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## Introduction

Health and social services are severely lacking, underfunded, and understaffed in rural areas (Williams et al. 2012). This is especially true for services with a mandate focusing on supporting people experiencing Intimate Partner Violence (IPV) (Peek-Asa et al. 2011). Support services for IPV are particularly important in rural areas because rural areas are associated with higher and more chronic, and severe rates of IPV, more negative outcomes for victims, less help and bystander interventions, and poorer community responses (Edwards, 2015). However, most services are found in more populated areas such as urban and regional service centres.

This project examines the challenges faced by service providers supporting those experiencing IPV in their regional service centre and surrounding rural communities

## Methodology

Case Study Locations: Brandon, MB and Sydney, NS (figure 1)

Participants: Service Providers (N=15)

Instrument: Semi-Structured Interviews

Research Questions:

- 1) How would you describe the quality of the services you provide?
- 2) What community-level strategies does your organization use to address intimate partner violence?

## Findings

Challenges/Barriers impacting quality of services:

Service providers in both Brandon, MB and Sydney, NS identified two main themes of underfunding and understaffing as challenges to service provision.

Responses & Strategies

Strategic use of collaboration was identified as a means to deal with such challenges. The service providers used collaboration to create connections between different agencies and those who use them, stay visible in the community, provide more comprehensive services, and assess individual and community needs. Additionally, collaboration was identified as the future community-level strategy for providing intervention and preventive education and awareness, with the aim of changing community perceptions of IPV.

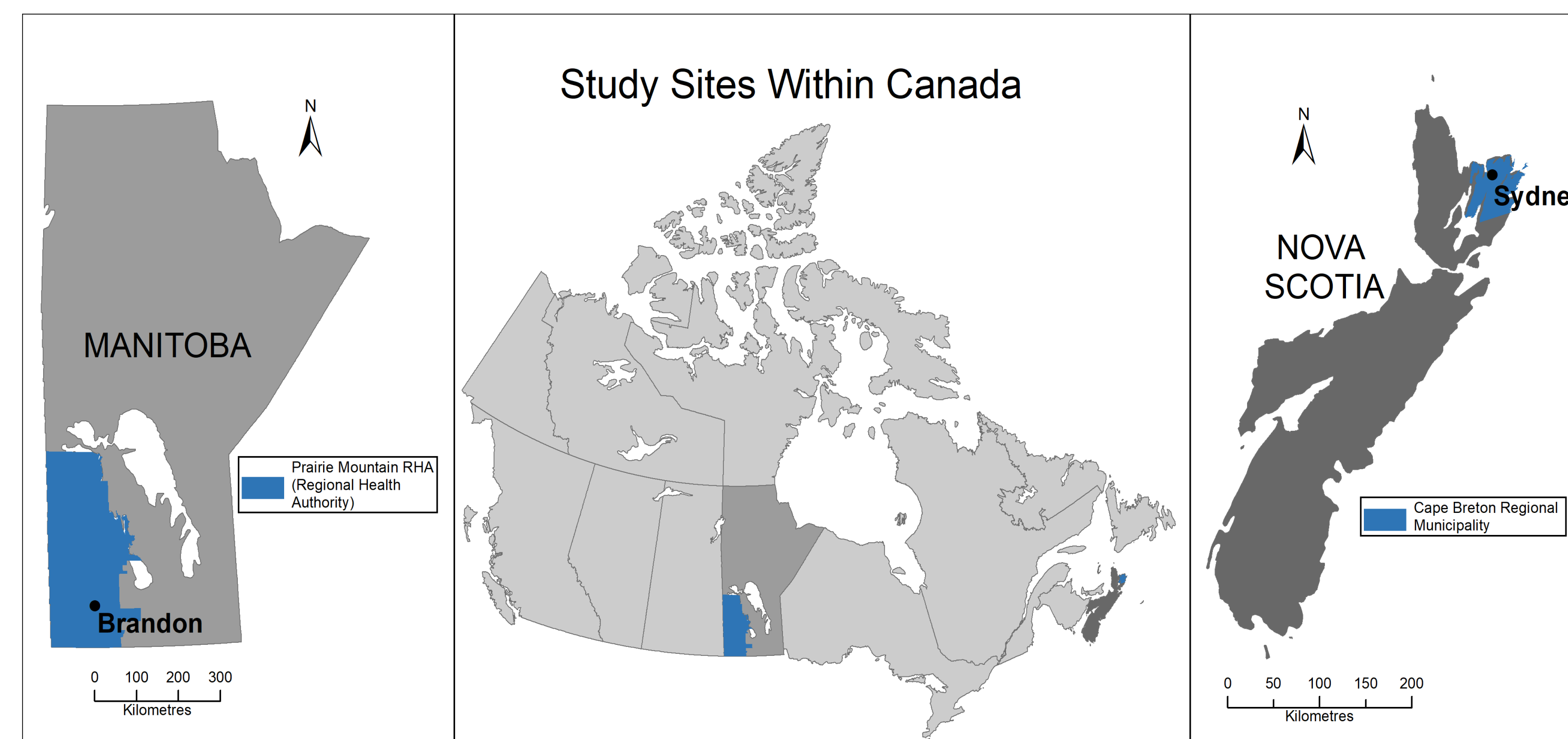


Figure 1: Study Sites within Canada. Brandon, MB & Sydney NS

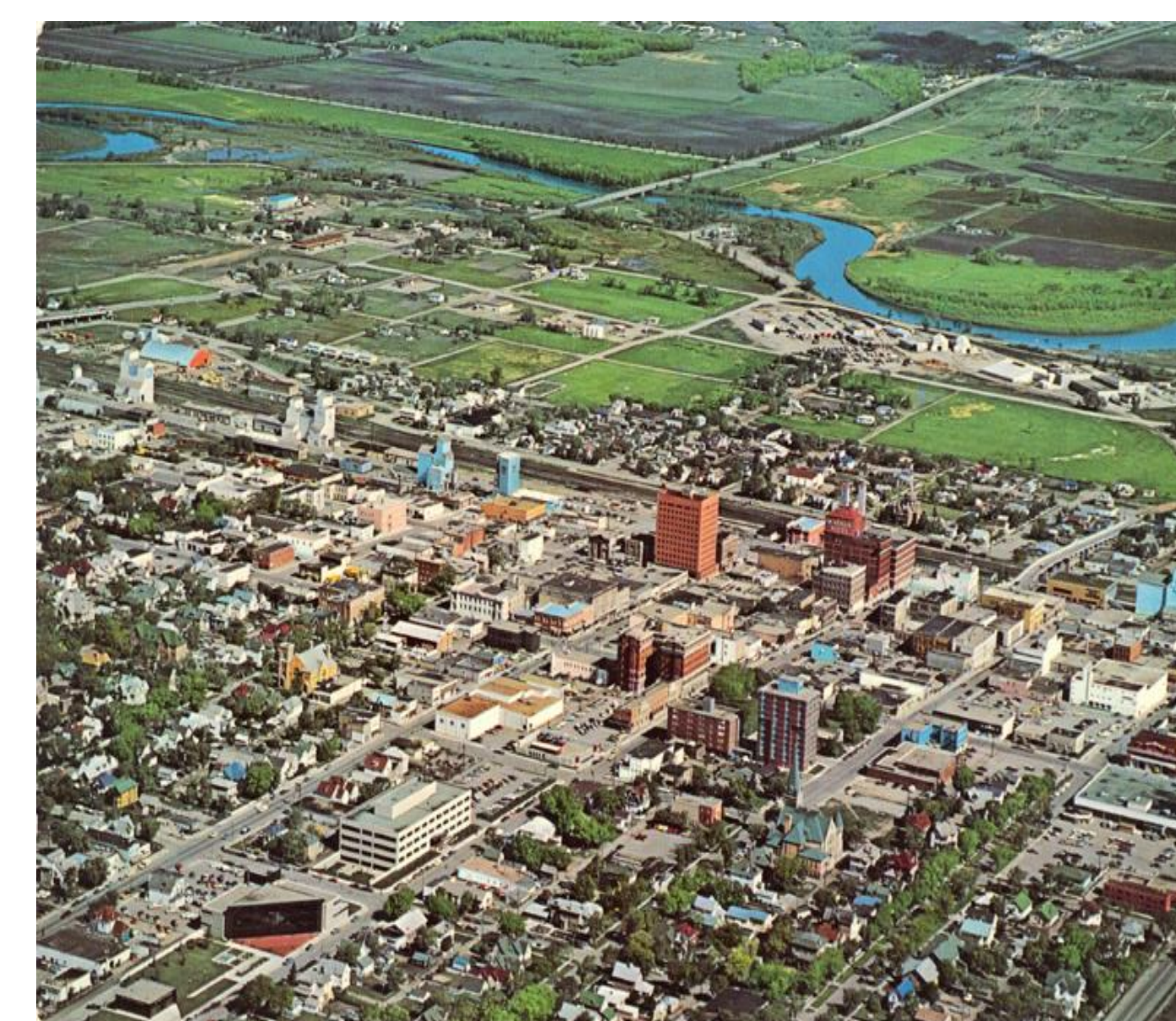


Figure 2: Brandon, MB



Figure 3: Sydney, NS

*Our responsibility is to cover the Westman area but we don't even have funding to cover half of Brandon so how do we really (Lexy)*

*We really are that grass roots organization of women who are working the feminization of work right, at a lower level of pay rate and without a lot of benefits that government employees would have, so yeah it's not great but we all come with our own reasons of why we come to do this (Katherine, Brandon)*

*Our staff is also very well connected with other agencies and organizations and service providers...so again knowing how to make a referral, who does what, how to find those supports, not only from a paper based perspective but we know the workers (Sarah, Sydney)*

*The lack of funding seriously puts people at risk, puts the children at risk, and I am all about child safety (Abbey, Brandon)*

## Conclusions

Hundreds of thousands of people are experiencing IPV in Canada, with an estimated majority going unreported (Burczycka, 2016). As such, service providers are at the frontline in the fight against IPV. However inadequate funding and understaffing for regional service centres who are expected to service their surround rural areas, seriously impairs service provision. In order to respond to these challenges, collaboration and networking was the answer. Both Brandon and Sydney discussed working with other agencies and being aware of who does what in the community in order to best provide for those who use the supports. This is a way for service providers to compensate with underfunding and understaffing for the programming. However, the sustainability of this practice is uncertain. How long can these workers go spending their own time, and sometimes their own money to do this extra work, especially when they are going above and beyond their regular requirements.

## Future Research

Future research is needed in:

- Examining the sustainability of such collaborative practices
- Analyzing policies (existing and needed) impacting service provision for rural areas
- Expanding to include other social services/resources

## References

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- Williams, A.M., & Kulig, J.C. (2012). Health and Place in Rural Canada. In Kulig, J.C. & Williams, A.M. (eds.) *Health in Rural Canada*. UBC Press.: Vancouver, BC.
- Figure 2: Brandon, MB <http://www.visionairimages.com/Geographic-Zone/Sydney-NS-Harbour/i-834nQQv/A>
- Figure 3: Sydney, NS <https://www.brandonsun.com/princeedwardhotel/IN-PICTURES-The-Prince-Edward-Hotel-in-its-prime-158214445.html>

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