

FAMILY VIOLENCE: ONLINE PROGRAMMING IN RURAL AND REMOTE AREAS OF ATLANTIC CANADA

DR. CATRINA BROWN 2025 ©

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presents:

Innovations in Addressing Gender-Based Violence and Trauma- and Violence-Informed Health Promotion

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CONTEXT

- ▶ **Family violence rates are increasing** in rural and remote regions of Atlantic Canada, alongside social and economic disadvantage.
- ▶ **Services are extremely limited** with an unrealistic expectation people can and will travel to more urban centers for services.
- ▶ Services are **reactive and primarily focused on women and children**.
- ▶ A **gap exists in programs for men** as both survivors and perpetrators of violence.
- ▶ Most of the men in the study experienced **being harmed, witnessing harm, and using harm** over their lifetimes.
- ▶ Men in the study were on average more **economically and socially disadvantaged** (income, education, rates of employment).

CONTEXT

► **Barriers** to accessing support include:

- **Geographic isolation:** long travel times, lack of transportation, cost, childcare, work conflict, very limited community-based service availability, and waitlists for urban center supports.
- **Stigma, shame, privacy:** accessing family violence services can be socially isolating, especially in small and rural communities.

PURPOSE AND OBJECTIVES

- ▶ **Purpose:** reduce disparities in access to effective programs addressing family violence in rural and remote Atlantic Canada.
- ▶ **Objectives:**
 - Assess **current services and barriers** in rural and remote communities.
 - Evaluate whether **online programming** improves access and participation.
 - **Measure program effectiveness** through interviewing program users and facilitators about what worked and did not work, including changes in awareness and behaviors.
 - **Recommendations for sustainability of programming.**

METHODS

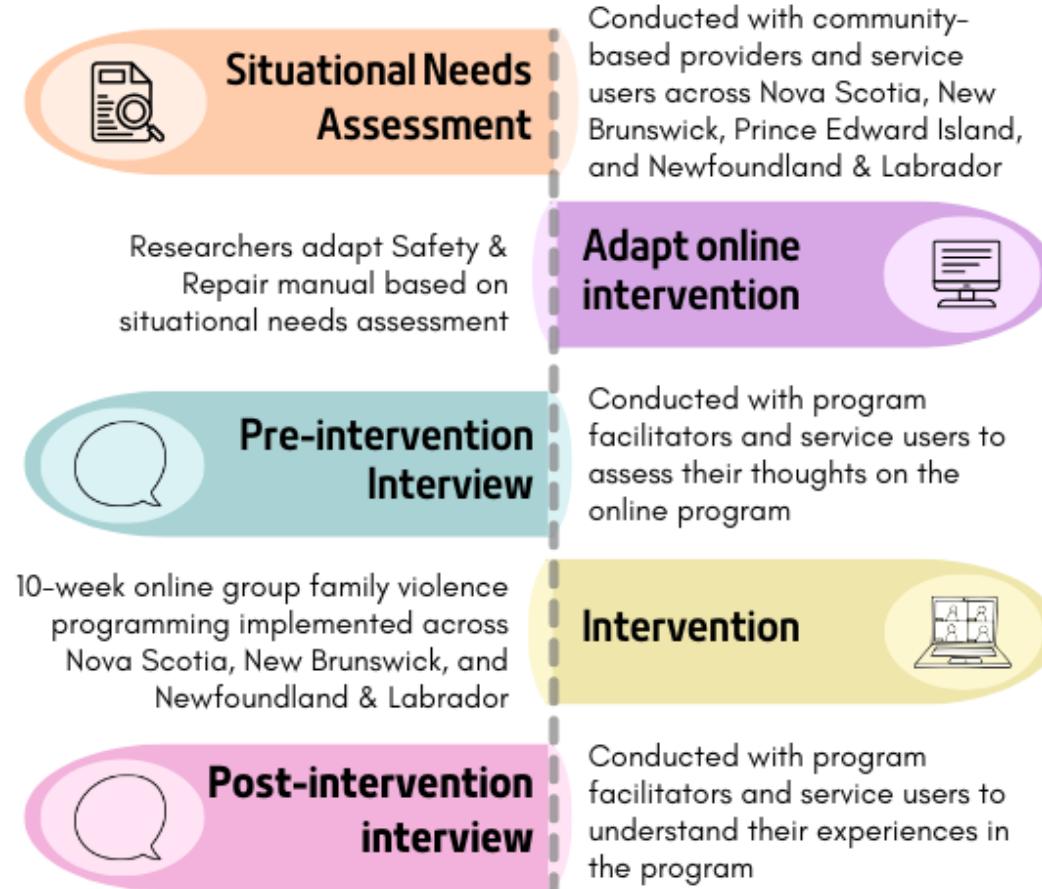
► Intervention:

- **Safety and Repair Approach:** psychoeducational, restorative, trauma-informed practice (Augusta-Scott, 2022). Focuses on **safety, preparation for repair, and supporting repair of harm**.
- **Adapted for online group delivery** with attention to reducing barriers in rural and remote communities, confidentiality, reducing social isolation, and providing support.

► Study Design:

- **Mixed-methods:** needs assessment surveys, sociodemographic surveys, and in-depth semi-structured qualitative interviews.
- **Interview data collected at 3 points:** pre-program, post-program, and 6-month follow-up.

METHODS



STUDY PARTICIPANTS

- ▶ **6 collaborating organizations** across Nova Scotia, New Brunswick, Newfoundland and Labrador, and PEI*.
- ▶ **15 online group sessions** delivered across 6 sites.
- ▶ Each site **included 2 trained facilitators** and **a maximum of 10 participants** per group.
- ▶ Participants in the study included **community-based service providers, facilitators, and service users**.
- ▶ **Groups targeted men primarily** but also included women and gender-diverse participants (13 men's groups, 2 women's).

KEY FINDINGS- REDUCING BARRIERS

- ▶ Lack of services in rural and remote areas and lack of access to urban supports.
- ▶ **Barriers:** time commitment, transportation, childcare, work conflict and limited financial resources.
- ▶ **Long waitlists and insufficient staffing/funding** capacity.
- ▶ **Stigma, shame, and confidentiality** concerns in small communities.
- ▶ Lack of **male-focused services**.

KEY FINDINGS- REDUCING BARRIERS

“Most of Labrador communities are isolated and can only access services by leaving their community. This is not easy for people to do when they have families, jobs, etc.”

-Service Provider

“I feel that there needs to be support for people who cause harm. There are reasons that lead to this, and the violence is the way it is presenting. It is scary but they also need support.”

-Service User

“I think there aren't enough accessible options across Nova Scotia, especially in rural areas. It's also hard to know how to discretely access programs.”

-Service User

KEY FINDINGS- REDUCING BARRIERS

“Removing barriers such as transportation, access to virtual services and devices. In the bigger picture - improving mental health services, community financial services - higher wages and guaranteed sick time for employees to decrease financial stress, etc. Helping people have better access to good quality of life and less stress could help address the root causes of family violence.”

-Service Provider

*“There are ***always*** waitlists. There is also a great deal of shame and stigma which act as barriers. Also, people who have experienced familial violence are more likely to experience challenges in other parts of life - like stable income, housing, etc., so accessing support and healing may not be their priority because other basic needs aren't met.”*

-Service Provider

KEY FINDINGS: VIRTUAL BENEFITS

- ▶ **Expanded access** for rural and remote communities.
- ▶ **Reduced barriers** including transportation, time, cost, work conflict, childcare, and social isolation.
- ▶ Increased **anonymity/privacy** and **sense of safety** in discussing sensitive issues.
- ▶ Peer support in online groups **provided connection and social/emotional support**, increased **safety**, began to **repair harm** while **reducing sense of vulnerability** sharing feelings.

KEY FINDINGS: VIRTUAL BENEFITS

"I think is that especially for men, it creates a level of safety for them to do something that they think is very against maybe their beliefs or their internalized stigma or anything along those lines. They don't even have to turn on their camera if they don't want to. They're in their home. They're safe. They don't have to sit in front of a group of people and tell the thing and talk about the things that might affect them deeply right. So, I think virtual is a great kind of stepping stone to allow people to feel comfortable sharing things that are very uncomfortable for them."

-Service Provider

"A lot of people are limited in time they can be out or whether or not they have a vehicle. Online could be a great solution to potentially allow them access."

-Service User

KEY FINDINGS: VIRTUAL BENEFITS

"It's convenient and it feels like less of a commitment right to do the online zoom call with the group in that regard instead of having to go somewhere at the same time. It felt a lot safer, too, right? Because everybody's very private, they don't want, you know it's hard to, we don't live in that world anymore where you can go down to the coffee shop and meet with a group for therapy and discuss all your problems and just go home and forget about it, right? You know the whole worlds connected now so sometimes the only bit of privacy we get is like behind this screen here, right? I can control this little box that you see right here. But you know, to show up in person's a little bit more, just you know it's uncomfortable."

-Service User

"It's like I'm not the only one, we're all going through this."

-Service User

CONCLUSION AND RECOMMENDATIONS

- ▶ **Virtual programming** reduces geographic, financial, and social barriers while providing safety, anonymity, and peer support alongside potential prevention of further violence.
- ▶ Services must be **adaptable, trauma-informed, and inclusive** of men, women, and gender-diverse individuals.
- ▶ The **specific social and economic needs of rural and remote communities** must be addressed.
- ▶ Strong local collaboration sustains programs but **requires stable funding and policy support**.
- ▶ **Long-term investment** in training, infrastructure, and social/culturally responsive programming is critical.

QUESTIONS