

Healing from Violence & Abuse



SASKATCHEWAN

Saskatchewan Report

Rural and northern response to intimate partner violence

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RURAL AND NORTHERN RESPONSE TO INTIMATE PARTNER VIOLENCE

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Introduction and background

Intimate partner and family violence (IP & FV) are some of the most pervasive forms of gender-based violence worldwide (Heise, Ellsberg, & Gottmoeller, 2002). These forms of violence are defined as “physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner” (Centres for Disease Control and Prevention, 2017) and “physical, sexual, verbal, emotional, and financial victimization, or neglect” (Sinha, 2012: 9). An intimate partner refers to a spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner and is used to capture a close personal relationship involving two people (Bredling, Basile, Smith, Black, & Mahendra, 2015). Family includes children, seniors, and other kinds of kinship relationships. Maire Sinha writes that (2012: 9):

While there is no universally accepted definition of family violence, two elements must be considered in any definition: the forms of violence to be included and the types of family relationships. Within the Family Violence Initiative, family violence has been conceptualized as “a range of abusive behaviours that occur within relationships based on kinship, intimacy, dependency or trust”. (Family Violence Initiative Performance Report, 2008)

Together, IP & FV shape the lives of all of us, even if we do not directly experience it. Although IP & FV is not exclusive to heterosexuality, our current study focused on IP & FV perpetrated by men against women. We did have a question with regard to same-sex relations, but received very limited responses. Participants either did not come across it or if they did, it was infrequent. This is not surprising as there continues to be social disapproval and confusion with regard to same-sex relations and/or marriages. One telephone interview participant commented that “... [I’ve] thirty-five years of experience, and to my knowledge, I’ve only run across that once. And that was two women that had a domestic...” This should not be read as IP & FV not being experienced by LBGQTQI2; rather that it is more than likely unreported

particularly with regard to the kind of relationship queer folk had and continue to have with governmental systems such as the police. Statistics Canada reports that: “Those who self-identified as gay or lesbian were more than twice as likely as heterosexuals to report having experienced spousal violence, while those who self-identified as bisexual were four times more likely than heterosexuals to self-report spousal violence” (2011b:11). Nadine Wathen writes in her report “Health Impacts of Violent Victimization on Women and their Children” (2012: 5) that:

Studies of IPV [Intimate partner violence] between women in same-sex relationships suggest that the dynamics of abuse are similar to those experienced by women in heterosexual relationships (Eaton et al., 2008; Tjaden & Thoennes, 1999). Clinically oriented guidance for those serving LGBT clients indicates similar mental and physical health consequences of abuse as for heterosexual victims (e.g., Ard and Makadon, 2011; McClennen, 2005; Balsam, Lehavot and Beadnell, 2011; Kulkin, Williams, Borne, de la Bretonne and Laurendine, 2007), however these studies also outline that some risk factors may differ (e.g., the threat or “outing” as a form of abuse) and that the availability of services specific to LGBT people lags far behind those for heterosexual victims of violence, which themselves are often insufficient (e.g., lack of emergency shelters for abused gay men).

The lifetime prevalence of IP & FV in Canada is estimated to be 25% (Ellsberg & Heise, 2005). Women are 79% more likely to experience IP & FV and are four times more likely to be victims of domestic homicide in comparison to men (Canadian Centre for Justice Statistics, 2017; Miladinovic & Mulligan, 2015). The national average of police-reported IPV is 309 per 100,000 population, with Saskatchewan having the highest rates of IPV (666 per 100,000) among the Canadian provinces (Canadian Centre for Justice Statistics, 2017). According to Statistics Canada’s General Social Survey, “6-7% of Canadian women report exposure to IPV in the past 5 years (Statistics Canada, 2011), and IPV has been estimated to affect one-third (Cohen & MacLean, 2004) of Canadian women... (Johnson, 2005)” (Wathen, 2012, 5). “In 2014, police reports showed that there were over 85,000 victims of family violence in Canada. When dating

violence is included this number increases to 133,920 victims. About 96,000 of these victims were women and almost 20,000 were under the age of 20 years” (The Chief Public Health Officer’s Report on the state of Public Health in Canada, 2016). Furthermore, as experiences of IP & FV are significantly underreported, of importance to note is that the already devastatingly high prevalence rates within Canada are likely much higher (Bopp, Bopp, & Lane, 2003; Canadian Centre for Justice Statistics, 2006). Finally, the total economic burden of IP and FV in Canada is estimated to be about \$7.4 billion per year (Zhang, et al. 2009).

The province of Saskatchewan is considered diverse in terms of geographic landscape and population. While 4.3% of the Canadian population identifies as Indigenous, Indigenous Peoples make up 16% of Saskatchewan’s population (Statistics Canada, 2011a; Kelly-Scott, 2016). Furthermore, approximately 33% of the population within Saskatchewan lives in rural and northern regions, while it is estimated that approximately 62% of Indigenous individuals live in rural and northern regions (Kelly-Scott, 2016). Indigenous women and women living in rural, remote, and northern communities are at significantly higher risk of experiencing IP & FV in comparison to non-Indigenous women and women living in urban centers, respectively.

Findings published from the Canadian Centre for Justice Statistics (2016) suggests that 21% of Indigenous women report experiences of physical or sexual IPV, compared to 6% of non-Indigenous women. These findings indicate that rates of IP & FV among Indigenous women are over three times greater than for non-Indigenous women. Indigenous women experience significant barriers to personal empowerment due to the impact of colonization, racism, and disruption of family systems due to residential school abuse (Bopp, Bopp, & Lane, 2003; Perrault & Proulx, 2000; Wesley-Esquimaux & Smolewski, 2004). Of further importance to note is that of the limited research presently available, findings suggest that women living in rural and

northern areas are exposed to significantly higher rates of psychological abuse, more severe physical violence, and are at increased risk for intimate partner homicide when compared to women living in urban areas (e.g., Jennings & Piquero, 2008; Peek-Asa, Wallis, Harland, Beyer, Dickey, & Saftlas, 2011; Shannon, Logan, Cole, & Medley, 2006).

Of great concern is that when considering the increased risk for violence within rural and northern regions, as well as for Indigenous women, significant barriers exist to accessing services, such as distance to the nearest formal service, limited options for transportation, issues with maintaining confidentiality and anonymity, pressure to maintain the family unit, social isolation, and minimal options for culturally sensitive services (e.g., McGillivray & Comaskey, 1999; Peek-Asa et al., 2011; Riddell, Ford-Gilboe, & Leipert, 2009). Specifically, research published in 2011 found that distance to the nearest resource was over three times further for rural IP & FV survivors than for those living in urban centres (Peek-Asa et al., 2011). This is problematic because utilizing resources and services provides survivors of IP & FV with emotional support and practical resources to help enhance their safety, healing journey, autonomy, quality of life, and ability to sustain a life after leaving (or remaining with) their abusive partner (e.g., Anderson & Saunders, 2003; Anderson, Renner, & Danis, 2012; Riddell, Ford-Gilboe, & Leipert, 2009).

As demonstrated in past research, experiencing IP & FV is associated with significant health, financial, and social difficulties not only for women, but for their children. Equally, communities and the larger social body are negatively affected as well (Public Health Agency of Canada, 2018). For instance, there are further substantial costs to society, such as criminal court expenses and implementing risk management strategies for perpetrators of IP & FV (e.g., Department of Justice, 2009; Ursel, Tutty, & LeMaistre, 2009). Therefore, research examining IP

& FV is well warranted, especially in rural and northern communities where research is currently limited and services spread thin.

Study background

The five-year research project (2011-2016), funded by the Social Sciences and Humanities Research Council-Community-University Research Alliances (SSHRC-CURA) was conducted in collaboration with four regions across the Prairie Provinces and Territories (Alberta, Saskatchewan, Manitoba, and Northwest Territories). In all locations the focus was on rural and northern communities because of insufficient research on IP & FV in these regions. In the previous SSHRC-CURA funded project entitled "The healing journey: A longitudinal study of women who have been abused by intimate partners," the lives of 200 female participants were followed as they left situations of violence in their homes. One of the results was the identification of the unique challenges women faced living in geographically diverse areas in rural and northern Canada. In light of these findings, the current project focuses on IP & FV services in northern and rural locations and how they meet the unique challenges. This report focuses on research conducted in Saskatchewan and details the knowledge and experience of service providers working to support those who experience IP & FV.

There is a scarcity of research examining IP & FV within Saskatchewan, particularly in rural and northern regions, making this report a vital catalyst for developing and implementing effective resources and services to encourage communities to engage IP & FV as both personal and structural issues that need our collective attention. The overall goals of this research project are to contribute to understanding and to challenging IP & FV through awareness and education, policy change, and support for community action toward addressing IP & FV. With this in mind, this project was guided by three research questions:

1) What are the unique needs of women who experience intimate partner violence in rural and northern regions of Canada? 2) What are the gaps in meeting these needs? 3) How do we create and sustain non-violent communities in rural and northern regions of Canada?

Methodology

Ethics approval was submitted by the principal investigator of the larger research project, Dr. Mary Hampton from the University of Regina, and approved by the University of Regina Research Ethics Board in September 2011. This research project utilized a community-based participatory action research strategy in all jurisdictions by adopting a collaborative approach and inviting community partners to work with academic researchers at all stages of the research process. This approach was utilized to gain a comprehensive understanding of existing community responses to IP & FV and the unique needs within rural and northern communities.

Various principles of community-based participatory action research were maintained: collaboration, equal involvement of all collaborators throughout all stages of research, research and action, long-term process and commitment, and dissemination of results to all collaborators to encourage policy change (Israel, Schulz, Parker, & Becker, 2001; O'Toole, Aaron, Chin, Horowitz, & Tyson, 2003; Wallerstein & Duran, 2006). In Saskatchewan, the smaller research team of academics, community partners, and research assistants met two to three times per year during the stages of data collection and analysis, and once yearly when members from other regions came to Regina for the annual meeting. The larger research project team met to share progress and findings and developed the next steps of the project, all of which were guided by the knowledge of our Elder, Betty McKenna.

For the purposes of this research project, the current definitions proposed by Statistics Canada (2011c) were used to define rural and northern regions in Saskatchewan. The current broad definition of rural in Canada includes all land outside of urban areas, the latter being those with a population equal to or greater than 1,000 and with a density equal to or greater than 400 persons per square kilometer (Statistics Canada, 2011c). This definition was also applicable across all four jurisdictions; however, the meaning of northern presented some challenges (see Zorn, Wuerch, Faller, & Hampton, 2017 for a detailed description of regional differences).

Project researchers sought a standard and meaningful definition of northern for all four jurisdictions. In the early stages of the project, it became apparent however, that north was understood varied between the provinces and the Northwest Territories; therefore, a preliminary definition developed by Statistics Canada was applied (McNiven & Puderer, 2000; Figure 1). This complex system attempts to differentiate northern from southern Canada based on different indicators such as environmental nature, population characteristics, community accessibility, and so forth.

Environmental scan and geographical information systems (GIS) mapping

The first year of this five-year project involved developing an environmental scan of IP & FV resources and services. Academic researchers and trained research assistants contacted personnel from specialized and non-specialized IP & FV resources to aid in developing a comprehensive list of existing IP & FV resources in geographically diverse communities across Saskatchewan. We focused on a broad range of supports in relation to IPV, including police services, legal services, crisis intervention, women's shelters, second-stage housing, counselling services, children exposed to IP & FV services and culturally specific interventions. A few key decisions were made when conducting the environmental scan.

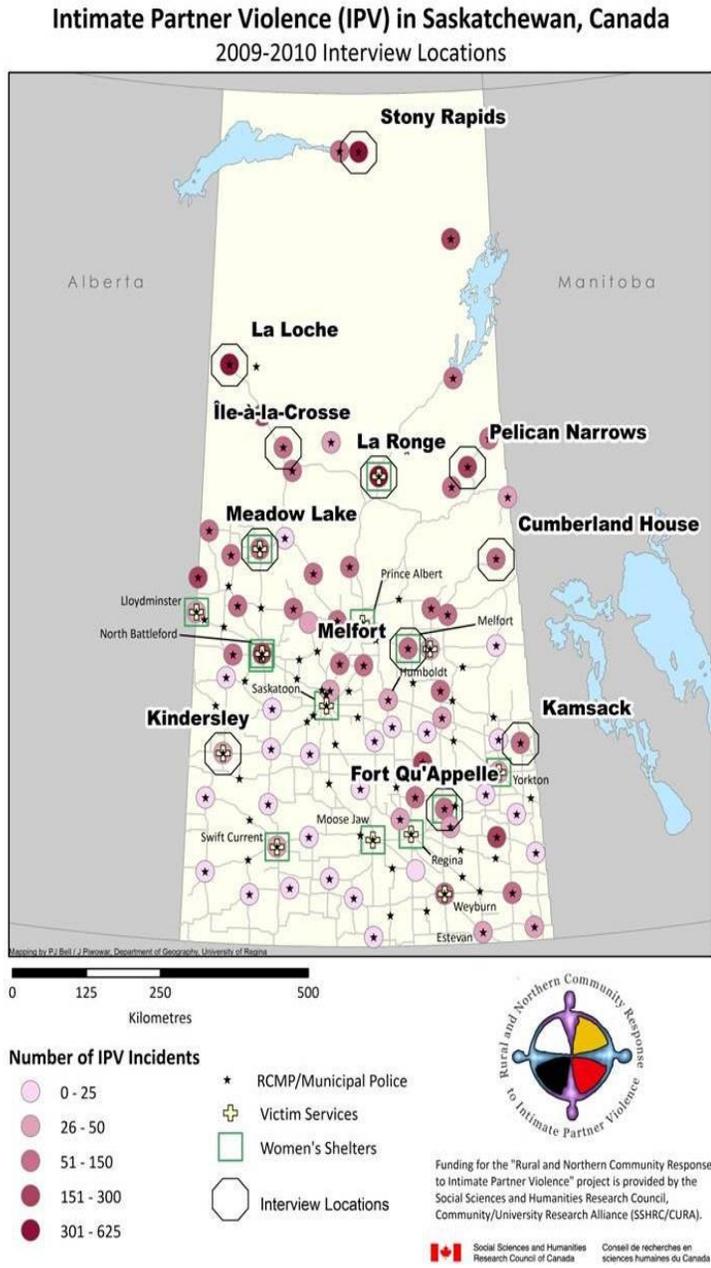
First, the decision was made to include services not specific to IP & FV since individuals living in isolated communities often seek support first from non-specialized services following an event of violence. Second, the decision was made to omit informal and volunteer supports from the environmental scan because there was/is no clear way to identify consistently these kinds of supports across all communities. Third, the decision was made to include First Nation reserves since they utilize intimate partner (IPV) and family violence (FV) services. As such, if a community self-identified as a First Nation reserve/community, this was reflected within the scan.¹

Accompanying the development of the comprehensive environmental scan, the official police force for rural and northern regions in western Canada from the Royal Canadian Mounted Police (RCMP), Ottawa division, was contacted by principal investigator, Dr. Mary Hampton. A request was put forth to obtain the number of reported incidents of IP & FV experienced by women and girls from years 2009-2010 aggregated by community. Again, of importance to note is that the information gathered likely represents a significant undercount of all events due to underreporting (Bopp, Bopp, & Lane, 2003; Canadian Centre for Justice Statistics, 2016). The reported incidents, then, stand as proxies for actual IP & FV incidents. RCMP data was consistent with other research findings in that most IP & FV incidents were committed against women (83%).

The information gathered from both sources was used by two geographers involved in the project, Dr. Paul Hackett of the University of Saskatchewan and Dr. Joe Piwowar of the

¹ Of importance to note is that this may result in differences when compared to the government lists of First Nation communities.

University of Regina, to create Geographical Information System (GIS) maps for all four regions. GIS-techniques are used to capture, store, retrieve, analyze, and display spatial data of all types (Clarke, 1986; Goodchild, 2010; Mark, 2002). The GIS-maps provide a visual depiction



Saskatchewan GIS map

of the spatial distribution of incidents of IP & FV and available resources and services in northern and rural regions. Travel time and distance from incident to support services were also

mapped. The resulting GIS-maps enable researchers to visually analyze the distributions of violence and resources in order to determine locations of available resources.

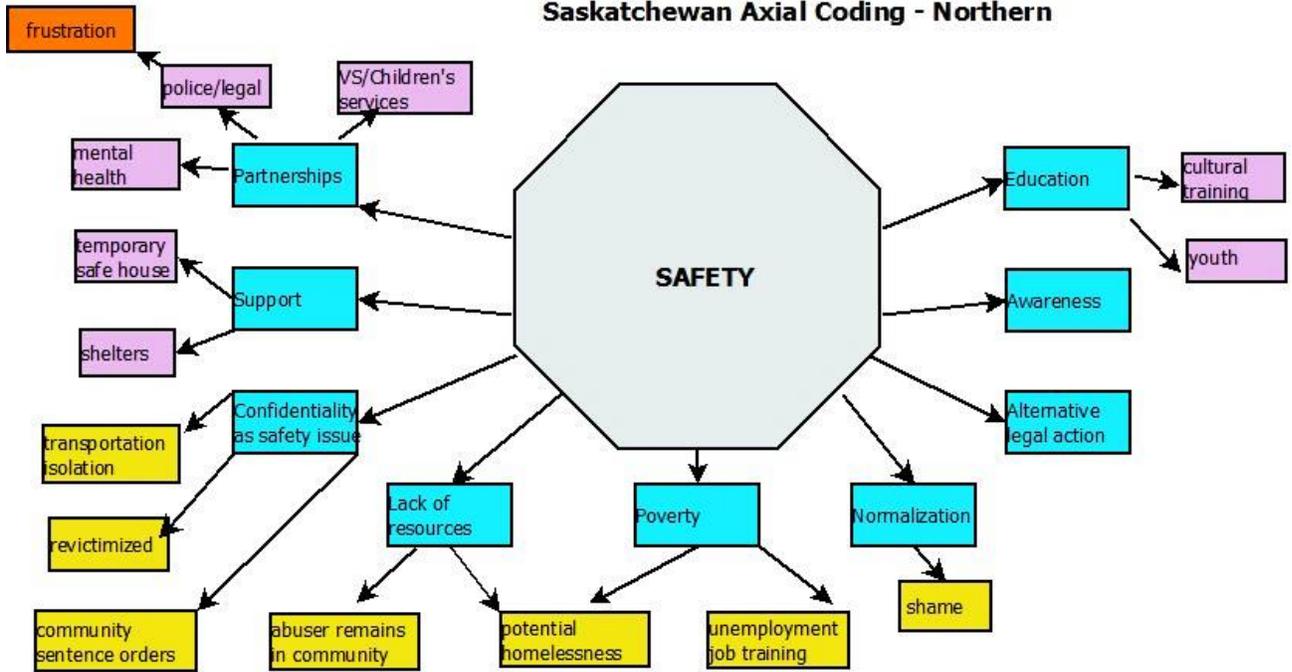
Qualitative telephone interviews

The second portion of this five-year project involved conducting semi-structured qualitative interviews with knowledgeable and experienced service providers in rural and northern communities across the province. An open-ended qualitative interview guide was generated by academic personnel and community members. Interviews were conducted by three academic researchers and one research assistant via telephone to account for travel restrictions and scheduling flexibility.

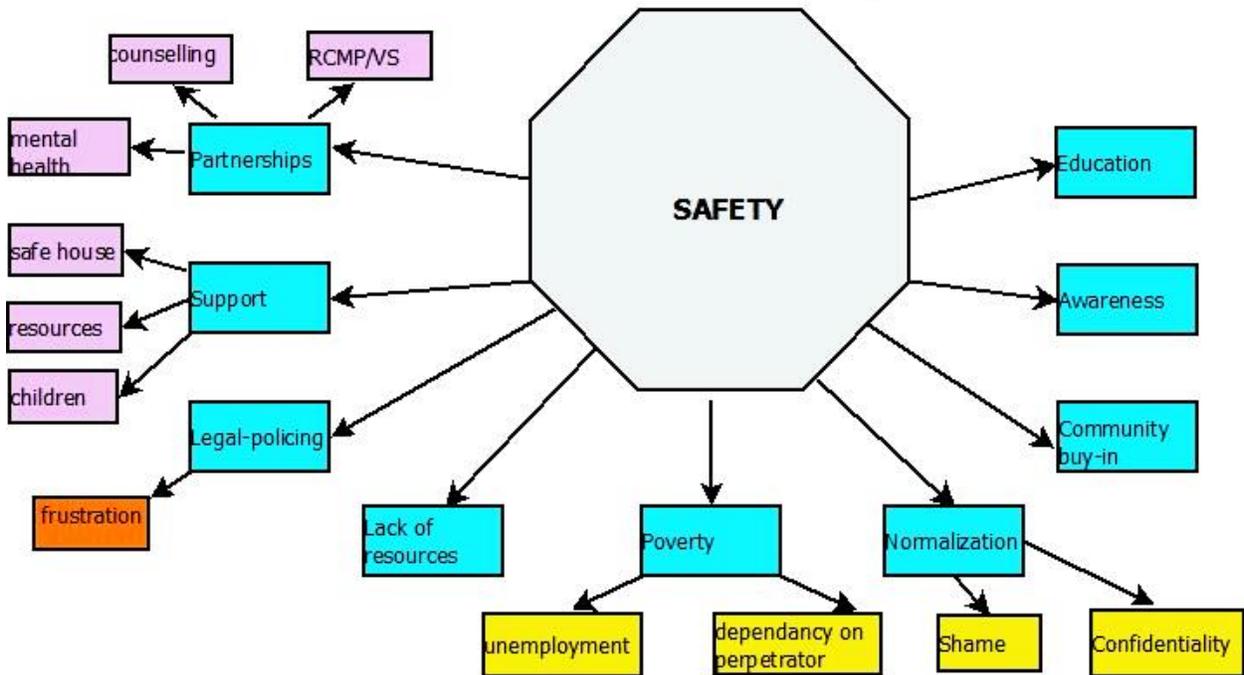
To develop a comprehensive understanding of the information gathered, the research team worked together to analyze the interviews using NVivo qualitative software to assist with open coding (Bazeley & Richards, 2000). Open codes are themes that are derived from the research data, that is from the interviews, using NVivo, which allows for the breaking down of the data into bits or codes, such as, “In the North - high percentage, the victim returns home”, or “behind closed doors”. Following the development of the open codes, axial coding was done as part of grounded theory. Axial codes, which is the grouping of the opening codes in sets of like kind, was done next. Axial coding pays attention to the conditions, contexts, actions and strategies, and outcomes in order to link the open codes that then allows researchers to develop the next level of categorization (Corbin & Strauss 2008; Kendal 1999, Polkinghorne, 1995). Visualizations were also created to detail the axial codes (pg. 14) and the process women may take when leaving an abusive relationship from start to finish.

Axial Coding

Saskatchewan Axial Coding - Northern



Saskatchewan Axial Coding - rural



Focus groups

The third portion of this five-year project involved conducting focus groups with service providers from two selected communities. Based on the qualitative telephone interviews conducted, researchers determined that bringing community service providers together in the form of a focus group would be beneficial to researchers and participants alike (Freidus, 2002). Participants would be positioned to learn of local resources they might not be aware of, to possibly develop some coordinating strategies, while researchers benefit as participants are able to converse with each other and in so doing develop a more complex and comprehensive discourse. Two communities, one rural and one northern, were chosen based on significant incidents of IP & FV and limited and overtaxed services. Throughout the focus groups, a non-judgmental environment was maintained that allowed participants to express their views in an atmosphere of mutual respect. The northern focus group and the rural focus group contained nine and seven participants, respectively.

Individuals who participated in the qualitative telephone interviews were contacted again and informed of the option to participate in a focus group discussion. They were also asked to suggest other service providers we might contact. The focus groups, then, were composed of several telephone interview participants, but also included other service providers not yet interviewed. A convenient time and place was coordinated among all participants and researchers. Although there was no monetary compensation for participants, lunch and beverages were provided by the researchers. The focus groups were guided by the question of “What do you think are some of the needs of women coming through your services with regard to intimate partner violence?” Participants varied in gender, ethnicity, and occupation. Both focus groups were audio recorded with participants signing a consent form allowing transcription of the

discussion. The recorded interviews were transcribed by trained research assistants and errors were corrected where necessary. All transcriptions were de-identified and consent forms were stored separately to maintain anonymity.

To organize and develop a comprehensive understanding of the themes discussed within the focus groups narrative inquiry was chosen because this method allows for the organization of events into a whole, conveying a rich and meaningful representation of a sequence of events (Elliot, 2006). As such, there are no specific approaches to narrative inquiry since the theories that motivate narrative research vary (Chamberlain, Stephens, and Lyons, 1997), although our narrative inquiry was conducted based on recommendations from Clandinin and Connelly (2000), as well as Elliot (2006). We saw narrative inquiry as a method that would provide community service workers with a means to contribute their experiences and expertise in the field of IP & FV.

Case studies

The fourth portion of the five-year project involved completing an in-depth case study of one selected community (Yin, 2009). This community was chosen based on review of the GIS-map (pg. 12) and analysis of the qualitative telephone interviews and focus group.

Findings

Environmental scan and geographical information systems (GIS) mapping

The environmental scan, at the time of data collection, contained a comprehensive catalogue of existing specialized and non-specialized IP & FV resources on a community-by-community basis within Saskatchewan. There is a general understanding that the distribution of services changes over time. As such, and due to the length of the environmental scan produced,

the document is not included within this report; however, there is currently a living document that the Provincial Association of Transition Houses and Services of Saskatchewan (PATHS) continues to maintain.

Analysis of the information collected from the environmental scan and from the national RCMP database was conducted by Dr. Paul Hackett and Dr. Joe Piwowar. Various GIS-maps were created for all four jurisdictions, one of which details IP & FV incidents within Saskatchewan (see pg. 12). Circles were used to mark the communities where IP & FV was reported between January of 2009 and December of 2010. Rather than using graduated circles to represent differing magnitudes of IPV, a system of shading based on a single hue was employed to reflect the number of incidents reported, with darker shading representing higher numbers. Further, a combinatory symbol system was created to graphically represent the availability of support services for survivors of IPV. As the current research focused on rural and northern areas, larger urban centers within Saskatchewan are not represented.

Qualitative telephone interviews

In total, twenty-eight interviews were conducted with twenty-nine service providers (one interview involved two participants) living in rural and northern communities across Saskatchewan. Participants varied in gender, ethnicity, and occupation. All interviews averaged between twenty to ninety minutes in length and were audio recorded pending participant consent to allow for transcription. The recorded interviews were transcribed by trained research assistants and errors were corrected where necessary. All transcriptions were de-identified and consent forms were stored separately to maintain anonymity. The interviews are taken up in more detail in the northern case study.

Northern community focus group

The following story describes the rich experiences, including the challenges and suggestions for improvement, of eight service providers working with women survivors of IP & FV in a northern community in Saskatchewan.

Challenges

Throughout the focus group, it became apparent that northern communities face unique barriers. The lack of safe shelters, transportation, and services available are indicated as central to services inability to respond in a way they would like. A recurring challenge discussed among our participants was the lack of safe shelters, or a safe place for survivors to seek refuge, and that most safe shelters within driving distance were often at full capacity. Not only was the lack of safe shelters a barrier, but often the closest shelter for women and dependants should they have them was located hours away. This distance created additional challenges, such as transportation and the need for immediate support:

Focus Group Participant (FGP henceforth): “And if [the safe shelter’s] full, it’s always a repeated thing that you go through. One, if they’re full, you’re on the list. Then you go to the next one, but how do you keep someone safe when you have that much of a time span between. They need to get them right now and then.”

FGP: “Yes because I mean, if they’re coming for help, they need that help today, not tomorrow, not next week; because next week they’ll be back there in that same house again. I mean, I have never successfully gotten a woman fleeing domestic violence into a safe shelter, because by the time there’s a bed available, she’s gone.”

In addition to the lack of safe shelters and transportation, the lack of timely response was exacerbated by the need for all services when a crisis occurs. Several participants made note that there are no services in place to support people in need after five o’clock, on weekends, and holidays, which is challenging as most crises occur during these times (Vaquez, Stohr, and Purkiss, 2005):

FGP: "... and mental health issues don't happen from nine to five. So if we phone someone at three in the morning, who's going answer the phone? Nobody."

FGP: "... what we really need is a, is a crisis worker. You know, like mobile crisis type of thing right Because I know that in urban areas that is what they have and they deal with emergency child apprehensions and you know, domestic violence and suicide threats. You know somebody's like homeless and it's 50 below and nowhere at all to go, all these other kind of like crucial life-threatening emergencies that happen in the middle of the night."

FGP: "That's norm. In [northern site] we don't have social workers in the community, what do we do? When we call, do we wait an hour? No, we need social workers right now, not an hour from now. If somebody's in mental distress, we'd rather throw them in cells and let mental health interview at nine in the morning. We need them now, not nine in the morning."

FGP: "When you were talking about services that were lacking, a few years back when we had suicides galore like you wouldn't believe, and then we had suicide workshops like you wouldn't believe. And then everybody wanted to be the rescuer, the helper, the this the that, and we had about thirty or forty people in the community that had taken assistance line or whatever, but the sad part is that you better do it between nine and five, after that, no help."

The lack of timely response also affected whether a perpetrator would qualify for, and utilize, support services. One participant discussed her frustration with having overwhelming caseloads, as this meant that the available support was dismissed due to lack of immediate response:

FGP: "...the detachment here is understaffed as it is, so response to an incident that's happening. And by the time they get there, well he's gone now and you're finally here so thanks for nothing."

With the lack of timely response being a major challenge in supporting survivors of domestic violence, the service providers went on to discuss where individuals might go to secure support. Too often, participants commented, women and their dependents returned to the home where the perpetrator resided. Several reasons were discussed as to why this may be, including a lack of financial and emotional support, as well as the isolation found within northern communities. One participant discussed her personal experience with IPV, and the complex relationship surrounding whether to leave:

FGP: “And when you come across someone like ‘seriously, this is the fifth time he’s hit you? Why didn’t you leave after the first time?’ Well, excuse me, we were together for two years, we got in a heated argument, not to excuse the behaviour but seriously, it just got out of hand. Well, the fifth time it’s progressing obviously, but how do you expect someone to just walk away from something that they invested so much of themselves.”

FGP: “...And again, it’s the fear like ‘oh, he’s going to come back and kick my ass.’ So, I might as well let him back in.”

The sense of isolation is a unique challenge to engaging violence in a sustained fashion in northern communities. Many women survivors are born and raised solely in northern communities and have not been exposed to urban areas. Because of this, leaving an abusive relationship means leaving their family, friends, and community; essentially the only life they are likely to have known:

FGP: “If we were living in Saskatoon and like Joe Blow is beating on you and you need to get away from him, you could go to a different area of the city or you could leave the city, go to a completely different place. But here some people are so isolated. They don’t know past the airport here and they have no idea how to cope when they get out there. And when they do get out there, there are language barriers, there’s financial, and there’s being away from their family. Like how do you disappear all of a sudden from all that because of something. Okay, we got in a fight, yes he hurt me, but do I give that up and leave him and give up my life here? Or do I try to come back and fix it? They have a life here. They have their children, they have their homes.”

FGP: “But for somebody from here, I see that with boys and girls I have to send south for treatment and detox, it’s such a huge culture shock. It’s sending somebody, in all practical senses except for the passport, to another nation.”

FGP: “And the things we have to go through to get them out for safety and then you see them right back here. We don’t know the issues but again, a lot of this is being out of their home, out of their community.”

Throughout the focus group several service providers commented that communities themselves must also challenge the violence in their communities. The services offered within the community, although stretched very thin, are there to encourage and support survivors’

efforts to cope with their lives, and not force them in one direction or another. Several stories emerged regarding community services, one being that IP & FV is a community issue:

FGP: “I mean this issue is a community issue. It’s not an individual issue, which is too often how it’s thought. It’s part of our community. So, in terms of community responses, what else might we do to help people? And that means everyone who’s involved because it’s hurting everyone, not just the person who’s violent but those you know, who receive the violence and then those who witness that violence.”

Participants also discussed the significant stigma associated with cognitive illnesses and cognitive health services in their northern communities, which, they stressed, prevented many individuals, perpetrators and those victimized by violence from seeking support:

FGP: “It almost sounds like we need to change the name of mental health. There is a stigma that if you see a mental health worker you’re crazy. No, you’re not crazy! You just need somebody professionally to help you through.”

FGP: “...so many people aren’t comfortable with counselling. They think, ‘oh if you need it there must be something wrong with you.’ No, there isn’t. There needs to be more education just to clarify what you think you’re going get out of it. You’re not going on medication, you’re not. You’re just getting some tools to cope with things that are in your life.”

FGP: “Yes, even if I make a referral, the first thing they’ll say is ‘oh they’re social work, they’re going to take my kids away.’ And we have to go back and do the same thing, and kind of say no they got different aspects of their program too. They have a good side over there.”

The stigma associated with cognitive illness meant that cognitive health services were avoided in fear that others would brand those seeking these services as “crazy” or “deficient”, and that this sinister branding would follow them for the rest of their lives. Such a view constructs a major barrier to accessing cognitive health services.

The participants indicated that the stigma surrounding cognitive health may be exacerbated by the problem of securing and retaining service providers in northern communities. Participants shared stories about high turnover rates, which affect the community’s ability to

build trusting relationships with cognitive health service providers, although certainly these services were not the only ones affected by high turnover rates. High turnover rates also affect the implementation of programs as it becomes a struggle to establish cohesiveness and collaboration among employees who do not live in the community and come in for several days at a time. Living outside the community, however, is not always a choice since further compounding this problem is the lack of housing for employees. Also connected with high turnover was recruitment and retention of qualified service providers:

FGP: “I don’t think Saskatchewan has registered psychiatric nurses, they do in Manitoba, but we need a professionally trained person here. You know, do we have the capacity, we don’t have the housing. I don’t know if ___ has enough housing for the staff they have right now. And that’s like you know, when you come to some of the northern communities, you can’t buy houses in [northern site].”

FGP: “...you get programs in the community and you have so much staff turnover that it could be a pilot project that’s going on for three years, and because of the staff turnover, nothing has happened with the program.”

FGP: “I said, so how many counsellors has there been here, since you’ve been working? So they sat there and they counted, and they got to thirteen names and there was two others that I remembered seeing back in files further, further back. So that’s fourteen in the ten years that my one colleague has been here who have worked in addiction services.”

FGP: “Just the continuity, to have that continuity within the same programming of people. You know, even if you have new people in there you can’t have somebody leave the position and the position remains vacant. Or sometimes it’s a long time before they find someone puts a real gap in services, not having that consistence.”

Building and maintaining trust and respect between service providers and members of the community was discussed as a strategy to combat the stigma surrounding cognitive health services. Participants exerted that it is a challenge for employees who are not a part of the community to establish rapport with their clients. It was mentioned that clients may not feel

understood when speaking to someone from a different community, may not feel comfortable disclosing personal information, or may not trust that the person will not judge them:

FGP: “But are you part of the community? You’re just, you’re just a person that comes here and leaves. You just work here, make your money, and leave Dodge. We’re everybody else here, we live here. And when you live here, you live here, you deal with the day to day stuff. You’re a part of the community when you’re, you know. Is that an issue? Absolutely that’s an issue. That’s a trust working issue for clients coming to you saying ‘you don’t even live here anyhow, why would you care? You live in Saskatoon. Why should I talk to you?’ I’m just throwing it out there, you know. Talk about some issues, yes that’s a huge issue.”

FGP: “It takes a while. It took two and a half, well this will be my third going on fourth year and it took me how long to get that trust. And now people do come to me, I even have clients, or they want to come because they know me here, they know I’m not judging them. I’m trying to provide services as well to, to give them some help.”

FGP: “But even when they do take [anger management programming], like you said right, they’re going into these sessions with that mentality. You know, they’re probably thinking ‘well, why am I taking advice from you....’”

Although being an “outsider” in the community was discussed as a disadvantage when providing services, it was also noted that individuals are resistant to seeking support from local service providers from within their community. Issues with confidentiality along with the stigma surrounding social services were said to be additional challenges:

FGP: “Because then they know this person is from the community, ‘well what if you’re telling my business to other people,’ so they’re worried.”

FGP: “Okay, but on the other hand, the other three counsellors that work here are all local people, they’re all fluent _____ speakers. They would all prefer to have a conversation in _____ over English. And you know what, their caseloads aren’t overwhelming either. Because then the excuse or then the reason is ‘well they’re locals, so they’ll talk about me,’ you know. There’s always a reason not to trust a service provider.”

The court system within northern communities was mentioned as an additional challenge for IP & FV survivors. One participant communicated frustration with the court system, stating that when compared to more urban areas, offenders are not held as accountable. Moreover,

participants discussed how those surviving violence are constantly re-victimized when put on trial, first by having to retell their traumatic story in open court (meaning anyone can watch and listen), and second because oftentimes, those upon whom violence was inflicted lack support within the courtroom:

FGP: “I don’t have a say. It’s just the courts, and then the courts don’t hold the offender as accountable as they should when it comes to, at least not in the northern part. I’ve been around the North since 2010 and you know, they don’t hold...they really don’t hold violent people that accountable to the victim or to the community.”

FGP: “...the offender will have twenty support people and she’s by herself, I see that lots. [Judge] commented on it in a different community I was in, he said ‘this is not right.’ You know, you have a girl that’s sixteen to eighteen years old, she’s by herself to testify at a sexual assault trial against an offender who’s got his father, mother, sister, uncles, and cousins.”

FGP: “And maybe people see, victims think why waste my time because nothing’s going happen to him anyhow. Because you know what, a lot of times nothing happens to the offender. A lot of times it’s what happens in that court room. It’s totally out of our hands and it’s probably the sense where women say why bother. Why even report it anymore because nothing happens.”

FGP: “I think if there was confidence in the justice system, if it was out there that if you hit your wife or partner, you’re going to jail for two years. Would you do that? Would you, would you actually take that risk of common assault that you’re going get a minimum one year in jail regardless of your record if you assault your spouse. Would an offender think twice? Maybe not, but they’d be in jail a long time, they wouldn’t be able to re-victimize the victims over and over again.”

FGP: “And that, that’s another thing. There’s a couple of times where I was helping someone in court and they, they asked ‘can we have it closed?’ and the judge ruled no, the circumstances aren’t severe enough. It doesn’t have to be that they’re severe enough, it’s just — it’s personal, it’s a violation. And to have people in the gallery listening to what happened to you, like I can’t imagine like, play-by-play of exactly what this person did to you and they just get to sit there and listen and take it all in and they can take it out for whoever else wants to hear about it.”

Suggestions

During the focus group several service providers, who had themselves experienced interpersonal violence, shared their experiences enriching the discussion. They spoke of the

necessity to empower survivors so that they are able to seek formal support and in doing so reduce the violence in their lives and the lives of those who depend upon them. For them choices regarding how to cope with the violence in their lives belonged to them and services should be in place to support their choices and not judge their choices:

FGP: “So don’t shame them. Don’t do that to them where you’re adding to their stress. If they need to be there let them, tell them ‘okay well seriously, you told me this last week and you’re here again telling me the same story.’ I do put it out there asking, ‘are you not sick of it? Do you want better?’ But then I also say, ‘I’m sorry, I understand where you’re coming from. I understand that you’re scared, you’re not strong enough right now and I’m here for you if you need me.’ Like that needs to be said so often, and it’s not.”

FGP: “At the end of the day it’s that person’s life, it’s their struggle. And if they can’t find that strength, they shouldn’t be shunned or shamed for it.”

FGP: “This woman, it must have been her twenty-fifth time and I mean this woman was near death when last in the hospital, but she finally left — but it took that. But if it took that, that’s what it took. Thank god you know she was alive and walked away from it, but she had to go to a safe shelter for a while.”

FGP: “I took it upon myself because I was sick of that life and I wanted better, and I wanted to be happy.”

FGP: “I think there needs to be less shame. There are many reasons why a person goes back....”

FGP: “So just deal with it. Like I’m sorry but they’re going through much more than you are because of your paperwork. Like everything they care about, their kids, their husband, and their lives, and oh you have one more file on your caseload or you have paperwork, and it might be, it might end up to nothing, you don’t know. But regardless, just help them.”

Several suggestions were made regarding how to increase confidentiality when providing and accessing services. Home visits were discussed and two participants commented that their current service programs were using home visitations, which allowed clients to access support within the comfort of their home. The home visits offered were to aid in creating and sustaining positive changes within the home, while treatment and targets varied from case to case. The service providers indicated that participation is largely voluntary and that positive changes have

been seen during programs; however, relapse prevention is necessary to ensure long-term success:

FGP: “I don’t want to go to the detachment as a victim. I want to go to a place where I feel comfortable, and home visits are the way to go.”

FGP: “We get a client referred to us from the ministry or we have self-referrals. And then we are given a contract that might be violence or alcohol or drugs. Then we come up with an outcome, it might be a home with domestic violence, or kids in an unsafe environment. Then we have tasks that we take into the home and we work with the family so that they can achieve the outcome in a short period of time. It’s usually a three-month contract. An in-home support worker will go do those tasks with the parents.”

FGP: “We get referrals from the RCMP and we get referrals from the community or they can be self-referred, and the home visits are voluntary. We can’t make them say yes. Sometimes they do, sometimes they don’t.”

FGP: “It’s successful for the time we’re in the home. And up until the time we start till we finish of course you know, they work with us. But as soon as we’re out of the home they fall back into their routines.”

To aid in maintaining safety for those in situations of IP & FV, building a local safe shelter was discussed. Concerns were raised regarding how secure a safe shelter would be in the northern community as it may be difficult to conceal the location. Despite this, all participants felt a safe shelter would increase the well-being of those who experience(d) IP & FV as they would be able to access services and support without leaving their community:

FGP: “...you could have a little apartment attached to the hospital where somebody could say they needed a spot to stay the night or two nights. But you know, nobody knows who’s in there.... We need something that is secure, where nobody knows who’s there so you don’t lose confidentiality and trust.”

FGP: “This all goes back to your first question, what is the need here. The need is a home, something here just for the people from [northern site], equipped and staffed with members, people from the community that are able to speak with them in their language, be there...but that is the most important here so there is places for these people to go, rather than outside their area.”

FGP: “So in a perfect world, in a perfect world, [northern site] should have a member of the community assigned to take calls for that specific reason, that a woman needs help,

where can she go? Like you're stating a classic example. She doesn't want to call the RCMP, she doesn't trust mental health, she doesn't trust us, so who can she call in this community to say, 'where could I go?' Okay, we have a safe place here."

Hiring appropriately trained service providers, who are familiar with the unique dynamics of northern communities was also discussed. Participants indicated that this would help to ensure more trust in services and their providers:

FGP: "We try to talk to those that are fresh out of school and that's the other important thing. When they're fresh out of school they have no training yet, they don't: they've got school training and book training. Do they have hands-on training and realize the dynamics that go on in these northern communities? The only reason I know because I have lived up north for how many years... because if you don't have any type of inkling what goes on and dynamics in a northern community, and you're just a city person, sorry to say that then you can't know."

FGP: "... we need professionally trained people. Because sometimes a lot of victim's issues are way beyond what most people can actually understand...."

An interesting suggestion regarding the improvement of programs and services offered was to implement imagery as a tool of communication. One participant commented that imagery was currently being used within her organization, and this strategy was a way to ensure that clients understood:

FGP: "And a lot of these things, like if a person's talking to you, you don't want to hear what they're saying you can easily tune them out. And a lot of the, for whatever reason, in the few cases that I've worked on, imagery, that makes a big difference. Because they may tune you out, but if you're trying to draw them a picture, or explain to them while writing it all out because it's there, and then they visualize it, so imagery does help."

Collaboration among service providers was discussed as being essential to ensure services are being appropriately utilized, as well as to ensure individuals within the community are receiving ample support. Within the focus group it became apparent that service providers were unaware of some of each other's programs and services since normative structural connections between overtaxed resources were not in place. Such structural connections could

and should be put in place toward ensuring those who experience IP & FV receive appropriate support., Equally, such collaborations ensure the effectiveness of programs, inter-professional information sharing. Two participants described examples of how collaboration positively affected their workplace:

FGP: “With my home visitors, we talk about things all the time, scenarios in the office. She’ll know because she’s in the same building, we’re always in there. Then others will come in from other programs and we’ll all sit around and talk about scenarios and which way we would go or who we would call. We just kind of have these nice little discussions and I like it when the other programs come in and we’re all talking about something like ‘how do we help’ in this or that situation.”

FGP: “Yes and we, that’s a big thing with...there’s two, two, three, four, five, six, seven, about eight women, eight to ten women in there. And we sit down together and we talk about our situations and what we’re going through and we ask for advice, or sometimes we just say okay, I need like a confidence boost, like tell me something [happy] or whatever.”

FGP: “So we try to provide family support where everybody works together the same.

FGP: “I think with more awareness with what we all do, we’ve spoke about this at inter-agencies as well...for example, the RCMP won’t know that this person has a disorder and they might have to be talked to in a different way, or somebody’s who’s bipolar or stuff like that...But it’s good to always know and I do that within our programs, everybody what they’re doing, whose trained in what, so that if I need to make referrals, I know who I’m going.”

IP & FV education within the community was an important strategy discussed during the focus group. The participants suggested that education needed to revolve around domestic violence, cognitive health, and community services, especially for youth. This, they argued, might be coupled with employment training, something else that would assist those living with or leaving IP & FV violence. A strong narrative theme emerged during the discussion: creating healthy relationships, homes, and people is a primary means by which to denormalize and challenge interpersonal violence in communities. Several suggestions made by participants toward challenging IP & FV were to: address the normalization of violence, provide couple and

family counselling, create more employment opportunities, and make healthy lifestyle choices (e.g., food) more accessible and affordable for those in the North. To do this requires, they commented, education, awareness (through, for example, workshop training), training and hiring from within the community, and implementing strategies to construct a stronger and more cohesive community:

FGP: “And how do you break that cycle? And you know, we’ve had community safety meetings here where sixty people showed up, AG’s, Ministers. And the bottom line came down to healthy homes, that was the result of this [northern site] incident.... But the basic line came down to, well you were at the meetings, you’ve got to start in the home.”

FGP: “So if there were more people from here that want to go outside and get those skills, and get that work, not just online or you know, an eight-month course. Take the course, go get it, and come in and work for your community as well in that area of alcohol and drugs or counselling or whatever it is.”

FGP: “We get to where we are now. Just like, I was in a domestic violent, abusive relationship. My parents, my grandparents! Do I want that for my daughter? Hell no. Do I want that for my grandson? So with today’s modern technology and knowledge and education and what not, I see where it’s going and I see where it’s coming from. I don’t want that for my daughter.”

FGP: “Those two people do not know how to be apart. And there’s, I think put into place to teach them you know. Well okay, here is some accountability, but you have to, if you’re going be together stop hitting each other. This is not that complicated, just stop, don’t hit each other. Don’t throw things at each other. Don’t push your wife. Don’t push your husband. You know, that follow-up like therapeutic engagement to teach healthy relationships. I mean, we could have a workshop on that every week probably here.”

Rural community focus group

The following narrative is based on the rich experiences of seven service providers who work with folks in rural locations whose lives have been shaped by IP & FV. The rural focus group, like the Northern focus group, was composed of both new participants and telephone interview participants. The focus group shared challenges and possible solutions, some of which reflected the views of the Northern community focus group; however, there were differences as

well the like of which are shaped in line with small prairie towns in Saskatchewan.

Challenges

Throughout the focus group, it became apparent that rural communities face unique barriers in relation to assisting those dealing with intimate partner and family violence. The lack of transportation, both public and private, was a core issue that could obstruct providing effective and timely support services, the lack of which reduced the safety of those seeking to leave, or find a way to live in or near, IP & FV. Several participants commented that although there are services available, the geographical isolation of rural homesteads and communities often meant the services could not respond in a timely fashion or could not be accessed due to lack of transportation putting those facing violence at further risk:

FGP: “And another thing what we see at the shelter is [lack of] transportation. We get so many people who are so isolated out in rural areas, so how can they access services. It’s always an issue.”

FGP: “I know you touched on transportation. Transportation is huge for us as well, like huge. We rely a lot on victim services who aren’t able to transport, it’s not in their list of things their supposed to be.”

FGP: “Yes, you know I think [shelter name] and those other places have to understand that we can go to all kinds of workshops out there, but if we don’t provide transportation and immediate safety, it isn’t going to change.”

FGP: “So, we’ve had times where the health care worker ... herself was driving the ladies to the shelter because they have no other means to get there. Some of them have been put on the bus and they come on the bus and we pick them up from the bus depot. But, the [lack of] transportation is huge.”

In addition to the lack of transportation to access support services, participants said that it was common in rural communities for women experiencing violence not to own a driver’s licence. Lacking a licence means women facing domestic violence are at an increased disadvantage as they would have to break the law if driving was the only means of securing safety:

FGP: “I mean it’s sad. Because I mean, most of our [shelter] residents do not have license. So I mean, that is their barrier right there because they have no driver’s license. So they, they are completely isolated when they are on the reserves or wherever they’re coming from because they don’t drive.

FGP: “And for rural women outside of [urban area], it’s probably very intimidating the fact that they have to drive an hour to get to the shelter as well.”

FGP: “So they’re trying to find a ride to get to the shelter and sometimes the reason they don’t show up is because the 24-hour hold has passed, and they still have not come in or called because they were unable to find transportation...so they’re still left in the dangerous situations because of no transportation.”

The lack of safe shelters was also indicated to be a significant barrier, which meant that a shelter was an hour drive or more away. And if the closest shelter at one hour away was full, then another must be found. With shelters serving rural communities full and thinly spread, those seeking a safe retreat from the violence in their lives now face obstacles rather than assistance. However, simply adding one or two more shelters doesn’t solve the problem as participants noted that lack of funding, problems with confidentiality, and creating a safe and secure shelter were all additional challenges when considering building a domestic violence shelter in a rural area:

FGP: “We don’t have second stage housing in [rural community]. I was involved with the shelter there in northern Manitoba, but we don’t in Saskatchewan.”

FGP: “And not very often is [the safe shelter] not at full capacity...so [a safe shelter] is something that’s missing in a rural area. In a bigger center you can do it, but in a rural area, there’s problems with it...right now [rural area] housing is low income but they’re always full. So I mean when women do come to the shelter, they do get put on top the priority list for [rural area] housing. So if something comes out, up, well they have an opportunity, they may get it. But there’s just not enough housing to go around, so I mean it really is defeating for the women.”

Challenges continued to be mentioned pertaining to the issue of IP & FV women survivors from rural areas having to leave their community to seek safety. Two service providers suggested that these women returned to their abusive partner because of lack of social support,

no services or resources within the new community, and a feeling of isolation compounded by their distance from their home community:

FGP: “They want that community...so we’re trying to build more support for each other. But that’s over and above our usual jobs. But these are the needs that we see that need to be...that support system...and that’s one of the reasons some of the women after being apart for two or three months end up going back. They don’t know anyone other than agency individuals.”

FGP: “It’s a very lonely life after you have taken that step.”

FGP: “We explain to them that certain little towns do have low income housing too. But number one there’s still barriers if that woman does not have a licence. Because if she’s moving to [rural town] Saskatchewan, you cannot buy a jug of milk in [rural town] because there’s no store...so, we don’t want to set her up for failure. So towns like [rural town] have low income housing. And we’ve had some women that have gone there. There is a store there, there is a school. So we want to situate them somewhere where they have these services.”

FGP: “But then they’re all alone. And then what happens?”

FGP: “Well they are, they are alone. Then they go back.”

Among the mentioned barriers of why women return to their abusive partner, financial issues were described as a major precipitating factor. Several participants stated that often times, financial issues arise when housing prices and overall living costs increase. Moreover, those faced with IP & FV have minimal economic resources:

FGP: “It’s crazy. Saskatchewan is booming for who? I mean, it just drove the prices of everything up. And social services...they only allot so much for housing. So it really is difficult for these women to be independent on their own when they have so many things against them.”

FGP: “And for the women that chose not to return to their partner. That means they use their child tax credit...to pay their rent.”

A unique barrier discussed among service providers within rural communities was the inability to contact individuals due to their lack of communication devices. Although technology has increased significantly, it was asserted that the majority of those who used the shelter do not

own cell phones, and if they did, it was often only for texting. This added communication barrier was described as a risk to safety and made timely support difficult if not impossible:

FGP: “So they’re still left in the dangerous situations because of no transportation. And many, many times [with] no ways of communicating. Like a lot of the women that come off the reserves too, like you said [addressing another participant] they might have a cell phone but you can only text them. So they’re going to the health clinic or wherever to use the phone.”

FGP: “And then we would run into the issue of communication as well. Like the cell phones, I know 90% of our clientele have the cell phones that won’t accept calls, you can only text.”

The court system operating in rural communities was mentioned as an additional challenge to providing support for those suffering IP & FV. One participant communicated frustration with the court system, stating that it is unfair for domestic violence cases to be “thrown in” with all other cases. Participants stated that those who have or are living with IP & FV are constantly re-victimized when moving through the legal process and in the court. Publicly they had to recount their traumatic abuse story in open court, and, furthermore, those who resist and expose violence are often seen to destabilize the community, they often lack community and family support in the courtroom. Furthermore, treated like other crimes, privacy and follow-up were absent in cases of IP & FV:

FGP: “Well just they throw them in with every other case...there’s no privacy, no follow-up, there’s no...they just throw them in with the drunk drivers and the people who shoplift or this and that. I think that’s, the focus should be separate court for domestic violence cases, for privacy, for follow-up. Follow-up and yes, rather than just run through the regular court system.”

FGP: “See I think [domestic violence court], I think that’s a great thing. Because they’re just throwing them in with the general people who go to court here. There’s no follow-up, there’s nothing. They get a fine or they get this.”

FGP: “At our normal court days we have the probations and the youth workers and the court workers and everyone’s there as support to help everyone get through it. But if we had a domestic violence court, we could have maybe a representative from a women’s shelter, like we could have all those resources there.”

FGP: “And about sixteen people in the courthouse and then they hear it and he gets mad because he’s embarrassed and goes home and...cracks her around a bit more...so to a more private setting.”

Following issues with the court system, other challenges were discussed that can deter IP & FV survivors from reporting their experience to the police or domestic violence services. This included threats from family and friends after reporting, fear of losing children, applying for social services, intimidation in the face of the court system, not understanding court proceedings either due to language barriers or unfamiliarity with legal language, and women being fearful about what happens next:

FGP: “Yes. The families then gang up on the mother and they threaten her. And now with social media they’re forever getting threats by texts.”

FGP: “No kidding. Let’s get on board and do something about [offering court in a different language], it’s...it’s terrible how things are.”

FGP: “I mean everything is very intimidating to them. It’s intimidating for them to go and apply for social services. It’s intimidating to get legal aid.... Sometimes a lady may have gotten a not very nice worker who has made them feel even worse. So then they come back to the shelter crying. We do tell them now that we will go to any appointment they want us to go just for support because we don’t want anybody to be talking to them badly and they’ve already been through enough stuff; they don’t need other people doing that to them.”

FGP: “I know, re-victimization is a big one.”

FGP: “And sometimes the language for some workers like ‘what caused him to get angry?’ It’s not her issue — she should not have to explain why he got angry.”

FGP: “And then CFS [Canadian Family Services] comes strolling in there and take the kids away, because there was a domestic and these poor ladies they come to see me for counselling saying it wasn’t my fault now CFS is involved and they won’t give me my kids back. Oh it’s terrible.”

FGP: “From what my co-workers have told me, I mean from the time [the safe shelter] started it truly was domestic violence. But now there’s so much other baggage with the addictions. I mean with child and family services. These poor women are losing their kids. It’s a whole lot more than just the domestic violence! ...And we’ve had so many, they come back crying because they’re not treated respectfully on the phone even. Well, if she’s moved off the reserve she should be entitled to get some social services. While they’re at the shelter they only get a very minimal, called comfort allowance because they’re needs are getting met [in the shelter]. They don’t have to buy groceries or pay

bills or anything. But even still a lot of them are scared because now they're close to finding housing and securing housing, but they still don't know whether they're going to get support from social services or not. So you know, it's always keeping them in fear."

Several participants discussed frustration with the availability of services. It was noted that most services have to tackle all the problems (family violence and with it cognitive health, child services, and addictions for example), which means services are stretched very thin and therefore not as effective as they could be:

FGP: "Well I would say like I said compared to what...I have a co-worker that's worked at [a safe shelter] for twenty-seven years. So it was truly domestic violence and now there's all these other baggage, like I said addictions. So now we're helping them find services for addictions. Try to get someone in treatment, the waiting list is huge."

FGP: "If we could help people in our own community that would be amazing."

FGP: "Yes. So it needs to branch out. That's, that's where the issue lies. We need more branching out in the rural communities to get them the help that they need, be that mental health or whatever, but all services."

FGP: "I think it's ridiculous when you make the phone call to mental health, you have to wait six months to see somebody...this is a primary service that we need and they're (mental health services) the least funded...mental health has surpassed cancer and all those things, it's the most common thing and it's the least funded."

In addition to being stretched too thin, service organizations in rural communities were described as understaffed and not financially competitive enough to attract and retain professionals in the field. Participants expressed frustration over salaries in rural areas over and against urban areas:

FGP: "So why is my wage a lot less than [someone in] victim services? It just doesn't make sense. It's bad! And I've always said that I like to be paid for the work that I do. And I do way more than what I'm supposed to, so what does it take? Do I need to quit my job and move on?"

FGP: "And front-line workers usually do a lot more than they are actually supposed to."

FGP: "And the young boys from the reserves or the girls or, a lot of them are going to [work for] the city police. They pay more, there's more stability...."

FGP: "I'm the only one [in an area] with a population of about 22,000. I'm the only one. My caseload has been up to ninety-two. I keep asking the government, I need help here,

get somebody part-time to help me you know. And I'm not allowed to leave [rural area]. I've had lots of phone calls to say can you come to our community and teach this, and I say I can't, because I'm not allowed. And what they pay me to be a counsellor — that's another thing. The wage is just terrible. I'm not even at \$40,000. It's a crying shame. It's terrible really."

Focus group participants felt that in order to engage IP & FV in a sustained fashion, in addition to tackling immediate and local resource issues, community attitudes needed to be addressed and challenged. They noted that too often those who named and try to remove themselves from IP & FV came under community censorship:

FGP: "And we see lots of that too, like when ladies you know...they're starting to feel good about themselves, they're starting to make some headway. And then they'll talk to one of their family members and they are put right back down again. And it's like, those people don't want these people to succeed you know, and just we see lots of that. Like lots of just their own, like the family violence among the family you know."

FGP: "I've heard the term apple used a lot around here and that's when you know people from the reserve are trying to get a job and trying to better themselves and then they start calling them apples."

FGP: "But you know there's always the talk, like my friends that live on the reserve, there's always, "man I need to get off the reserve, it sucks so badly", but they never do because there's such a stigma attached to that. If you leave, if you're, you know the older women, they shun you."

Among rural communities, the notion of generational violence and the normalization of violence were mentioned as significant issues that contributed to high rates of IP & FV. Several service providers noted how some of those who seek their services dismiss or take as normative the severity of the violence they experience and often consider it to be part of a relationship dynamic:

FGP: "I've had some ladies tell me some stories [of the violence] that they've endured that made my arm hair stand up...To them it's not because that's how they live."

FGP: "So once you believe it, it becomes normal. And it starts very, very young. [A student] was talking about how she already smacks around her boyfriend so that he knows that he can't control her. She said, 'I give him black eyes sometimes' because she felt that that was...just in case."

FGP: “And we start showing them; we’ll say, ‘you think that this is normal because you’ve lived like this all your life’ because it’s generational. So if it’s a generational thing, it’s been like that from their grandparents, parents, whatever right. So when they look at it and go “Oh yes, no, they’re treated like that, they shouldn’t be,’ then they start realizing it....So if our little kids I mean, and we see...staff have to intervene because they may be slapping mom. Because, obviously they’ve seen that somewhere else, they’ve seen dad do that or whatever right. So they think that’s normal to do that, to get mom’s attention....”

FGP: “I remember we had a murder/suicide/rape...They had fights and he showed up at her house here and shot her through the door, and then committed suicide in the backyard. It was a big scene. There were kids running and screaming and it was a hectic day.”

A significant number of rural communities in Saskatchewan have high Indigenous populations, and these populations tended, participants felt, to be marginalized when it came to recognition of IP & FV. Participants of the focus group noted that certain situations occurring in the lives of Indigenous individuals were ignored, and these kinds of situations occurring in white settler communities would be unacceptable. These communities deserved the same kind of attention and resources:

FGP: “And same thing like, we talk to them like about grief because they’re just like numb from everything right.”

FGP: “And just as an example, there’s a young girl on one of the reserves who lost both of her parents to drug overdoses. And I remember because she’s been through the court system a thousand times. And I remember having that conversation with her and it shocked me that both of her parents had died of an overdose. And I thought the amount of counselling that a white child from the community would have gotten if this would have happened to them would have been astounding. But because she’s from the reserve, it’s just, it’s normalized. It’s not a big issue that both of her parents are dead, not a big issue?! It’s kept quiet, like a lot of stuff. Child abuse is same thing.”

FGP: “If the white community here had the number of people die from overdoses that we have on the reserves, the fifth estate would be down here wondering what the hell is going on. It’s happening on the reserve, we’ve got some serious...same with domestics, same thing. If it was happening in this community with the white people, the number of serious assaults and that, it would be the talk of coffee shops every morning and it’s not because it happens on the reserves.”

FGP: “But I bet if you talk to half of the young girls and the married people on the reserve, they would say their life is normal and they would think that white people live

that way: I remember thinking that everyone had to live that way. And well nobody talks about it.”

FGP: “...because you don’t know any better.”

Suggestions

During the focus group, it was inspiring to hear the suggestions of service providers on how to challenge violence in communities. All the participants insisted that community education was key and these needed to be focussed on domestic violence and healthy relationships, particularly for young people (noted in the North as well). Several suggestions addressed the normalization of violence, ensuring there is consistency between programs and agencies providing education, providing outreach programs, and offering culturally appropriate options (e.g., Healing Circle for Indigenous populations):

FGP: “I think change needs to happen. Change especially at the younger generations, typically dealing with kids at school to learn about healthy and unhealthy relationships. I think the earlier we plant the seed the better. You know we give lots of presentations to the parents but there is also children with their parents.”

FGP: “If it’s a generational thing, it’s been like that from their grandparents, parents. So when they look at it and go ‘Oh yes no, they’re treated like that, they shouldn’t be,’ then they start realizing it. And that’s where the education comes in and like [participant name] said, if there was somewhere in the school system where they could start teaching little kids.”

FGP: “I think the big thing really is the education because, I’m an Aboriginal person...why not have these Aboriginal people go to the reserve and teach about family violence, teach about healthy relationships, and, and get the schools to get on board, at grade three start teaching this stuff.”

FGP: “With the kids we have these little booklets that are called “hands are for helping not hurting”. So the same thing just on their level to try and start explaining to them that it is not acceptable to be hitting other people or kicking or biting or calling names or anything like that. But it takes a whole community to raise a child so I mean, everybody needs to be on the same page.”

Another issue raised by the focus group participants regarded confidentiality. Those in violent situations often fear they might be seen or “spotted” seeking services which could then lead to escalated violence. Increasing confidentiality in rural communities was described as essential and yet achieving it is almost impossible:

FGP: “And you know I’ve found in the past there has been presentations on domestic violence here. And I find people who should be there are never there.”

FGP: “How do they go to a domestic violence seminar without their husband saying, ‘oh, where are you going today?’ ‘Oh, just for a walk.’ How do we...do we call it “Cooking with [participant name]” and hope that the right people show up?”

Providing services for those in rural communities who need it is a challenge and requires support of the community so that those in need can access these services. Community support goes a long way toward diminishing the stigma and opens spaces so that conversations and teachings about IP & FV can take place in a safe environment.

Several suggestions made by focus group participants regarded how to increase safety for individuals living with IP & FV. They thought about ways to engage the problem looking at transportation, safe shelters, and second stage housing, and having the same resources found in urban areas:

FGP: “Yes, so it needs to branch out. That’s, that’s where the issue lies. We need more branching out in the rural communities to get them the help that they need through mental health or whatever, all these services.”

FGP: “In Kelowna BC, when I was living there, I was out there for four years, they have many of these; they call them safe houses. And there’s a lot of them in the city. One house can be specifically for the prostitutes, another house can be strictly for the abused women, but they all give them kind of names according to the kind of service they offer. And then, you can have up to six people in each house. And they have them all over the place and it just, it just works out so, so well.”

Providing and establishing more social supports for women finding ways to deal with family violence in their lives was also discussed. Participants indicated that a significant reason

why women return to an abusive situation is because of isolation and loneliness. Participants then discussed ways to increase support, and also offered examples of current programs that were successful:

FGP: “As soon as they come after a few days we start giving them information about other programs [available] like Kid’s First to get them involved and [to get] parent support. We try to get them as many support systems as we can. [Participant name] comes and does Healing Circle with the ladies. There’s also a women’s program called Crossroads that’s open to the public to learn about abuse.”

FGP: “They want that community. And we’re trying to, like today for example, we’re having a child support worker and the outreach worker bringing together a lot of the ex-residents and their children and what have you to have a chance to meet. So we’re trying to build more support for each other. That’s over and above our usual jobs, but these are the needs that we see.”

FGP: “I mean there’s lots of kids that have never ever been on a picnic before, so we teach them all kinds of life skills and stuff too. And what any other family would do to try and give these kids and the moms that opportunity to do that also.”

Moreover, when reflecting on the needs of those using their services, participants suggested expanding ethnic diversity among hired employees which would aid in better rapport, as well as more trust in relationships between women needing assistance and service providers. Participants also mentioned that more effort should be made to retain culturally diverse employees:

FGP: “But the way our outfit works, they figure it was time for the First Nations RCMP officer to move and you know they put pressure on him. They should have left him alone, he was doing a good job and the people liked him, the reserve liked him...finding guys like that is tough. And when you have them you want to hold onto them.”

FGP: “Because I know even for myself, being an Aboriginal family violence counsellor, they say to me ‘oh I’m so thankful to see an Indian sitting across the desk as opposed to somebody who is going to talk to me about what they learnt in University.’”

Successes

Among successes, one most frequently mentioned as helpful when in place was networking among service providers. Networking was considered a key component to providing

effective services for those experiencing IP & FV. Although it was clear that more programs and resources need to be made available and implemented, it was as important that different agencies be aware of all the services available so that partnerships and collaboration could be developed and maintained:

FGP: “I think our partnerships are working fairly well. Like we know what resources are available to us. So from our standpoint, if I have someone who comes in and is in need of help, I know what resources and what supports I can reach out to and kind of direct her in different ways. But I don’t know, it would be nice to have more.”

FGP: “I guess I would say the networking is very good. Because we have, we met once every three months. That’s police that sit on there, and us, and you know, the partnership is, is excellent. They really know what is going on in this area and we pass around information and stuff like that.”

Northern community case study

The case study is the study of a discrete object, such as a person, an institution, or a place. Or the case study might concern itself with an issue (or issues). The intention behind a case study is to investigate a subject or issue as singular, particular and complex; that is as a single case. The subject of the case study is understood to be an integrated system; that is a whole in itself, but it is also part of (integrated with) the larger social and cultural context. By examining the - complex whole in the case study, we acquire greater understanding of the subject or issue, and by integrating it, we also are positioned to understand beyond the case itself.

In the following case study, our effort is to argue for a harm reduction approach to interpersonal violence in northern Saskatchewan. Using a feminist critical theory approach, we engaged in individual telephone and focus group interviews of interpersonal violence service providers as described above. In order to develop the case study, we have drawn on the qualitative telephone interviews and subsequent analyses conducted, as well as media scans.

Along with this material, we have also drawn on Indigenous and postcolonial scholars in order to situate the study in a white settler colonial context. We also draw on theories of violence toward making apparent the complexity of the issue of interpersonal violence. Our theoretical lens is feminist poststructural as it allows for an intersectional analysis that pays attention to how socially constructed categories such as gender, race, indigeneity, sexuality, able-bodiedness, and geopolitical location intersect with power that provides access to limited and valuable resources—however those resources are defined. With power differentials in mind, the analysis examines violence in the context of northern Saskatchewan, asking how past and present colonialisms continue to shape that violence and how colonialisms intersect with and shape

interpersonal violence. Equally, we ask how white settler gender ideologies come into play in the discursive formation of violence as it plays out in northern Saskatchewan.

Linked to our poststructural-intersectional analysis is our effort to bring a harm reduction approach to interpersonal violence. A harm reduction approach is the effort to reduce the harm and not contribute more. A harm reduction approach does not dismiss or diminish the harm done; instead, the effort is to recognize the potential for further harms beyond the initial event of violence and ask how they can be reduced. Moving beyond the discourse of victimizer and victim, a harm reduction approach considers the complexity of the event of violence and looks instead to mitigate violence rather than up the ante of an already charged situation. Taking a harm reduction approach with regard to intravenous drug use, Sharon Stancliff and her colleagues write:

Harm reduction is driven by the public health goals of preventing disease, promoting health and well-being, and prolonging life. The practical strategies and ideas employed by harm reduction to achieve these public health goals place the overall health, safety, and well-being of PWUD [people who use drugs] and society above the narrow—and frequently elusive—goal of abstinence. (2015, 207)

Applied to sex work and drug use, harm reduction is also amenable to events of violence and, as with drug use and sex work, the path governments (since the 1960s) have taken to respond to interpersonal violence has been abstinence in the form of criminalization, and entwined with the idea of abstinence is a large dose of morality and judgment directed not only at the perpetrator of violence, but also those subjected to said violence. Conceptually, they have been touched by the illegitimate use of violence and are in a fashion taken to be complicit. Questions such as “Well, why don’t they just leave?” or “Why do they keep returning to the relationship?” plague those struggling with interpersonal violence and raise the specters of blame and shame. Questions like these reflect a narrow understanding of interpersonal violence and a

refusal to acknowledge its complexity. Harm reduction eschews a narrow and moral analysis and instead asks, what needs to be in place so that people involved can address the troubling situation and mitigate harm? Aron Shlonsky, Colleen Friend, and Liz Lambert (2007) have written that a harm reduction approach to interpersonal violence takes a realistic approach insofar as conditions for and events of violence cannot be completely eliminated.

Issue questions/statements

As violence is at the center of this case study, it is necessary to ask, what are we talking about when we use the terms violent and violence, and how then has the understanding and discursive framing of violence shaped responses to it? How has this framing shaped the discourses of intimate partner and family violence? How has this framing shaped responses to IP & FV? How does introducing a harm reduction model alter IP & FV discourses?

Research questions/statements

What is the historical context of northern Saskatchewan? How has colonialism shaped northern Saskatchewan? How does it intersect with and shape gender ideologies in northern Saskatchewan? How do the above define and shape IP & FV in northern Saskatchewan? How do the above define and shape responses to IP & FV in northern Saskatchewan? And finally, what can a harm reduction approach bring to understanding and responding to the needs of those caught up in interpersonal violence?'

Theorizing violence

Violence, wrote Nancy Scheper-Hughes and Philippe Bourgois (2004), is an unstable concept, one that is “non-linear, productive, destructive, and reproductive. It is mimetic, like imitative magic or homeopathy” (1). Violence, they argue, is difficult to define as it is multiply

manifested being structural, subjective, symbolic, psychic, and depending where one stands, perceived as productive or destructive, legitimate or illegitimate (2). Understanding that the interpretation of violence can change depending on situatedness, they further argue that violence is often a response to larger social conditions making violence “seem like the only possible recourse” (3). In its deployment, “violence is structured to harness cultural notions of femininity, masculinity, procreation, and nurturance and to put them in the service of state wars and mass murder or to fuel peacetime forms of domination that make the subordinate participate in their own socially imposed suffering” (22).

Slavoj Žižek (2008) argues that although subjective violence, for example, interpersonal violence, is the most visible form of violence, there are two other “modes of violence” that are often overlooked. These overlooked aspects are what he terms “objective violence,” which is systemic, and symbolic violence, which is linked to objective violence. Symbolic violence, he argues following Freud and Lacan, “is embodied in language and all its forms... [it is] our “house of being”” (1). As an aspect of objective violence, symbolic violence is constitutional to the state on all levels of its operation as well as to larger global systems (2). The analysis of violence often stops at the subjective since it is subjective violence that is presented repeatedly as the truth of violence in what Žižek (2008) calls “urgent injunctions” (6). An urgent injunction, for example “he ran her down with his truck,” acts as a rupture between subjective and objective violence and ensures objective violence, which is always systemic, is obscured. In this example, masculine hegemonic relations of male/masculine domination (represented by his driving and owning a vehicle and her fleeing on foot making apparent her lack of access to a vehicle) are made invisible by the subjective violence played out within the partnership and/or family.

Symbolic violence is performed in our linguistic, representational, and gestural systems

and practices. Pierre Bourdieu (2001) wrote that symbolic violence “is a form of power that is exerted on bodies, directly and as if by magic, without any physical constraint” (38). That is, our very being in all aspects is shaped within a habitus wherein we are located and locate ourselves in relation to the ideologies —gender, economic, racial, sexual, age, etc.—that comprise said habitus. In the quotidian we learn to exist in accordance with the rules and regulations of our social body, our habitus, and as such “social law is converted into an embodied law” (39).

Intimate Partner and Family Violence (IP & FV)

Gendered violence, although having a long history in human relations, came under the purview of Canadian federal and provincial law over the period of 1983 until 1986. The authority given to the white settler male/masculine in the Canadian context has changed over time, and also demonstrates variation with regard to location. For example, with the emergence of women’s/feminist movements and the Indigenous peoples’ movements in the 1960s and 1970s, the authority of the state based on white settler masculinity and its explicit statement of (proper, that is heterosexual, white settler) men as its legitimate heirs and actors was challenged, and indeed federal and provincial governments began to shift away from thinking about the majority of its populations as normatively subordinate to white settler, heterosexual masculinity. Nonetheless, even as violence against women, female spouses, and girls was problematized, particularly with Canada’s role in and adoption of the 1993 UN’s Convention on the Elimination of violence against women, violence continued as social censure of it was often conflicted and contradictory. Violence against the female/feminine was criminalized, but humans marked as female/feminine were formally and informally held to views that tended to mitigate the application of laws against this kind of violence. For example, although the state of Texas ratified its laws to include violence against women in 1994 and again in 2000, a thirty-year old

white man was cleared of murder after the Texas court determined that his actions were justified since the woman he killed took his money (\$150.00) but refused to have sex with him (Moran, 2013).

Equally, the representation of masculinity as naturally prone to violence influences how intimate partner and family violence are understood. Within a frame of heteronormativity, IP & FV are instances of the emergence of normative masculine rage that has been provoked into appearance.² The provocation of these actions can be many things, but the outcome of violent, masculine rage is taken to be a reasonable response to the situation at hand. The links between masculinity, violence and rage continue to operate normatively as part of current neocolonial gender ideologies. This is not to say that IP & FV are accepted in Canadian social bodies; rather IP & FV are often taken to be normative outcomes because of an implicit understanding that violent rage is naturally—that is a biological reality—declined in the masculine. Regardless, then, that women have abused men (and other women), although in significantly less numbers (reported spousal violence in Canada 2014, Female 32,205 and Male 8,645; Canadian Centre for Justice Statistics 2016), and with less deadly outcomes (Canadian Centre for Justice Statistics 2016), they continue to be viewed as victim and provocateur rather than perpetrator of violence.

In the context of smaller communities found in the Canadian north, IP & FV as opposed to simply intimate partner violence is a more helpful way to think about interpersonal violence.

Nancy Janovicek (2007) has noted how the violence against women model is not the best method

² This is so even if enacted by women since intimate partner and family violence are seen to be the prerogative of the masculine. See for example, the study of Peggy Giordano et al. (2015) wherein a female perpetrator of intimate partner violence commented that she felt like the “incredible hulk” during her rages against her partner (p. 18). The hulk is a decidedly masculine anti-hero whose rage is generally put into the service of the “good” when properly domesticated, typically by a human marked as female/feminine.

for issues of violence in small rural and remote communities. Drawing on the work of Indigenous women she writes:

Aboriginal women's theorization of violence in their communities was not simply an adaptation of feminist analysis of violence against women. *Breaking Free: A Proposal for Change to Aboriginal Family Violence*, the first published report that dealt exclusively with violence against Aboriginal women, did not appear until 1989, but Aboriginal women began to theorize the issue earlier than this. When funding proposals and minutes of meetings are examined, it is clear that activists' analysis of family violence was based on Indigenous values and was critical of government policies and social welfare practices that targeted Aboriginal families...For these reasons, proposals for ending violence in Aboriginal communities have focused on healing the family, but they have also emphasized the urgent need for services that recognize the impact of colonization on Aboriginal women.... (12–13)

Conceptualizing IP & FV as subcategories of interpersonal violence is useful in the context of northern Saskatchewan since interviews with service providers made apparent there were more than just two people involved in the conflict. That is, to speak only of intimate partner violence limits the event of violence to two people, a victim and a perpetrator. However, in small, remote and/or isolated communities rarely are only two people involved in the event of violence. With this in mind, then, including family violence along with intimate partner violence allows researchers to understand that all members of the family are affected by family violence when it occurs, such as children, siblings, older dependent parents, cousins and other extended family members. Small communities, particularly isolated communities in the north of Canada, are composed of families and these families are often extended and include multiple generations and various levels of kinship relations. There is an intimacy in northern communities:

There is a strong feeling in northern, rural, and remote communities that they are different from and have special qualities not found in urban areas. Sociologists call this quality "gemeinschaft (4)." In smaller communities, in particular, there is a community conception of being part of "one big happy family" (5). The city and government are seen as distant and antagonistic. Sociologists describe this concept as *gesellschaft*. (Lightfoot, et al. 2008)

Intimate partner and family violence are forms of violence and therefore are shaped by the discursive framing of violence in and of itself. Shaped within white settler masculine-nationalistic hegemonies, violence is taken to be a necessary aspect of human existence and social formation, and the legitimate use of force is given to the state and the state legitimates (or not) uses of violence (Lincoln, 1989). Citizens of the state have access to the legitimate use of violence through their governments, and when governments legitimate the use of violence, explicitly and implicitly, for example the male/masculine over the female/feminine and the father over “his” household, those who have been given legitimate access to violence have access to power. Fathers are not the only authoritative in masculine-nationalistic hegemonies, those humans marked as properly male/masculine can also authorize the use of legitimate violence.

Context

The context of the case study is northern Saskatchewan, a designation of a spatial divide between the developed south and underdeveloped north — underdeveloped in terms of infrastructure that supports and sustains communities. In Saskatchewan the line that marks this divide, running east to west, is just beneath Cumberland House and extends to Green Lake. The Canadian north is composed of dynamic communities that share some aspects of the prairie south, but are also markedly different. Although certainly there are shared aspects between northern and rural communities insofar as they are remote and have fewer services than one would find in an urban location, there are differences as well. These differences need to be accounted for in order to acknowledge the realities of the challenges northern communities face such as the lack of good housing, affordable healthy food choices, education opportunities, the itinerant work lives of many community members, the harshness of the climate and its social,

psychical, and economic demands, and violence, objective, subjective and symbolic. Ignoring the differences obfuscates these communities and the challenges they face.

The history of northern Saskatchewan, as with all of Canada, is one shaped by English and French colonialism. It is a history steeped in the blood of Indigenous peoples whose lands and lives were delimited by the influx of Europeans. Initially colonialism consisted of tenuous relations of exchange between Indigenous peoples who inhabited the land that would, in time, be called Canada. However, conflict between French and English in the 16th, 17th and 18th centuries, and then between Britain and what would become United States in the eighteenth century, brought about numerous divisions and numerous acts of colonial violence perpetuated against Indigenous peoples by both the colonizing British and French (Juschka, 2017).

As white settlers and their governments and armies moved west, Indigenous peoples were pressed to take up white settler ways or were moved to reserves, while those who persisted in demanding treaty be respected were more often than not ignored, dismissed, and in some cases criminalized (Turpel-Lafond, 2000). Colonialism in Canada took the form of taking Indigenous lands and relocating Indigenous peoples on what would be called reserve lands and control over individually allotted land that was coercively appropriated by a government seeking the surrendering of Indigenous lands for white settlers (Turpel-Lafond, 2000).

In an attempt to eradicate Indigenous cultures and subsequently assimilate Indigenous peoples as an underclass, denomination residential schools were founded in Canada and Indigenous children were forcibly removed from their homes and deposited in these badly constructed and isolated schools where they too often faced starvation, malnourishment, emotional, sexual, cultural, psychological, linguistic, and physical abuse (Honouring the truth,

2015; Adams, 1996; Eigenbrod, 2012). Other locations of oppression include the effort to control Indigenous women's reproduction often through sterilization (Caprio, 2004; Pegoraro, 2015) and linked to this the abduction of Indigenous children during what was called the "1960s baby-scoop" (Green, 2007; Juschka, 2017), the criminalization of Indigenous peoples (Razack, 2015), their continued under representation in sites of power in the Canadian socio-political landscape, and their over-representation among those who have been impoverished, alienated, disenfranchised, and marginalized.

If colonialism shaped the landscape of Canada, this was even more marked in the north of the Prairie Provinces. As urban centres sprang up in the southern regions of Canada, the North became the site of small remote communities, many of which were cut off from southern regions of the provinces. La Ronge, for example, was not connected until 1948 when a gravel road was laid (Bone, 2005). But these connections, as limited as they were and remain in 2017, are less concerned with connecting the peoples of north and south and more concerned with the extraction of wood, minerals and other valuable commodities for the southern-facing white settler provincial and federal governments. As Robert Bone (2005) has noted, the tendency is to extract from the North but never settle the North in a sustainable fashion. Instead workers from the South, who left their families behind, were parachuted into northern communities. As a focus group participant commented with regard to the North:

That's a bit of a gap to get that stigmatism or stigma away, that this isn't the worst place in Canada; it's what you make of it just like anywhere else. This is home, and a lot of times this isn't home for people because they have a home somewhere else. They come up for a week and they just come here to work and they go back to Saskatoon every week. So a lot of people who come here don't make it their home.

Saskatchewan's north and its boreal forests and numerous blue lakes, rivers, and muskeg is distinctly different from the prairie south. Northern Saskatchewan is a rugged landscape that is

not conducive to farming, but instead to trapping and fishing and therefore is, as Bone (2005) writes, a forgotten region that serves as the resource hinterland for south-located governments.

Along with geographical differences, there are demographic variations as well. In northern Saskatchewan the population is less dense, has a larger and faster growing Indigenous population, who are also younger on average than white settler populations in the North and South (Flanagan, 2017). While the south of Saskatchewan grew with the influx of white settlers from the East, as well as Europe and United States, population in the North grew naturally, particularly among Indigenous peoples. Equally, migration has affected population numbers in the North as Indigenous folks moved south to take up waged employment or to access education, health care and other social amenities available in the South, while resource industries, such as uranium mining or oil sands, for example, rise and fall in relation to the global market affecting people's livelihood and propelling them toward the South (Bone, 2005).

The absence of an engagement with objective violence, that is the violence enacted by the colonial state through its many institutions; governmental, juridical, legal, religious, educational, economic and health, has meant that all forms of subjective violence are responded to through the legal system. And although the legal system does seek explanations of violence and does attempt to take contextual issues into account, the multiple forms of violence it enacts are obscured. Scheper-Hughes and Bourgois (2004) write, “[t]he chaos and the terror are distinguished behind a façade of normalcy, and the culture of terror moves between the space of death and the space of everyday life” (17). Colonialism linked to state violence is objective violence and enacted in Canada is the terror embedded in the space of everyday life.

Northern community qualitative telephone interviews

The GIS-map of Saskatchewan (pg. 12) provides a nice visual of both the violent events and services to subsequently engage and resolve them. Using colour, the map marks incidents of violence going from lighter to darker to darkest and make clear that northern (and rural) locations were in many ways under siege with some locations having incidents that exceed the population of the town or hamlet. Certainly, northern communities serve reserves and people outside of the town or hamlet, but their numbers are equally limited. In one telephone interview, a participant working in a remote northern location in Saskatchewan commented that there is “...lots of violence...the first time in two and a half years I’ve seen a reduction in prisoners, we’re just shy of 1300. And the two previous years [2012-2011] it was 1500 [and] there’s only 2000 people...” (telephone interview participant, henceforth TIP).

Twenty-eight telephone interviews were conducted over approximately six months in 2013. Saskatchewan coded interviews according to geographical location; that is, according to our eleven designated research sites. The open codes were identified through analysis of the interviews by researchers and community partners working together. The codes are too numerous to enumerate but some are:

Safety plans, housing needs, partnership among agencies and case planning, access to child care, transportation, a safe house, proactive policing and services, First Nations Victim’s Service, education, mental health, children, confidentiality, perception of family violence normalized within and by community, re-victimization by the legal system, remaining in the relationship, in crisis, shortage of spaces in shelters and distance to travel, lack of use of EIO (Emergency intervention orders), unemployment and potentially homeless, poverty, housing needs, community and family disbelief and lack of support for victimized, shame and fear, no alternative to legal action, “they really get lonely for the north”, need intervention prior to police involvement, less rigid shelters, understand and allow for addictions and their treatment, basic living needs must be met, abuser remains in community, victim and children must leave, victim seen to be the problem, little support, family violence workers, education for

women and men, and youth — generational violence, lack of follow up services, lack of counselling services for children in situations of family violence, must call police before one can access family violence services, lack of attention to dating violence, education and workshops for abusers, abused and their children, a team approach as victim often receives numerous calls from different offices and gets confused and overwhelmed, overstretched and insufficient resources, no support groups, EIOs are not enforceable on reserves, healing from colonization, more healing lodges, and Elders trained about interpersonal violence.

Such a sampling of codes makes apparent the difficulties faced by service providers in northern Saskatchewan. Firstly, they are under-resourced and overwhelmed — and overwhelmed not because of their own shortcomings, but because the need far outweighs the services in place and the services in place are only resourced for little more than a band aid solution. As commented by a TIP, “You know, ever since when I was small, I saw abuse happening. Ever since I can remember, I’ve seen people, women getting beaten, and there was no place for them to go.” Although certainly there are shelters in northern Saskatchewan, these are few, frequently full, and often well removed from home communities and therefore requiring transportation, something to which they tend not to have access. Removal from the community to a shelter also has its problems, as the open codes suggest, in the desire not to lose one’s extended family and community, the desired captured in the phrase “they really get lonely for the North”:

TIP: “...when I look at some of the northern communities...these women have nowhere safe to go, and if they do wish to go to a shelter of some sort...then they’re displaced from their extended family. They have to pick up the children, and basically live out of their suitcase while the offender gets to stay in that community.”

The problem of alienation links to a broader problem, that of the model of the patriarchal family with the male/masculine seen and treated as the sole proprietor of the house/home. This view of masculine prerogative is commonly held by the Canadian and Saskatchewan governments and the services they support and as such, is objective systemic violence. As systemic, the masculine prerogative takes the actions of the male/masculine as proper and

normative so that challenging the prerogative requires special pleading on the part of those subjected to the deployment of patriarchal power by humans marked as male/masculine. From the outset, then, those who do not occupy the default location are subject to its rules of power and must demonstrate that the particular “man” has aberrated from the normative male/masculine. Interestingly, Emergency Intervention Orders (EIOs) ignore the masculine prerogative and instead removes the perpetrator of violence from the home and leaves those injured, in this study the female parent and (if any) the children associated with her, in the home and community. However, as noted by participants, the EIO is too infrequently practiced, while it is not applicable on reserves.

The open codes were subsequently subjected to another level of coding, called axial coding. Axial coding requires that researchers abstract their open codes to identify larger categories to which the open codes belong. Determined in discussion, the primary axial code designated for Saskatchewan was “safety.” In the visual schematic developed (see pg. 14), we were able to visualize the relationships between our primary axial code and our open codes. In the schematic, safety is at the center around which the open codes are clustered around, interacting with safety and each other. For example, safety is connected to the open code partnership, and partnership is linked to the open codes of police/legal, mental health, victim and children services, which are connected to the code “frustration”; the last open code being expressed multiple times by all service providers. The diagram is neither explanatory nor does it identify causes; instead it demonstrates the complexity of interpersonal violence in northern Saskatchewan. Other axial codes determined by the researchers and service providers were education, perception of intimate partner violence, lack of resources, legal and policing, partnerships and support. Under each of these axial codes, open codes were organized.

The axial codes, open codes and map provided researchers with a complex view of the interpersonal violence. Although desiring to keep those victimized by interpersonal violence safe, our data make apparent the difficulty leaving violent relationships entails: so difficult that women do not leave or will return as soon as the violent event has been brought to an end:

FGP: “I would say that the victims don’t cooperate because they’re afraid would be the biggest thing, I would think. Yeah, and I know one couple we’ve dealt with repeatedly is she relies on him, financially, you know, she says, ‘how can I testify against him, I need him, he provides for me and my family, so they’re stuck in this situation, or they feel they are. So they just keep living with it.’”

TIP: “We have a high poverty rate in the North here, in my area. It’s not unusual to hear the moms say, ‘You know, I don’t have any food; I’m running out of Pampers, I don’t have any money, and I have no place to go.’ If the women’s shelter doesn’t take them in, that’s one of the main reasons why they go back to their situation.”

As seen in our schematic, the process of leaving is far from smooth. What is represented in this diagram (pg. 14) are three routes: one is the Emergency Intervention Order and is the least commonly used; another is the returning to home where often violence escalates and may well become deadly; and the third, a “new start”. The constraints that act as obstacles in the process are represented underneath. Janet Mosher and Pat Evans (2013) noted in their 2004 study in Ontario that:

Nine of the women we interviewed remained in abusive relationships because they knew how much they would receive on welfare and felt that they could not provide adequately for themselves and their children; seven women reported returning to an abusive relationship in situations where their struggle to survive on welfare was the reason, or one of the main reasons for returning; and six women were contemplating returning at the time of the interview or had considered returning to the abusive relationship because of the difficulties of surviving on welfare. (139)

Other constraints are everyday violence that accompanies other daily activities such as working, sleeping, eating, and interacting with family and friends, which normalizes said violence. Equally, communities can act as constraints insofar as they can and do take sides in prosecuted cases of interpersonal violence, which can then leave the community divided or, in

other instances, the violence is ignored and as such erased. A telephone interview participant commented with regard to the normalization of violence that:

TIP: “It’s normal. Yes, well, I would say about 90% of the women here within the community have experienced some sort of domestic violence. It’s at a point where I witnessed one just a couple of days ago. She noticed that I saw it, and he noticed that I saw it, but what do you do? Unless she decides to press charges, you can’t just go out of your way and call the cops on him...within my professional capacity. I was seeing the male, the husband at that time, and I’d gone away for a few seconds, and returned into the room and I noticed, I saw him hit her...after he was gone, she was telling me how much she hates it, but in the end she just got up and left and went home. She told me he always did that to her. We all know, we see it, assaults all the time, but at the same time, there’s not much we can do unless that person or that woman decides to press charges.”

Coding family violence

To further code family violence, the open codes were organized into two categories, objective (and within this symbolic) and subjective violence. Objective violence is inherent to the context itself, taking the forms of ideological and systemic violence, both of which are unstable, in flux, and changing. We are taught not to see objective violence and instead focus on subjective violence as a disruption “of the normal peaceful state of things”: objective violence is invisible since it must sustain the illusion of this “peaceful state of things” in order for subjective violence to appear as a break from normalcy—a normalcy determined and enforced through structural and systemic state mechanisms. Symbolic violence, seen in the representation of interpersonal violence in media, obfuscates objective violence and in so doing effectively locates interpersonal violence with persons, making the violence an anomaly, and locating it as bad with state violence enacted against it as good. Subjective violence is violence performed/enacted by social agents, and in the Saskatchewan context of historical white settler, heterosexual, masculine hegemonic colonialism and current masculinist hegemonic neocolonialism subjective

violence is not out of the ordinary. Indeed, subjective violence is normalized in masculine hegemonic neocolonialism which acts to rationalize and even at times legitimate it.

Objective violence

The codes that speak to objective violence are: cyclical, generational, lack of attention to dating violence, lack of counselling services for children, deracination of those who have suffered violence, male/masculine gender preference, e.g., men and not women own property; abuser remains in community, abused and children must leave; situated in the community his narrative of the events is often given credence; in the north a high percentage of victims return home; “They get really lonely for the north”; systemic poverty, “Most of the people here live on social services”; unemployment; fear of homelessness; “the north is a violent place”; colonization; lack of cultural training/understanding of Indigenous and small community kinship systems; harder to call for help because of pressure of the community; mistrust of governmental systems; abused seen to be the problem, “Get women into counselling right away”; criminalization of family members, that is there is “no alternative to legal action”; and blame and shame which all parties carry in connection to the violent event. In the event the perpetrator risks the shame of being designated a bully and the blame of emotionality, that is he lost control of his emotions (Giordano et al. 2015) and the abused person endures the blame and shame attached to “the victim” who is too often situated as a provocateur and/or a “dupe” of violence, while children are perceived as “victims” who may well upon maturation reproduce violence in their own relationships.

Symbolic violence upholds and obscures objective violence insofar as media continually represent interpersonal violence as always and only subjective. They may at times speak to the significant numbers of “domestic violence” in Saskatchewan, but rarely speak to systemic state

mechanisms such as neocolonialism, southward facing politics, the under-resourced and exploited north, patriarchal family relations and the disenfranchisement of abused persons (and children) from their home, or even frontier justice. Again and again the media assume that interpersonal violence is subjective involving two (usually heterosexual) people.

Subjective violence

Subjective violence is violence performed and enacted by individual subjects who are themselves shaped within a context of objective and symbolic violence and enact this violence in accordance with the normative rules of the larger social body. In a gender ideology wherein the masculine normatively (and naturally as is often understood within this framework) dominates the feminine, those marked as properly masculine are authoritative, while those others, the victimized, lack such privileging. Intersect Indigeneity with gender and not only is authority of narrative further removed, but it is made impossible as the model of Indigenous femininity in white settler masculinity, as found in Canada, is one of an inability to speak the truth (Smith, 2003; Stote, 2012).

Against such odds, the sufferer of violence must speak their story of the violent event and in so doing takes on both shame and blame in lesser or greater degrees depending on how much her story gains a hearing and is taken to be credible. Partners and families who experience violent events are subject to social shame as their family (that is private) affairs have been exposed explicitly to the community at large. Although certainly all homes engage violence of some kind or another, that violence is obfuscated and negated by the exposure of the violent event of these others.

In the northern context, IP & FV bring about a situation of shame, but not necessarily because of the violence; rather, because the violence was exposed. Since the person who suffers

the violence is typically the person who exposes the family affair, that person is often subject to greater suspicion and less sympathy. A telephone interview participant commented:

TIP: “But when it comes to it, we really lack in the victim’s services, we really lack in the support of the victim. And often when you go to a trial, particularly a sexual assault trial; the offender will have fifteen people supporting him, and the victim is by themselves.”

Stigma attached to IP & FV can prevent people from reporting and talking about their experiences. Social disapproval of IP & FV has tended not to prevent the violence, and instead ensures violence remains a public secret; that is, everyone knows but no one acknowledges the violence:

TIP: “There was a patient here yesterday that was assaulted by her husband and this is an ongoing issue. She left him for a year and came back and she had massive head injuries and a swollen gallbladder. That's what we see the majority of the time, like head injuries. Maybe broken bones, broken ribs, arms...when she left, she moved out of the community. But when she came back she lived with him and the incident happened. She was hospitalized for about two weeks, and I’m not sure, but I think she’s living away from her partner. Like I mentioned before, it’s such a small community, so I’m sure he knows where she’s staying at right now. And if he gets angry, he can always go there and assault her even further. I don’t know, if they plan on sending her out, and advising her...she had the mental health workers talk to her and see if she’ll just move out again and see if that helps. Hopefully she decides to, because when she left, it was good on her part.”

Family and intimate partner violence are stigmatized, particularly in small northern communities. Connected to the stigmatization is the threat of the loss of children to the state, along with home and community. Violence in the home can well mean children are removed from the home and the sufferer of violence experiences more loss and further violence, this time by the state. Indigenous women do not trust colonial systems even if advocates and workers in these systems are trying to support them. Too often support turns into a situation of further loss for those who have suffered family and intimate partner violence. A telephone interview participant commented that:

TIP: “There is too much abuse and the people are too isolated. Members of the community, in general, tend to have little trust in others and police are only called to “life and death” incidents of intimate partner violence. Most women, after being physically abused, will go to a friend or family member’s home, but these conditions are often very difficult because up to three families might be living in the same house. Only on very rare occasions will a woman go to a shelter, the nearest one being a two to three hour drive and the next closest shelter a five hour drive. The cost of transporting the women to these sites for any services, let alone crisis shelter services, is prohibitive and therefore too difficult for the women. Hence, the women generally return to their abusive partners after serious incidents, if they even leave at all.”

Subjective violence also entails mental health issues such as attempted suicides, rage, despair, hopelessness, and distrust because the system, legal and otherwise, operates behind closed doors which can mean the re-victimization of people these social systems are meant to assist:

TIP: “Well, I know that in the far north, it’s starting to be where the females are starting to protect themselves. And sometimes that leads to violence, and that leads to court system stuff. So it’s kind of like...kind of like rather than going to the places that can help you, they’re helping themselves. However, it’s kind of violence against violence as the protection. And it’s kind of, you know, the one thing they know. I hate to say it like that, but it’s kind of like, “Ok, he’s going to hit me, so I’m going to hit him back, or I’m going to use this, and I’m going to use that as weapon”. So therefore they’re in custody or in trouble when they’re the first initial victims. So it’s where the victim is taking action, but it’s costing her more than it should. We do have some victims that come here who are on court order for that kind of stuff, and it’s really sad that they have to be on court orders just to come and get the help that they need. Yeah, but at least they’re here, at least they’re safe, but it’s kind of sad that it had to go that step.

Focus groups: Sharing and intersecting narratives of intimate partner violence in northern Saskatchewan

The focus group is a robust and fruitful means by which to examine community understanding, narratives and approaches to intimate partner and family violence. The method allows for communication among and between invested parties, in this case service providers of IP & FV, and allows researchers to capture convergent and diverse understandings of, and responses to, IP & FV. Drawing on our map of IP & FV incidents and services in Saskatchewan

(pg. 12), having read through qualitative telephone interviews conducted, and in conversation with service providers a northern location was chosen in order to pursue follow-up interviews, but this time in a focus group format. The northern location was also chosen with regard to its east-west location in Saskatchewan.

Once everyone settled into the chairs and finished their introductions, we explained our study and asked our first question “What do you see are the needs of women who experience IP & FV in northern regions of Saskatchewan?” We shared our maps and the diagrams, and although participants were a little shy at first, they soon took up the question and then each began engaging with the other as they agreed, emphasized, disagreed, or explained their views. The immediate response to this question was the lack of shelters with the nearest being a number of hours away and space not always available. One focus group participant commented that: “I have never successfully gotten a woman fleeing domestic violence into a safe shelter, because by the time there’s a bed available, she’s gone.” This comment initiated a discussion of an often-repeated problem wherein there is a return to home once the situation has cooled down. Folks ask, “But where has she gone to? Back to the offender’s house, that’s what we find. That’s the huge issue.”

In this discussion we noted how the house is taken to be the male/masculine offender’s house and it is not her house. We might ask then; what does she risk when she leaves? What do her children risk? The answer, of course, is their home, their community, their work and school, and their touch with the day-to-day that constitute their lives. Might the loss of some much also act as a constraint to walking away? In remote and locations in northern Saskatchewan, could it be that these women want the violence to stop but do not want to stop the family, life, and community that comprise their lives? As a focus group participant commented, “Um, and you

know they've been together 10 years or 15 years, they've been together since they were 12 years old. Those two people do not know how to be apart." Uprooted and impoverished means everyday away from home, family, and community is a struggle.

The discussion then segued to other constraints that can come into play when leaving a situation of IP & FV, such as seeking social assistance as it can signify things are not good in the family. And if things are not good, then there is shame. In small northern communities of Saskatchewan, seeking assistance carries shame and stigma, but even more so, certain kinds of services (e.g., mental health) carry greater or lesser significations of shame. In the context, outward signs of poverty and/or violence are suppressed as they bring social stigma:

FGP: "You want a certain image, you want to be held at a certain standard in our community and yet, you're trying to, you're living a lie pretty much. And then you get into this domestic violence and then you don't want people to view you as 'oh you shouldn't have dated him in the first place, you know.'"

Needing assistance is tantamount to "having failed" and having failed brings a sense of shame. Played out with regard to mental health and the stigma is even greater; while poverty is seen to signify social failure, seeking mental health services such as counselling is seen to signify both life and social failure. In one of our northern qualitative telephone interview sites, the only IP & FV service provider to assist in situations of violence is a mental healthcare worker — a situation that could suppress IP & FV reporting.

As stigma constrain those who are abused, so too does mistrust of the IP & FV services insofar as strangers are not trusted, but equally local folks may well not protect the privacy of those seeking assistance. Although this is a bit of a conundrum, it actually points to a possible cultural impasse: the private relationship model of the counsellor and their client/patient. This kind of one-to-one relationship model was developed in and by white settler/Eurowestern

systems of the individual and is not universally applicable, and may well not work in small northern communities.

Gender is an important aspect of IP & FV and was also a subject of discussion.³ The necessity to be perceived as appropriately masculine was considered to be a constraint to communities becoming non-violent. The gender imperative to be properly masculine is one felt by boys and men in the community. In an exchange a focus group participant commented that:

FGP: “And the sad part is, as a child, you get into a relationship, and as a child you have a child. It will not be until you’re in your mid-to-late-twenties that you’re going to get your life together. And up until then, what do you do? And as a fifteen or sixteen year-old father, no education, this is the only life you know. And then here your buddy down the street does the same thing, like where, where would you go?”

And another participant, agreeing added:

FGP: That’s the only life that they know. They’re known as a big macho, six foot something 300-something pound guy. They’re not going to go talk to a lady because it’s about your image. How are your friends going to feel? How is this person going to feel? How are they going to treat you? You have this tough macho image and to top it off, if you’re uneducated and you go talk to say a female counsellor, that when you leave everything that she says, or the words and the phrases that she used you don’t understand and that adds to your anger or stress.”

Where there is masculinity there is femininity, and the gender dynamic equally works for girls/women. Where young men are taught they have a work future, young women are often not. Instead they are taken to be only and always reproductive, either pre, during or post. This limits

³ All the participants of the northern focus group were women but one. The researchers are also gendered female. With gender heavily weighted toward women, nonetheless it remained that the one professional man was treated as the most authoritative and although at no point did he force his views or speak over the other participants, his assessment of the problems tended to be deferred to by others.

the world for young women and certainly limits the choices they can make. Several participants discussed this too early parenting role taken up by these young people:

FGP: “When kids have kids, they have no idea what they’re facing. So when they’re having babies at sixteen and baby daddy’s beating on them, they don’t know how to cope, they don’t know where to go, and this baby initially was supposed to be that happily ever after. And it just adds to the stress of everything as it is. And every time I hear of a girl getting pregnant, I just shake my head. Do they not want any better? Like do they not see what the world has to offer? And I don’t, I wish I had an answer to kind of fix all of it, but like I said it took about twenty years for me and a lot of pain with the guy. But now I see what my life is worth, what I want, what I want for my daughter, and where I want her to be headed.”

As we talked around the table, I wondered about the role that colonization and residential schools played in the problem of interpersonal violence. We were told there was fear and suspicion of all governmental services: the stakes are very high, one can lose their children. The removal of children from Indigenous women is an old government activity deployed by the Canadian government with the development of residential schools. When these were closed down, children continued to be removed, but now by social services so that by the 1960s the Canadian “baby-scoop” was in full swing and Indigenous children were removed and fostered by white settler families paid for by the government. Currently, imprisonment has been the means by which to separate Indigenous families so that (Malakieh, 2017):

In 2015/2016, Aboriginal female youth accounted for 43% of all female youth admitted to correctional services. This figure was higher in comparison to male youth, where Aboriginal males accounted for 31% of all male youth admitted. These findings were virtually unchanged from the previous year. However, this was an increase when compared to 2011/2012 when Aboriginal female youth represented 38% of female admissions and Aboriginal male youth accounted for 26% of male youth admitted to correctional services.

This is difficult terrain and can prove to be one of the most significant constraints. In the instance of violence between parents in the home, children’s services are often contacted:

“We have to because that’s not a safe home to have children if there’s assault going on. You know, prudently at the time if you say that to her, maybe the right thing or she shouldn’t be surprised if she does get a phone call because that referral would be made to social services. What they do with that is out of our control.”

Another focus group participant responded to this statement with “to stand up and report it, and then to be faced with the fear “oh my child might be taken away is too much.” “Yes, that’s horrifying” said another participant.

The discussion moved to the kinds of constraints women faced with regard to services for IP & FV. Although all participants felt there were a good number of services in place, their concern was how these services are understaffed but still expected to respond twenty-four hours a day, seven days a week. Understaffed, under-resourced, and overburdened, many participants expressed their frustration over this perennial problem:

FGP: “This all goes back to your first question, what is the need here? The need is a home, something here just for the people from [northern site], equipped and staffed with members, people from the community that are able to speak with them in their language, be there. And they have to have the skills, we need that too. So if there were more people from here that want to go outside and get those skills, and get that work, not just online or you know, an eight-month course. Take the course, go get it, and come in and work for your community as well in that area of alcohol and drugs or counselling or whatever it is, but that is the most important here so there are places for these people to be able to go to, rather than outside their area.”

Commented another participant:

FGP: “Say seven people, maybe eight people [live] in a house; that would be pretty common here right. You know like a mom and a dad and maybe some other relatives and four or five kids. Okay, so you got eight people. Well, you know, to make a nice dinner with a salad and some pork chops and ah potatoes or whatever, ah you need for eight people, well probably a big package of pork chops for sure. So that’s thirty-three dollars last time I checked...then your two heads of lettuce, that will be like, that will run you eight or nine dollars...but seriously, one healthy meal...you’re looking at fifty dollars for one healthy meal... .”

The North was also considered to be more violent insofar as the South problematized IP & FV, while in the North such violence was taken to be part of everyday life. Discussing this issue, most agreed that northern communities experience higher levels of violence:

FGP: “I was in [northern site] in 1986 and went back... [and] the violence is worse, nothing’s changed. I left there 1986, came back what twenty years later. It’s just got bigger, 3,500 people and probably two to three homicides a year, the violence is just so...normal. Yes, it just got a lot worse. You know it’s normal and I don’t think [referring to another northern site] is probably any different. I know [northern site] has been one of the busiest places in Canada for the police.”

Agreeing, another participant added:

FGP: “If people, if they see something, like there was a murder in front of the sports bar and there was something like fifty to one-hundred people outside, and no one knew what happened...and it’s gone unsolved to this day. And seriously, this is a seven or eight year-old kid that died that night, and no one has any idea. And a couple of weeks ago I was at work walking out and right in front of our office there was a guy beating up this girl and its rush hour, people are driving back and forth and walking and no one did anything to help her.”

At the end of the focus group, which lasted several hours, the participants had shared a lot of information, not just with the researchers but with each other as well. Although all agreed violence in the North was too often a way of life, a harsh response to a challenging existence, they also felt that efforts to address the violence weren’t necessarily wrong-headed, just insufficient. Insufficiency combined with: staff flown in who have little knowledge of northern communities; resources spread thinly over vast areas; unemployment and poverty; and children and young people trapped in colonial patterns that continue to criminalize and undervalue their capacities all contribute to the continuation of IP & FV in remote communities. As one service provider commented:

FGP: “...although the law of the majesty her queen covers [northern site] in a technical sense, people are utterly disengaged from that judicial and legal system. You know, people, and [this is] part of the domestic and assault thing too... [people] come in and [say] “oh I got stabbed on the weekend.” You know, a week later it’s like “yes

whatever, you know me and the guy we had a beer together and we talked things through. It's okay now." And they are both fine with that. To them, that feels good, it feels like justice. You know, it's like "well don't do this to me anymore," and "okay I won't. I'm sorry about that." And [although] I...find that very unusual, to these two people who are both involved in that incident, that worked for them and made them happy; that was their justice. If you know the legal system had gotten involved and somebody had gone to jail, probably neither of them would have been happy."

The focus group reflected many of the gaps and issues raised during our qualitative telephone interviews, but it also went beyond the interviews insofar as the conversation generated tended to be more reflective and detailed. This was due, in part at least, to the nature of the rhetorical engagement: questions delivered during one to one interviews provide comments and at times reflections, but tended not to allow for a free-flow of recall and reflection that focus groups allow. Thinking in a group on a common problem provides a multidimensional response.

Answering the question, what are the gaps that exist in meeting the needs of those in situations of IP & FV, participants came up with a number of clear issues: the persistence in linking the male/masculine to property and the subsequent disenfranchisement of the female/feminine (why are Emergency Intervention Orders that remove the violent offender not the default of actions taken? And why are they not applicable on reserves?). They spoke of a lack of viable and sustained IP & FV resources and services, and in particular, culturally competent services in the north of Saskatchewan. Linked to this is a lack of commitment on the part of provincial and federal governments to northern communities of Saskatchewan reflected in such problems as the lack of infrastructure, healthy food choices, housing, and a hopeful future.

In asking how we create non-violent communities, we wondered if indeed we had asked a viable question. If non-violent communities do not exist anywhere on the planet, how do we anticipate such a social formation could be created in northern Saskatchewan? Objective and symbolic violence precludes the possibility of non-violence and indeed provides the rationale for

the enactment of subjective violence in the form of dating, intimate partner and family violence. With this in mind, we might shift our question, knowing subjective violence is upheld and justified by objective violence, to ask, how could subjective violence be met with a non-violent response in northern communities of Saskatchewan?

Seeking a non-violent response operates within the frame of a harm reduction model rather than a criminal justice model. A harm reduction model seeks to reduce harms as opposed to increasing them through criminalization. A harm reduction model requires those harmed to identify the harm and determine how they might be met with a non-violent response. For example, the majority of participants made abundantly clear that the criminalization of those who enact violence created more harm than it reduced. For example, the female recipient of the violence and her children lose their home and community, her story is muted and his voluble, his presence garners community sympathy, her absence enmity (outsider), and the violence becomes her shame and blame. The current model of criminalization deracinates and potentially impoverishes the person(s) most vulnerable, while she and her children are also criminalized insofar as they are moved through the criminal court system so that further harm is done. Down the path of poverty that often accompany women and their children leaving violent relationships can be found further harms such as addictions, self-abuse, loss of children, and homelessness. A harm reduction perspective and a healing approach, then, to IP & FV might well be a means by which to reduce the harm identified. Resources and support for communities to reduce harm and maintain social health need to be properly distributed and sustained to allow for community success and to understand and mitigate intimate partner and family violence. Part of harm reduction is also to emphasize education to reduce further harms.

Potential solutions

From our qualitative telephone interviews and focus groups, it became clear that the victimized and their children should be those who remain in home and community rather than the abuser. Such a shift requires the government and the services they put in place to reject the patriarchal system of property ownership and a gender ideology of masculine domination. Further, it would allow women and their children to remain stable and secure, which may allow them to circumvent potential harms such as uprooting those already harmed and locating them in unfamiliar spaces. When stabilized she is less vulnerable to poverty, while with poverty comes the potential loss of children to social services. The harm is reduced by leaving the victimized and children in the family home.

With a home and community support, the harmed is positioned to make a choice rather than forced to return because the losses are simply too much for her to accrue. When taken from home by police and dropped into government legal and social systems “she is marked as the problem” and it is she then who carries the stigma of intimate partner and family violence. She is perceived as having disrupted the family (and community) for her own “selfish reasons.” The violence directed at her is minimized and as she has been removed from the community to a shelter hours away, her narrative of the events is never given a hearing. Rejecting the patriarchal narrative of the normative link between the male/masculine human and land and property locates women as equals to men and positions them to respond from a place of strength.

Support and resources for all involved in the violence event with the objective being healing rather than criminalizing requires communities to support healing rather than taking sides in the violent event. Healing also requires that all members, including children, be involved. The

idea here is to shift from a model of punishment where all parties involved are criminalized, intentionally and unintentionally, to one where the effort is to reduce harm.

Working in a healing model requires that objective and symbolic violence be acknowledged, which then allows subjective violence to make sense. For example, the murder of over fifty people in an Orlando gay bar in 2016 makes sense in a context of homophobia. In northern communities, the violence of masculine hegemonic colonialism continues to permeate and shape life. The distrust Indigenous communities have with regard to white settler systems — all systems — and white settler northerners with regard to the South systems provide the scaffolding for a “frontier justice” that can prevail in the North. We say frontier because the justice is self-defined and acted on without reference to prevailing law, and furthermore is enacted through “masculine” brute force justice. Brute force justice is also seen in rural locations and here as well we see justice being defined without regard to prevailing law. The 2017 killing of Colten Boushie in rural Saskatchewan is just such an example of brute force justice. However, rather than criminalizing those perpetrating brute force violence, one might inquire how the subjective violence of brute force is connected to objective and symbolic violence that is “inherent to the normal state of things” (Žižek, 2008)? Violence is central to our social systems and as such our questions need to shift from treating IP & FV as anomalies, and instead to ask how they interact with and reflect the objective and symbolic violence that defines all human communities.

Participants of the qualitative interviews and the focus group identified possible solutions to the gaps and entrenchment of violence in northern Saskatchewan. A primary solution is sustained and ongoing education concerning IP & FV so that they no longer occupy the space of a public secret. Furthermore, they suggested services to engage and support all those touched by

the violent event; that is abusers, abused, their children, and extended family. They also made pragmatic suggestions such as safe houses and cool-off houses, and healing lodges for those enacting and facing intimate partner and family violence, and wondered about intervention prior to police involvement, questioning the criminal pathway as appropriate for small northern communities of Saskatchewan. They commented that there needs to be an investment in the North and their communities by governments, and further, there needs to be an effort to correct and bring about healing from current and past colonialism. Leadership from politicians in northern communities was also discussed and participants felt that it was the responsibility of leaders to send a clear message that IP & FV harms communities and prohibits their health.

Moving ahead and final thoughts

Violence is neither mysterious nor incomprehensible, although many of us take it to be as we question how someone could do such a thing or someone be in the position to receive such a thing. James Tyner (2012) comments in his text *Space, place, and violence*:

Violence surrounds us... .And we know it. It lurks in dark alleys and empty parking lots. It hides in our homes and our schools. It peers at us from our television screens, movie theatres, and now even our electronic game consoles—as our ‘entertainment’ activities are increasingly saturated with images of violence. And it roams across our football fields, race-car tracks, and other sporting venues. (5)

Objective, symbolic and subjective violence are interwoven and shape our world, countries, communities and families. We are not, however, simply passive in the face of such a complex onslaught and indeed are the makers of the many kinds of violence we deliver, encounter and/or observe daily. Understanding the structures, contents, and networks of violence allows for a deliberate and measured engagement, an engagement that does not seek to blame, shame and punish perpetrators, recipients and witnesses of violence nor to mystify and make incomprehensible the events of violence that have played out.

Ultimately, the southern-facing government does not know the North, and it along with many in the south of Saskatchewan do not embrace the North as an integral part of the province, and as such violence in the north of Saskatchewan is taken to be a mystery. But if we listen to the wisdom of our northern neighbours possibly we can begin to reduce the violence that plagues family, loved ones, and friends.

References

- Adams, D. W. (1996). *Education for extinction: American Indians and the boarding school experience 1875 – 1928*. Lawrence, Kansas: University of Press Kansas.
- Anderson, D., & Saunders, D. (2003). Leaving an abusive partner: An empirical review of predictors, the process of leaving, and psychological well-being. *Trauma, Violence, & Abuse*, 4(2), 163-191.
- Anderson, K. M., Renner, L. M., & Danis, F. S. (2012). Recovery: Resilience and growth in the aftermath of domestic violence. *Violence against Women*, 18(11), 1279–1299.
- Bazeley, & Richards, L. (2000). *The NVivo qualitative project book*. London: Sage.
- Bone, R. M. (2005). Saskatchewan's forgotten north: 1905–2005. In J. M. Porter (Eds.), *Perspectives of Saskatchewan*, 13–35. Winnipeg, MB: University of Manitoba Press.
- Bopp, M., Bopp, J., & Lane, P. (2003). *Aboriginal domestic violence in Canada*. Aboriginal Healing Foundation Research Series. Retrieved from <http://www.ahf.ca/downloads/domestic-violence.pdf>
- Bourdieu, P. (2001). *Masculine domination*. Translated by R. Nice. Stanford, CA: Stanford University Press.
- Breidling, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, version 2.0*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control Atlanta, Georgia. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf>
- Canadian Centre for Justice Statistics. (2017). Family violence in Canada: A statistical profile, 2015. *Juristat*, Statistics Canada Catalogue no. 85-002-X.
- Canadian Centre for Justice Statistics. (2016). Family violence in Canada: A statistical profile, 2014. *Juristat*, Statistics Canada Catalogue no. 85-002-X.
- Canadian Centre for Justice Statistics (2006). Victimization and offending among the Aboriginal population in Canada. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/85-002-x2006003-eng.pdf>
- Caprio, M. V. (2004). The lost generation: American Indian women and sterilization abuse. *Social Justice*, 31(4), 40–53.
- Chamberlain, K., Stephens, C., & Lyons, A. (1997). Encompassing experience: Meanings and methods in health psychology. *Psychology and Health*, 12, 691-709.

- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: John Wiley & Sons Inc.
- Clarke, K. C. (1986). Advances in geographic information systems. *Computers, Environment and Urban Systems*, 10(3), 175-184.
- Cohen M.M., & MacLean H. (2004). Violence against Canadian women. In Desmeules M, Stewart D, Kazanjian A, Maclean H, Payne J, & Vissandjée B, (Eds.). *Women's Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women*. Ottawa: Canadian Institute for Health Information.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory*, 3rd Ed. Thousand Oaks, CA: Sage.
- Eigenbrod, R. (2012). For the child taken, for the parent left behind: Residential school narratives as acts of 'survivance'. *ESC: English Studies in Canada*, 38(3-4), 277-97.
- Elliot, J. (2005). *Using narrative in social research*. Thousand Oaks, CA: Sage Publications Inc.
- Ellsberg, M. & Heise, L. (2005). *Researching violence against women: A practical guide for researchers and activists*. Geneva, Switzerland: World Health Organization.
- Flanagan, T. (2017). *Incentives, identity, and the growth of Canada's Indigenous population*. Vancouver, BC: Fraser Institute.
- Freidus, H. (2002). Narrative research in teacher education: New questions, new practices. In N.
- Giordano, P. C., Johnson, W. L., Manning, W. D., Longmore, M. A., & Minter, M. D. (2015). Intimate partner violence in young adulthood: Narrative of persistence and desistance. *Criminology*, 53(3), 330-65. doi:10.1111/1745-9125.12073.
- Goodchild, M. F. (2010). Twenty years of progress: GIScience in 2010. *Journal of Spatial Information Science*, 1(1), 3-20.
- Green, J. (2007). Balancing strategies: Aboriginal women and constitutional rights in Canada. In J. Green (Ed.), *Making Space for Indigenous Feminism*, 140-59. Winnipeg; London UK: Fernwood Publishing; Zed Books.
- Heise, L., Ellsberg, M., & Gottmoeller, M. (2002). A global overview of gender-based violence. *International Journal of Gynecology and Obstetrics*, 78, 5-14. doi: 10.1016/S00207292(02)00038-3
- Honouring the truth, reconciling for the future: Summary of the final report of the truth and reconciliation commission of Canada*. (2015). Ottawa: Truth and Reconciliation Commission of

Canada.

Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (2001). Community-based participatory research: Policy recommendations for promoting a partnership approach in health research. *Education for Health*, 14(2), 182-197.

Janovicek, N. (2007). *No place to go: Local histories of the battered women's shelter movement*. Vancouver, BC: UBC Press.

Jennings, W. G. & Piquero, A. R. (2008). Trajectories of non-intimate partner and intimate partner homicides, 1980-1999: The importance of rurality. *Journal of Criminal Justice*, 36, 435-443. doi: 10.1016/j.jcrimjus.2008.07.002

Johnson, H. (2005). Assessing the prevalence of violence against women in Canada. *Statistical Journal of the United Nations Economic Commission for Europe*, 22(3): 225-238.

Juschka, D. M. (2017). Indigenous Women, Reproductive Justice, and Indigenous Feminisms: A Narrative. In Bourassa, C., McKenna, E. B., & Juschka, D. (2017). *Listening to the beat of our drum: Indigenous parenting in a contemporary society*, 13-45. Toronto, ON: Demeter Press.

Kelly-Scott, K. (2016). *Aboriginal Peoples: Fact sheet for Saskatchewan*. Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/89-656-x/89-656-x2016009-eng.pdf>

Lightfoot, N., Strasser, R., Maar, M., & Jacklin, K. (2008). Challenges and rewards of health research in northern, rural, and remote communities. *Annals of Epidemiology*, 18(6), 507-14.

Lincoln, B. (1989). *Discourse and the construction of society: Comparative studies of myth, ritual and classification*. New York; Oxford: Oxford University Press.

Malakieh, J. (2017). Youth correctional statistics in Canada, 2015/2016. Canadian Centre for Justice Statistics, *Juristat*. Catalogue no. 85-002-X ISSN 1209-6393. Retrieved from <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2017001/article/14702-eng.pdf?st=pLDp0erk>.

Mark, D. M. (2002). Geographic information science: Defining the field. In: M., Duckham, M.F., Goodchild, & M. F. Worboys, (Eds.), *Foundations of geographic information science*, 3-18. New York, NY: Taylor & Francis.

McGillivray, A. and Comaskey, B. (1999). *Black eyes all the time: Intimate violence, Indigenous women, and the justice system*. Toronto: University of Toronto Press Incorporated.

McNiven, C., and Pudarer, H. (2000). Delineation of Canadian north: An examination of the north-south relationship in Canada. *Geography Working Paper*, Series No. 2000-3. Geography Division, Statistics Canada. Retrieved from

<http://publications.gc.ca/Collection/Statcan/92F0138M/92F0138MIE2000003.pdf>

Miladinovic, Z., and Mulligan, L. (2015). Homicide in Canada, 2014. *Juristat*, Statistics Canada Catalogue no. 85-002-X.

Moran, L. (2013). Texas prostitute's jilted killer acquitted, was trying to 'retrieve stolen property' says jury. *Daily News*. (January). Retrieved from <http://www.nydailynews.com/news/crime/jilted-john-acquitted-texas-prostitute-death-article-1.1365975>

Mosher, J., & Evans, P. (2013). Welfare policy: A critical study for women's safety. In A. Miles, (Eds.), *Women in a globalizing world: Transforming equality, development, diversity, and peace*, 138–146. Toronto: Inanna Press.

O'Toole, T. P., Aaron, K. F., Chin, M. H., Horowitz, C., & Tyson, F. (2003). Community-based participatory research: Opportunities, challenges, and the need for a common language. *Journal of General Internal Medicine*, 18(7), 592-594.

Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011). Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health*, 20, 1743-1749. doi: 10.1089/jwh.2011.2891

Pegoraro, L. (2015). Second-rate victims: The forced sterilization of Indigenous Peoples in the USA and Canada. *Settler Colonial Studies*, 5(2), 161–73. doi:DOI:10.1080/2201473X.2014.955947.

Perrault, S., and Proulx, J. (2000). *No place for violence: Canadian Aboriginal alternatives*. Halifax, Canada: Fernwood Publishing Company, Ltd.

Polkinghorne, D. (1995). Narrative configuration in qualitative analysis. *International Journal of Qualitative Studies in Education*, 8, 5-23. doi: 10.1080/09518399500801013

Public Health Agency of Canada. (2018). *Stop family violence*. Retrieved from <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence.html>

Razack, S. (2015). *Dying from improvement: Inquests and inquiries into Indigenous deaths in custody*. Toronto, ON: University of Toronto Press.

Riddell, T., Ford-Gilboe, M., & Leipert, B. (2009). Strategies used by rural women to stop, avoid, or escape from intimate partner violence. *Health Care for Women International*, 30, 134-159. doi: 10.1080/07399330802523774

Scheper-Hughes, N., & Bourgois, P. (2004). Introduction: Making sense of violence. In N. Scheper-Hughes & Bourgois, P. (Eds.), *Violence in war and peace: An anthology* (1–32).

Oxford, UK: Blackwell.

Shannon, L., Logan, T. K., Cole, J. & Medley, K. (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and Victims*, 21(2), 167-181.

Shlonsky, A., Friend, C., & Lambert, L. (2007). From cultural class to new possibilities: A harm reduction approach to family violence and child protection services. *Brief Treatment and Crisis Intervention*, 7(4), 345–63.

Sinha, M. (2012). Family violence in Canada: A statistical profile, 2010. *Juristat*. Statistics Canada catalogue no. 85-002-X.

Smith, A. (2003). Not an Indian tradition: The sexual colonization of Native Peoples. *Hypatia, Indigenous Women in the Americas*, 18(2), 70–85.

Stancliff, S., Phillips, B. W., Maghsoudi, N., & Joseph, H. (2015). Harm reduction: Front line public health. *Journal of Addictive Diseases*, 34, 206–19.

Statistics Canada. (2011a). *Aboriginal Peoples in Canada: First Nations People, Metis, and Inuit. National Household Survey*, Catalogue no. 99-011-X2011001. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.pdf>

Statistics Canada (2011b). *Family Violence in Canada: A Statistical Profile*. Canadian Centre for Justice Statistics. *Juristat*. Retrieved from <https://www150.statcan.gc.ca/n1/en/pub/85-224-x/85-224-x2010000-eng.pdf?st=NIpZBUDE>

Statistics Canada. (2011c). *Population, urban and rural, by province and territory (Saskatchewan)*. Retrieved from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62i-eng.htm>

Stote, K. (2012). The coercive sterilization of Aboriginal women in Canada. *American Indian Culture and Research Journal*, 36 (3), 117–50.

Turpel-Lafond, M. E. (2000). Maskêko-Sâkahikanihk, one hundred years for a Saskatchewan First Nation.” In J. M. Porter (Ed.), *Perspectives of Saskatchewan*, 75–104. Winnipeg, MB: University of Manitoba Press.

Tyner, J. A. (2012). *Space, place, and violence: Violence and the embodied geographies of race, sex, and gender*. New York and London: Routledge.

Ursel, J., Tutty, L., and LeMaistre, J. (2009). The justice system response to domestic violence: Debates, discussions and dialogues. In J. Ursel, L. Tutty & J. LeMaistre (Eds.), *What’s law got to do with it? The law, specialized courts and domestic violence in Canada*, 1- 17. Toronto, ON: Cormorant Press.

Wathen, N. (2012). *Health Impacts of Violent Victimization on Women and their Children*. Research and Statistics Division Department of Justice Canada. Department of Justice Canada, 5. Retrieved from <http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/index.html>.

Yin, R. K. (2008). *Case study research: Design and methods*, 4th Ed. Thousand Oaks, CA: Sage.

Wallerstein, N. B. & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312-323.

Wesley-Equimiaux, C. C., & Smolewski, M. (2004). *Historic trauma and Aboriginal healing*. The Aboriginal Healing Foundation Research Series. Retrieved from <http://www.ahf.ca/downloads/historic-trauma.pdf>

Zhang, T., Hoddenbagh, J., McDonald, S., and Scrim, K. (2012). *An estimation of the economic impact of spousal violence in Canada, 2009*. Department of Justice. Retrieved from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/p0.html#sum

Žižek, S. (2008). *Violence: Six sideways reflections*. New York: Picador.

Zorn, K. G., Wuerch, M. A., Faller, N., & Hampton, M. R. (2017). Perspectives on regional differences and intimate partner violence in Canada: A qualitative examination. *Journal of Family Violence*, 32(6), 633-644.