

**Rural and Northern Community Response to Intimate Partner Violence:  
Two Community Narratives  
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## **About the Two Narratives**

The following two stories were written through a process of data collection and analysis in two NWT communities followed by depiction of the findings in narratives. The two communities profiled were selected in a purposive manner. We wanted to demonstrate women's experiences so that we could consider the needs and gaps in services for women experiencing intimate partner violence and ultimately how to create nonviolent communities. Selection criteria for two communities included: resourced community/ depleted resourced community, north/south community, and regional/isolated community. Once the communities were selected we held focus groups and individual interviews with frontline workers. These narratives highlight the voices of frontline workers as they assist women experiencing intimate partner violence.

Storytelling captures our attention and helps to translate knowledge in a creative and meaningful way from a study to consumers. These narratives allow us to take another look at our findings using a storyline to re-story through the narrative construction itself. It is a way to maintain anonymity and confidentiality in places (such as ours) where even the story itself can be an identifier. We intentionally do not want to re-victimize or cause trauma so fictitious names are used and participants names excluded. The knowledge gained from both writing and sharing these narratives will assist us to plan focused and meaningful interventions to combat violence against women.

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## **Arctic Sky: A Narrative of Contradictions and Intersections**

The Northwest Territories (NWT), geographically appears overwhelming by size, beauty, weather and terrain but contrasts with the intimate nature that incredibly small community numbers foster. It is these contrasts that have surfaced as interesting barriers to providing services that support women who experience intimate partner violence in this region of Canada. This narrative is based on 11 individual interviews and one focus group that consisted of six participants. The data collection occurred from January to November 2014. The individual interviews were conducted face-to-face in the community and over the telephone from the researcher's office. The interviews lasted 35 to 60 minutes and were transcribed verbatim. The focus group lasted approximately two hours and was conducted in an office meeting room in the community. The participants were frontline workers who respond to the needs of women experiencing intimate partner violence (RCMP, health care providers, social service workers). The regional centre, which is the focus of this community narrative, has been given a fictitious name of *Arctic Sky*. This community has a population of 3500 and is a catchment area for six smaller communities. Of particular interest, it has a much larger number of RCMP as well as a local Victim Services office and a women's shelter.

The population of the NWT is that of a small town in southern Canada (approximately 44, 000) so anonymity is almost impossible to maintain. For this reason, we are taking utmost care to provide pseudonyms for this narrative about a resourced regional centre and our other narrative about an isolated community in the territory. As well, we do not name the designated position or discipline of the front line worker since they could be easily identified in either the regional centre and particularly in the isolated community. The purpose of the data collection in this third year of the study was to validate the model generated in year two through a process of grounded theory and theoretical sampling. The interviews conducted included questions that advanced our understanding of the needs, gaps and creation of non-violent communities for women who experience intimate partner violence. Additionally, we presented the emerging theory to participants during the interview for feedback and verification.

### **Challenges in Arctic Sky**

We heard participants describe Arctic Sky as a resourced community. They noted a women's shelter, warming centre for homeless people, victim services, 51-bed regional hospital, social workers, counselling centre, RCMP detachment, college campus with counseling support available, courthouse and healthy family program. In contrast, we also listened to them speak desperately to the ineffective and limited response to women's needs.

Eight themes emerged from the frontline workers as challenges to providing effective support for women in violent relationships with an overarching goal of moving towards nonviolence in Arctic Sky. These themes were never stratified, assigned priority or weight in terms of the degree to which each contributed to the challenges of providing support. Rather, these were discussed in a way that suggested an intersectionality of them all. In no particular order, the themes include a culture of violence and silence, alcohol, social determinants, community retribution, depleted resources, non-collaborative service delivery, and impact on the frontline workers.

### **Culture of Violence and Silence**

Violence in Arctic Sky is a story of the community's past, present and expected future. Participants acknowledged an influential community history. The impact of residential schooling and colonization was linked to the individual and community response when violence occurs. Ironically, as we narrate our project's third year, the final report of the Truth and Reconciliation Commission has been released. Since this report, the impact of residential school on Canadian Indigenous peoples has been described as cultural genocide. This speaks to the historical nature of a violent culture that has eroded into the current sense of normal for people of Arctic Sky. Participants recognized that this way of knowing has been and continues to be passed along through generations, being socialized within the family and community fiber.

Participants also spoke about the impact of colonization on their ability to build effective relationships with service providers. They acknowledged that women might be hesitant to approach them for help because of this.

*Residential school, there's a huge legacy around that. And there's a legacy still around healthcare providers or people in authority, and the people who are victims. So I suspect I don't hear half of the stories. (Nurse)*

Participants described violence as normal, expected, and accepted. It is minimized and families are socialized in what has been described as a culture of violence. Participants did not suggest that the violent experiences of women were any different from other parts of our country but it is this culture of violence that makes women's experiences so unique and trepidacious. They also recognized that the expectation and acceptance of violence is one that trickles down to the service providers themselves. They, too, become desensitized to the nature, frequency and lethality of violence.

*It's almost acceptable. It's just a way of life (Focus Group Participant)*

Another important contributing factor to the culture of violence is the perpetual violence in Arctic Sky, its expectation and acceptance as contributing to a culture of

silence. They suggested silence as a way for community members and for women experiencing violence to cope with the past traumas from residential schooling, exposure to intimate partner violence as children and current experiences as women who are surviving and living in violent relationships. Silence was a response to the sense of normal as well as the incredibly not normal violence endured. Hand in hand to a culture of violence is this culture of silence. Participants also described the family and community values about noninterference and lifelong commitment to your partner. Many participants recalled victims' experiences; families and communities were strongly encouraging and at times, intimidating them into staying with their partner despite the violence.

## **Alcohol**

Parallel to the violence in Arctic Sky, alcohol use is also considered to be normal and accepted. They told historical stories of alcohol use in the community, children watching and then integrating it into their way of knowing. All participants identified that alcohol was always present with incidents of intimate partner violence. Whether it was storied as a contributing factor to intimate partner violence or a way of coping with a tumultuous way of life, alcohol use was described as overt and expected within the community. Participants described alcohol as a reason to be violent, providing perpetrators permission to be violence and one that is a constant factor which taxes the RCMP in terms of what they are able to do and the time spent addressing it. For example, one participant who works with the RCMP retold a common story of having women telephone their detachment with worries about their partner coming home intoxicated and fearful that they will be violent. However, they are unable to formally intervene if the possible risk for violence is there but no violence has yet occurred. The best support they can offer in those instances is encouraging the intoxicated partner to spend the night in a different location and provide them that transportation.

*The underlying factor, and I'd say very close to 100% is alcohol, everybody's drunk when they do it. There's a long history of alcohol abuse in the family.*  
(Community Justice Worker)

## **Social Determinants**

The circumstance of people's lives in Arctic Sky is directly related to violence in many ways. The social determinants that were most evident include lack of income, a reliance on their partner's or partner's families for a place to live in the community, high unemployment, lack of education, high costs of heating fuel and healthy food. Many families rely on the food bank to supplement what they can afford and also traditional food of fish, caribou, berries and bird when available from local hunters. Access to country food has been hindered with the reduced number of caribou in the area, the

high cost of fuel for skidoos or boat motors to go to traditional hunting and fishing areas, the worry of contaminated country foods with high levels of mercury and PCPs, and climate change which is gravely affecting traditional lifestyles. All of these determinants contributed to participants' explanation that women have nowhere to go.

*The cost of fuel, heat, just through the roof, so I think it's difficult to afford it and to live and to look after your children on your own. And I'm not sure that those that own property make it easy. You just want your rent paid, you wouldn't want to know if there's any difficulty. Housing and homelessness would be a huge one.*  
(Victim Services Worker)

In particular to this community and most probably to the other major regional centres in the NWT, people have been migrating from the catchment area which contributes to the ever-increasing population of people who are homeless. According to Falvo (2015), the following are important considerations of homelessness and housing needs: construction costs are higher; once housing is built it deteriorates more quickly; operating costs for housing are higher; federal funding for social housing is declining; there is very little supportive housing; conditions in the homeless shelters leaves much to be desired; there is insufficient harm reduction programs; housing first is not widely embraced; access to affordable housing is a challenge; and, homelessness must be considered by looking at migration patterns in the North.

Buildings are aging with many houses that were built in the 1960s showing black mold in the walls. Community members are aware of the risk and demanding that something be done. The percentage of households in core need was 19% in 2009 (NWT Bureau of Statistics, 2010). In 2010, the number of families with less than \$30k income was 25%. Falvo (2009) describes the distinctiveness of housing in the territory. Like all of the other themes in this narrative, housing offers another contradiction. Here we can contrast the GDP which is double that of mainstream Canada attributed to the mining industry, yet many residents live in overcrowded and poor housing (Falvo, 2009).

### **Community Retribution/Retaliation**

Women find themselves in a double bind; those that try to speak out or leave their abusive relationships are, in turn, abused by their community in a retaliatory manner. Participants described this retribution as severe, long lasting and a real threat to their sense of safety and security. It was also explained as a demeaning abusive form of power and control over the woman, further oppressing her and her efforts to escape the situation. Women are shamed if they speak or act out against their abusive partner. Women are blamed for disrupting the community and her abusive partner if the abuse is disclosed. Again, we heard a story of contradictions from participants. The act of leaving

to find safety is known to solicit abusive retaliation from community members and thus, paralyzing a woman from Arctic Sky into staying put.

## **Depleted Resources**

Arctic Sky was described in two ways: a community with many resources and one that is strikingly depleted. Their explanation is in the context of the Northwest Territories, so in that sense, one with many more resources than its outlying communities. However, when frontline workers understood this regional center in comparison to other communities in Canada where they have worked, they describe it as under-resourced to meet the complex needs of women. The nature of being under-resourced includes availability, accessibility, and consistency of programming as well as the quality of services. Having few physical spaces to run programs, few, if any, choices amongst services available, transient staffing, under-qualified staff all contribute to the participants' perception of depleted resources in Arctic Sky. Further, a program may not be considered available to a woman if her acquaintance, friend or relative runs it.

*There aren't any services. We talk about services but effectively there are no services. (Counsellor)*

Funding was noted as another challenge to providing services and considered a contributing factor to the lack of resources needed to support women in violent relationships within this community. It was described by many participants as short-term thus impacting consistent programming and without long-term vision. There were also stories about valuing 'southern' services and over local providers. This was explained in a couple ways: that qualified professionals living and working in the North is a newer phenomenon or the intimacy of Arctic Sky and likelihood of knowing that provider personally.

## **Non-collaborative Service Delivery**

The stories from participants that arose about their own contributions to the struggles women face when trying to escape their situation were passionate and consumed much of the discussion, particularly in the focus group. They recognized many factors enabling their inability to deliver services collaboratively and likened it to patchwork services or as though they were all working in silos. This style of practicing in the community resulted in duplication of services at times and in part, because they were not working together; however they also noted that it was due to having a lack of understanding about what each service provider can do or was contributing. Participants explained having limited knowledge of each other's qualifications, roles, responsibilities and programs available.



*Like it seems to be a lot of patchwork of people doing the same thing.*  
(Community Service Worker)

Several participants admitted that there is a fear about sharing information interprofessionally and between agencies. With this in mind, they acknowledge the impact to women who are often times, required to re-tell their story multiple times to multiple providers. Additionally, participants explained that the various agency policies and mandates of service do not align with each other. They considered this a barrier to providing collaborative service delivery to women in the community. A specific example spoke about was their frustration around referral process and agency forms, stating that these are not streamlined and can be quite cumbersome for providers as well as the women accessing services.

*Everybody has different mandates, where your help starts and ends.* (Community Service Worker)

### **Impact on the Frontline Workers**

Frontline workers candidly reflected on the personal impact their positions have taken, specifically relating it to the severity and frequency of intimate partner violence, severe shortage of resources at their disposal, crisis-dominated focus of interventions, heavy workloads and responsibilities beyond their described position, inconsistent funding and lack of interdisciplinary collaboration. One participant, when sharing his thoughts and feelings about the depleted resources available to women and families who are trying to make change reflected, “it’s heartbreaking to see” (Community Justice Worker). That same person, who acknowledged his newness to the community, described the level of crime in Arctic Sky and its region as, “depressing. It is truly depressing.” However, most participants were aware of personally becoming desensitized to the level and frequency of violence in Arctic Sky and its catchment area of communities and/or observing their colleagues’ shift in perspective over time.

Every participant agreed with feeling as though their hands were tied by these factors and by the community history of colonization, violence and silence. Participants admitted to feeling frustrated, depressed, overwhelmed and desensitized to the situation of women, Arctic Sky and the regional communities which most served as part of their position. They also all remarked on the personal impacts of the work involving intimate partner violence.

*So I’ve got lots of experience of what it’s like down south and, coming up here, oh, it’s a travesty in my opinion. Just a travesty.* (Nurse)

During the focus group, a participant shared an exchange between two workers who started blaming each other for what has been going on with the incidents of

violence in Arctic Sky. Many workers talked about taking on multiple roles in their typical day. Some described it as feeling like a 'catch-all'. These roles and tasks were both multidisciplinary as well as administrative, janitorial and/or maintenance.

*This is a huge burden. It is overwhelming. It leads to a feeling of futility. We are expected to deal with stuff, a lot of the time with administrative functions, running equipment, trouble-shooting vehicles, doing the filing, ordering, buying the supplies, all taking a huge amount of time and stress. For example, the phones don't work. The fax machine does not work. (Community Wellness Worker)*

### **Suggestions**

As forthcoming as participants were in reporting the barriers they face providing effective services to women experiencing violence in their relationships, they were also eager to offer suggestions that stem from their observations and experiences in Arctic Sky and for some, the NWT as a whole. Suggestions focused on improving education and awareness about violence but as well, healthy relationships, parenting and coping strategies; working collaboratively across disciplines and service programs within Arctic Sky and as an outreach provider to the communities in their catchment area; establishing long-term or preferable, permanent funding for programs and services that address violence; make efforts to identify women who are experiencing violence earlier on as opposed to in a crisis event; and providing local and/or territorial programming.

### **Education and Awareness Campaigns**

Most participants discussed their approach to addressing intimate partner violence as crisis-oriented. In this dialogue, they suggest making purposeful efforts to engage children, youth, women, men, families and communities at a primary preventative level of intervention. Participants also spoke about the need to move towards a long-term vision with educational efforts. Funding was acknowledged as essential to ensuring this effort was sustainable.

*[Women] need support and they need to feel protected. The education that it's not right and it's not okay... Long term care for the whole family. (Focus Group Participant)*

*One of the things that I know is on our front burner is being more proactive in terms of education around family violence ... coming from a position where we might have been more reactive to ... moving forward about educational programs. (Community Counsellor)*

One participant highlighted that more recently, community leaders and members of Arctic Sky are engaging in awareness campaigns to support women and stand up

against violence. She suggested it would be beneficial to support and strengthen this current work.

*I've not been here that long but our two events last year were better attended...I think there's more of a willingness to talk about what's happening than there was in the past. They had organized events before and nobody would show up, so I think there is certainly interest to talk and I think increased support and encouragement when people know what the situation is. I think it's helped that a few people who have been in the community for a long period of time and had these experiences of their own, have lived experience, have spoken up. I think that has made a difference. I think, too, we have great support from [city] counsel and our Mayor about having these conversations....People are very willing when we organize an event to contribute and come. So I think there's a culture of needing to talk about this and find a way to work, whereas before, it was probably just ignored. (Victim Services Worker)*

## **Working Together**

Participants all acknowledged their individual and agency responsibilities with ineffective collaborative practice when working in the area of intimate partner violence. They also spoke urgently for the need to do so, with suggestions about what may work and what has been working already. Participants also talked about feeling fearful of sharing information between agencies, within agencies or between disciplines. They also spoke of the difficulty and barriers in doing so. In the same mention, they also noted that it would be helpful to streamline that process and better understand the confines around ATIP and the policies that regulate this information.

*It's just the small things that would really make a difference. Do you talk to each other in a way that's effective? That shares the information but still keeps the dignity of your client intact? And do you make sure that visit is meaningful for them or do you kind of send them around town? And I think if I were a victim and kind of got that run-around, I might give up. It's understandable how a lot of them might close themselves off...I think that collaboration could be strengthened. I don't think it's broken, I just think it needs to be strengthened and you need to have those hard conversations about what we do and doing it better. (Victims Services Worker)*

At one point in the focus group, participants almost used a moment to orient themselves and catch up on the current services available and who was in which position. What occurred at that moment was what many participants alluded to in terms of struggling to keep abreast of programs and positions filled. One current and helpful practice with service providers in Arctic Sky is the monthly interagency meetings held.

This was noted as valuable; maintaining these meetings as well as creating additional resources or opportunities to exchange information was suggested. One participant from the Focus Group recognized that the smallness of Arctic Sky was favourable to successful collaboration amongst service providers.

*We're not standing across from the building wondering where the front door is. If there was an issue with community counselling, I know that I can phone over and speak with someone and I can talk about this. You know, with housing, we have clients that need to get into something right away and I can phone and have them seen that day. That's pretty remarkable. I think the fact that we can get to know each other as professionals is really an advantage.*

### **Let Things Stick**

Multiple participants thought that a lack of funding and continued funding were major barriers to providing effective, consistent services that would support women in violent relationships. Programs and positions were described as always changing, coming and going, or picked up based on its novelty with hopes of changing the level of violence against women in relationships. It was also described as very frustrating and difficult to keep abreast of current services; which programs are operating or discontinued, which positions are filled or vacant. Suggestions from participants also included mobilizing long-term funding for programs and supporting successful retention plans that will help fill and maintain frontline positions.

### **Ask the Question**

Frontline workers acknowledged that the predominance of interventions with women who are in violent relationships is crisis-oriented. Several factors contribute to this, including depleted resources, effects from historical trauma, a culture of violence and silence. However, the antithesis to crisis-oriented work would be the introduction of a screening tool, whether it be formally or informally introduced. This theme of earlier detection arose in dialogue with moving away from crisis-oriented work to introducing a secondary level of prevention services.

### **Provide Local Treatment Programs**

What participants almost all reinforced was the need for treatment and support services to address mental health issues and alcohol addiction locally or at a minimum, territorially. Participants also spoke to the need for services that helps children and youth who have witnessed violence. One participant from the Focus Group explained, "There is nothing for youth that are witnessing it, and there's not programming aimed at children to help them not normalize it and to develop some coping skills and safety skills."

*There is the issue of mental health. We don't have anywhere near the mental health resources that we need. And I think that, finally, they are starting to look at that issue in the Territory. It's huge. Everywhere needs mental health services.*  
(Focus Group Participant)

## **Conclusion**

Eager, hopeful, passionate frontline workers thoughtfully contributed their experiences and knowledge of working tirelessly in an arctic community of the Northwest Territories with hopes that their efforts will have a positive and longer-lasting impact on the lives of women who are experiencing violence in their intimate relationships. Seven themes emerged as challenges to providing direct services to women and in the narratives, it became quickly apparent that these themes uniquely intersected with each story discussed. The participants also identified suggestions to support services and counter the challenges faced daily by both frontline workers and community. These seemed to diversify levels of preventative services by reinforcing the importance to work beyond tertiary care and expend efforts to primary and secondary preventative services as well. These ideas included education and awareness campaigns, collaborative practice, longevity with programming, staff retention, screening questions and localized treatment programs. As researchers, we were left feeling overwhelmed by the weight of barriers identified but more so, encouraged to move their stories forward with tangible ways to reduce and eliminate violence in our Northern communities.

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## **Shadows, Silence, and Secrets: The Story of Cisco Hamlet**

There's a dark shadow hanging over this little community. It's ominous. Some call it suicide. It holds more demons than that –almost a toxic cloud that surrounds us in evil. There is anger brewing, and when it is ignited by alcohol, it spills forth causing immense destruction including death at our own hands. My friends had a history of loving and fighting but now their candles are no longer burning. The shadow engulfed them and grew for all of us with their passing.

The purpose of this story is to talk about what is happening in Cisco Hamlet to try to understand intimate partner violence and move on from that understanding to the creation of strategies and actions that will improve our situation leading us to a place of non-violence and healthy relationships. That is what the Chief and council wished for in 2011 when they described their vision “to live in a healthy community”. This vision is hard to achieve, but it is what we all want. We have been working at it for many years. About 20 years ago, our Band Council decided they wanted to live alcohol-free. They were brave and together went for treatment and some of them have maintained their sobriety years later. This is a success story but as a community we continue to slip slide along. Each time the shadow moves in causing a dark mark on our journey to healthy living.

Our community is small boasting 300 mostly Dene people. There are a handful of white folks here – they are the police, nurses, teachers, co-op manager, and a few others – the rest of us have lived here generations travelling about with our families fishing, hunting, and living with the land. We are cut-off from the mainland. There is water and rough terrain all around us and no road to take us to town. Some people boat in the summer to other communities or go by skidoos in the winter, but mostly, if we can afford it, we come and go on the scheduled flights into our little airport. We have a gravel runway and an airport the size of a one room schoolhouse of the past. When we come and go, the ticket agent weighs us along with our luggage before we board the Cessna. Just like everything else our weight can become public knowledge.

This story is narrated by the frontline workers who shared what they have experienced, observed and come to know about community response to intimate partner violence in Cisco Hamlet. Six people engaged in a focus group meeting on April 16, 2015; additionally, there were two individual interviews conducted. Frontline workers responded to questions about the needs and gaps in services for women who experience violence and made suggestions about what would work to create and sustain non-violent communities.

Our community has a reputation for violence, but we also are resilient and creative. Our elders recognized that we wanted to preserve the lands of our ancestors

and that is happening for us. Our sacred lands will be protected for our children. As well, we are innovative and have installed a solar panel that will provide 20 percent of our energy. Some day we hope to sell this energy. These are achievements to remember as the challenges about to be presented may seem overwhelming and depressing enhancing that shadow that lurks.

### **Challenges in Cisco Hamlet**

Participants identified several challenges for women as victims of intimate partner violence in Cisco Hamlet that may resonate with other remote territorial communities. Eight themes were uncovered in the data that are inter-related and consummate an oppressive context of shadows, secrets, and silence.

#### **Remoteness**

Participants described Cisco Hamlet as an isolated place. It is a community you can only reach by airplane. There is no road system, not even a winter road, although some locals drive their snow machines across the frozen land to larger communities. This can also be a challenge as has been reported locally and in the news. Severe weather does increase your risk for bush travel. If your snow machine beaks down in the wilderness or if your boat motor fails on the water, you may be in serious trouble. You must have survival skills and experience on the land to travel in this manner. You need to carry a satellite phone and report your travels so that family know where you are and when you can be expected to arrive at your destination. Based on these realities, there are little to no options for women fleeing a violent situation. The remoteness is a barrier to safety for women. There is nowhere to hide in a remote setting where everything is so visible and it is impossible to meet the needs of victims. One participant said “you are not in the same world here”. The needs of women are largely not met because of the remoteness and the lack of resources in the community.

*They clearly need shelters. They need a safe house. They need not to be alienated in the fact that, if I call for emergency protection order, they have to leave their family and go to [regional centre], so they leave behind their own families, and they've already been victimized by being assaulted (Focus Group Participant)*

#### **Social Isolation**

Furthermore and as evident in the above reports by frontline workers, women are socially isolated by the act of violence that is occurring in their lives. There was another story told by a participant that she referred to as an exemplar of the despair and circumstance of women in remote communities. A woman with many children who was pregnant was seeking help. All of her children were born from a pregnancy that was the



result of rape. Her partner was violent and vicious. This is a known fact. She was living in a house with no power, water, sewer, telephone and with no options for support. Her mother did not support her. She gossiped about her situation. Her partner's family supported him. There was no one in the community who she could trust to be a confidante. She had sought refuge in the shelter in the regional centre several times but she had nowhere to go but back to him. She has no resources. Everyone in the community knows about the violence that she is living but no one will help because they do not want to be an enemy of the bully. Her situation offers no way out. There are many roadblocks to a better life and she lives in social isolation and fearfulness.

*They're isolated. They come back to the community- they have no place to live, they find a place to live with family, situations occur where things happen that they don't like what they see- if they say anything they get kicked out and then they don't have anywhere to go ( Focus Group Participant).*

### **Violence Normalized**

Many factors contribute to the normalization of violence. Although it is obvious to the community that a man is beating his wife, there is an acceptance and a discourse that for women and men this is a personal and private circumstance that must be endured. Since alcohol is present in many homes and heavy drinking is occurring, there is an expectation that there will be violence when self-control is lost. Participants describe that *it is expected and accepted behaviour*.

The severity of the violence only becomes shocking when a murder occurs and then the community shuts down with the horror that death brings. Otherwise, aggressive and physical assaults are talked about as a routine course of action if there is an act against you. For example, one participant told the following story, *this fellow's watching her...and she is telling him off, she says "I am just going to stab him"...it's not really what I would expect to hear, but that's just a common thing. It's how she is going to deal with it* (Focus Group Participant).

What is going on here? Is this resistance from a woman who has suffered with a history of abuse? Is this an adult who has never learned self-regulation of aggressive feelings? Are the violent behaviours the result of a colonial history where healthy parenting has been disrupted? Does this sort of retaliation from stalking keep the perpetrator from harming her? Why does she wear this toughness as a badge?

**Community conflict.** There is conflict both inside families and extended between families in Cisco Hamlet. When there are few options for women experiencing violence and no escape coupled with poverty, overcrowding, and limited opportunities for education and employment, jealousy and fighting is fostered. One participant stated *the women I have been speaking with...have been mistreated so badly and for so long,*

*they're so angry, that poor guy, the next guy who comes along is the next guy who is going to get it all (Focus Group Participant)*

**Gossip as a tool to silence.** Gossip flourishes in the community. There is little privacy so family affairs become public affairs exposed to censorship and judgment by the community. Families have lived in this close proximity for many years so people and events become labelled causing both stigma and marginalization that sticks. Not only does the gossip hurt and cause harm, it silences women. Women are afraid to share their experiences with local frontline workers who they may be related to or to give a statement to the police because there will be retaliation from the community. This inability to trust workers who have been placed in positions to assist women leaves victims of violence with few options. Women are watchful of what goes on in the community and their silence is a control of sorts for self-preservation.

*I've heard from people that they don't trust telling their stories to others in their community because there's no confidentiality because people constantly gossip about each other, and then, and I think what happens is that the information, it becomes a blame the victim scenario and so they don't want to share any more information because, why would they? I mean it's not safe to tell anymore people that so then they keep stuff to themselves (Focus Group Participant).*

**No Resources.** Cisco Hamlet has a handful of basic resources afforded most small communities across the north. There are 2 RCMP and 2 nurses usually present. The RCMP stay in Cisco Hamlet for two years and the nurses are on short-term rotations some as little as a few weeks others for several months. There is a cooperative grocery which is a general supply store where people can get basic supplies. There is a learning centre where adults can take basic education courses and a culture centre for local events. A small Roman Catholic Church sits at the edge of the water. There is an opportunity to work in the diamond mines but although upward to 40 individuals have gone to work in the mines only 5 remain as full time employees (Focus Group Participant). There is a home for the elderly. Local people work for the Band or the government. There are no services for victims of violence. One participant described the local response as individual resourcefulness and secrecy with these words... *I suspect that for safety sake I would have gone to a friend's or to a family member's place to get away, umm, but it[violence] was never spoken, it was never spoken about out loud while I was there (Focus Group Participant).*

## **Alcohol Use**

Alcohol use is described as being always present in intimate partner violence. Cisco Hamlet is designated by the community as a dry community but most people admit that it is 'very wet'. This corresponds to reports of heavy drinkers in the NWT

(Statistics Canada, 2015). Entrepreneurs in the community have made bootlegging a business. Many community members talk about the bootlegging. At the airport, the police routinely confiscate bootlegged alcohol that is flown into the community or remove it from the sleds of snowmobilers who are bringing it in across the trail to the regional centre. This alcohol use lends itself to community scrutiny as some of the leadership within the community attempt to live their lives in sobriety and ask that citizens do as well. The effects of alcohol use are well known but the addictions that accompany heavy use overtake some individuals and even when they try to seek help, there is little help. You must be sober to go to a treatment centre. There currently are no treatment centres.

*When you have prohibition, it is looked at like you are a criminal if you have a drink. You are looked down upon where it is socially acceptable everywhere else. They use the liquor once it gets in and they don't want anyone to steal it. I have seen many people in fights and get punched out because somebody's taken another person's shot. When they get it they drink it up right away as fast as they can because they don't want to be caught with it. Because the community looks down on them because it's a dry community and it is prohibited. (RCMP)*

There are lethal acts of violence against women. When a woman is inebriated and passes out, participants describe that she is raped sometimes by more than one man and with other men watching. These men take no responsibility for their actions. In fact, they allege that it is the woman's fault because she should not have been drinking. There is no demonstrated understanding that violence is a choice and that sexual acts require consent between two people.

Not only does this situation of blacking out after consuming large amounts of alcohol ignite censorship and labelling from the community, there are numerous negative consequences when an unconscious woman is raped. Sexual assault of this nature can result in sexually transmitted infections because of the unprotected sex, unplanned pregnancy with alcohol on board, and damaging effects to personal reputations and self-esteem. With no plans for the pregnancy, women and girls are physically and emotionally unequipped to have a baby. There has been no antenatal care and the results may be a damaged fetus that is born with a degree of disability that will require support.

One participant shared the following story that speaks to the search for solutions to an issue that is multifaceted:

*we (advocacy group) wanted to address the situation of women who are sexually assaulted when they're drinking or when they're passed out ... this was an acceptable part of going out to a party is that you may end up being raped, and*

*the frustration around that was trying to get the message out that that is not ok, that they (women) don't deserve that, that it's not a given that if you go out and drink with someone that you end up being sexually assaulted. And we ended up choosing a different topic actually because it was just such so, such a huge issue that we really couldn't grasp how to even begin to address because we looked at some of the other campaigns. We thought putting the blame on the perpetrator, like signs in the bathroom about not being a rapist or but we thought you know we really have to change the perspective of the survivor to say that, you know, it's not ok, this is not normal behavior, that this is not, they don't deserve this kind of behavior. Anyway, we ended up not going ahead with that even though that's not one of the biggest issues in the Northwest Territories, it is that combination of people who have been traumatized, the addictions that they have, and the violence and sexual violence that goes along with that... I think I mean yeah like, addictions are a huge issue there, um the silencing... I worked there for a year and unfortunately um with good reason, the students especially, I think more so than the parents but teachers and principals come and go on such a regular basis that they are afraid to really make good relationships; that they are afraid to get hurt when the person leaves; and I suspect that if I had been there longer um, that I would have started to get to know more of what was going on in the homes, but I mean, the kids have to protect themselves they can't be telling everybody what's going on, that's one reason in fact I'm pretty sure that I didn't get more information from kids. Um, but yeah, the poverty um housing issues, the remoteness and just the really ineffective service systems, like, well I mean you know that you were coming in once a month and doing some stuff. But how effective is that when you don't, can't, you don't have a real relationship with your clients right? (Victim Service Worker)*

**Alcohol damaging to children.** Alcohol use in the community is part of everyday life. Children witness drinking and drunken brawls on a regular basis within their family lives. Alcohol use by parents renders children raising themselves or being parented by older siblings. As well, it is acknowledged by focus group members that there are a considerable number of children with fetal alcohol syndrome disorder (FASD) in their classrooms and now many adults who suffer with cognitive impairments because of FASD. As one teacher suggested, there are “*years of things happening children are suffering*” (Focus Group Participant).

Children in the community play a game in the school playground that they call “drunk grandpa”. One child will act inebriated and the other children will catch him and knock him down. In another instance, a child brought a mickey of vodka to school that was confiscated by the principal. Parents were outraged that the school had reprimanded

the child and called them to attend a meeting. This unhealthy response is indicative of the needs of parents with family relationship building and parenting direction.

### **Impact on frontline workers**

Frontline workers are frustrated with the circumstance that women face with intimate partner violence that drives them to remain silent and in the violent circumstance because they have no options or choices. The frontline workers cannot do their job or help the way they want to when people are tangled in secrecy or bullied and pressured by family about who did what. Police describe dangerous situations where through observation they can see that a woman has been beat up and the children are upset and crying. When they arrive there is denial that any assault took place by both parties and the couple then treat the police with aggression. They experience a lot of abusive language and sometimes physical combat in the home.

**Service Provider fatigue.** Frontline workers are dealing with trauma that leaves an impact on them. When a violent death occurs, they are the first on the scene to witness carnage and despair. The predictability of the death when there is a history of repeated assaults or incarceration with no rehabilitation leaves a feeling of futility and frustration. As one participant told us, “I was left feeling helpless and hopeless in terms of what some of these women face”(Focus Group Participant). As well the clean-up of the home after a violent death is provided by a mixture of community members and frontline workers. The murder scene leaves a memory imprint. Vicarious trauma results from many sources but on a daily basis there is an experience of hypervigilance as suggested by this participant.

*Every call we go to, I know every house has a rifle on the porch. They are hunters. I know they are there and every call is high risk and it goes through your mind they are drunk and there's a firearm. It's always on my mind. You go to the calls and everyone is running out and you are running in (RCMP).*

**Multiple roles.** Many times, participants spoke about taking on several responsibilities outside of their own role attached to their position to compensate for the lack of services available in the community. There are no victim service workers, so even though referrals are made to the larger centre, follow-up is hindered by an inability to contact a victim who does not have a telephone (a frequent occurrence). There are wellness workers and local counsellors but often they are a relative of the victim or perpetrator. Some women prefer to talk to the new nurse or police officer in town because their personal history is unknown to them and they can listen without prejudice to prior family or community alignments. Taking on multiple roles is another cause of compassion fatigue as frontline workers attempt to help people in a way that is not mandated in their jobs.

*I worked with victim services as a call in volunteer... I remember getting a call um from the RCMP about a woman that was coming in from [place]with five kids...she was being brought to the [name of shelter] and so she was fleeing from her partner and so I went and met with her, I remember it was Easter weekend and I brought some chocolate and stuff for the kids and we were chatting for about two hours at the shelter and her story was one that left me feeling completely helpless and hopeless in terms of what some of these women actually face (VS worker) ...she was worried that she was pregnant as well, and so they lived with no power, no running water, and in a very isolated location and her partner was extremely violent and she had been coming to the shelter since before she even had children... so the reason how I got involved was because on the way to [the shelter] she was very upset because she could only find I think four of her kids, I think the other two she thought maybe the father had and she didn't know what was going to happen to them. Anyway as we talked about her life and so on and so first of all she told me that the reason why she had so many kids was because when he wants to have sex he just rapes her, there was no um consent there and because of the isolation that they face um, you know there was no power, no telephone it was really hard for her to get help and if she tried to her would stop her physically (Focus Group Member).*

**Ineffective systems of supports for women.** It is difficult to attract professional front-line workers to deal with the complexities experienced in the community. In an attempt to provide more consistent services, local people are trained and provided permanent employment, but this does not always work out for women facing violence. One participant spoke about the lone social worker who was ineffective because of family ties to the community, in addition to fighting her own alcohol addictions battle. As well, she described how service providers come in and out of the community monthly or a few times a month, staying for a couple days. She said, *“As the counsellor, [she would] come in every month and so, how effective is it? How can you have a relationship with your clients? And it has been like that for decades”* (Focus Group Participant).

There is lack of trust in the frontline workers who come in since trusting relationships are not created and distrust of local people who work in positions of support because of the interconnection of families in the community. Women do not want to share their stories with a relative of her partner or her own cousin. An RCMP officer said, *“There was no worker. I don't think a community like that can have a worker, a local worker, because there's a trust issue. There's [small number] of families in the community. One's not going to trust one of another family. It doesn't work”*. Another relevant comment about this lack of anonymity or confidentiality was described this way:

### **Suggestions for a Nonviolent Community**

There is a need to enhance resources and create solutions that are present because of the isolation and disparity. One solution for education, awareness and action is information- sharing that can be done over the internet.

### **Community Based Solution**

Cisco Hamlet is a small community but there are already positive practices that we have in place that can be expanded to improve our lives and lead us to non-violence. Every year there is a trek to the falls. On this sacred land where Dene travelled for generations, we are healthy, peaceful and build our relationships with each other. This homeland is a place of healing where we give prayers of thanks to the Creator for all he has provided. We pray for wellness and good health for our people and we seek solace from the pain and grief that is occurring in our lives. It is here that we can open our hearts and minds to the knowledge that is needed to transform our current situations. It is here where we can share information and become more aware of what is happening in our community and work on solutions to create safety for all victims of violence.

As community members, we know what needs to be done and we need to work towards those goals. The land is healing and revitalized our ancestors for generations. The focus group participants shared these comments:

*Solutions need to come from the community; we can't just throw money at it from the outside because it doesn't work; we need to get the community to be acknowledging what is going on and talk about how to make things better; this needs to come from the community but with outside professional support initially (otherwise it becomes the expert fly in/fly out/fly in/fly out) (Focus Group Participant)*

### **Alcohol Treatment**

From the above narrative, women are unconscious victims of violence when they drink alcohol and pass out. Some community people suggest that being raped when this situation occurs is the woman's fault. Education, awareness and support will help girls and women know consent must be received prior to sexual acts. Boys, men, and all community members must respect women by keeping them safe. Children and adults need to learn self-regulation of emotions.

Alcohol is an ever present factor in intimate partner violence. When a community member comes forward and reaches out for help that is the time we need help. Too often, we are advised that we have to be sober for 6 weeks and then we can go for treatment. When we do go for treatment, there is essentially no follow-up and preventative care. This is a chronic problem and we need help all of our lives to deal

with the cravings and dispositions that cause us to reuse alcohol. If we take our treatment to a land-based program with local people helping us at regular intervals, this will foster the kind of healing environment we need. Furthermore, if we have access to on-going counselling we can address some of our personal experiences and triggers that we experience in our everyday lives. We need access to expert and professional people who can hear our stories without the local biases we endure because our relatives are the counsellors and often they are entwined or implicated in our stories. We need to connect with professional practitioners who can help us deal with our situations without bias and with solutions geared to our isolated community living. A support network on-line would be one solution but we need to learn about how to access this system.

**Harm reduction.** We need to address the bootlegging that is going on in our community. People, including young adults under the drinking age, smuggle legally purchased bottles in luggage, Rubbermaid tubs and a most recent account in another NWT community was marijuana in cereal boxes. Sometimes a 40 ounce bottle of whisky can sell for \$200.00. There is no liquor store here. The RCMP are often present at the airport and routinely check boxes but individuals bring the alcohol and drugs in by snow machines and boats as well.

The RCMP suggest some practical solutions that they undertake are to *arrest inebriated individuals and throw them in the drunk tank to sober up before violence erupts in the community*. This action has decreased crime in the community. As well, police officers wonder why lobbying efforts are not made to officials administering the liquor outlets to prohibit the purchase of large quantities of alcohol without authorization.

**Alternative therapies.** When people in Cisco Hamlet visit their sacred place in the bush, there is no drinking. Very simply put, this is related to their relationship and respect for the land. The land has been described as a healing place which suggests the need for land-based programs for rehabilitation. Local attention, monitoring and support are required to make a difference for people in the communities. A participant said that *[camp] is amazing because it is alcohol and drug-free. There is a different energy there and it is a positive intervention*.

**Incorporate local beliefs and values.** Central to Dene beliefs is the role of the Elder as the knowledge keeper, guidance leader and historical referee. People in Cisco Hamlet and other remote communities wish to ensure that a respected Elder is recognized and directly involved in all programming in the communities. Spirituality of local peoples is witnessed by the frontline workers in community feasts, drum-dancing, feeding the fire, and sharing circles. These activities enhance the health of local people. Practical skills for local people that have been identified by frontline workers are parenting and healthy relationship building. These programs as suggested above need



to be conducted with collaboration between outside content experts and inside cultural brokers.

### **Address Children's Trauma**

Frontline workers suggest that trauma programming for children is required for children who are witnessing conflict and abuse especially in the remote communities where there are no resources. The NWT Family Violence Action Plan (2007-2012) identified "enhanced and increased children who witness violence programs." There has been limited to no action on this goal and it remains a required solution.

### **Create Housing Options**

There is not a community in the north that is not affected by the housing crisis. Women fleeing violence must have safety plans and safe homes to flee to. Creating housing options for women is a complex process that involves all level of governments, policy implementation, and planning that addresses core housing needs.

### **Enhance Employability**

There are many job opportunities for community members from Cisco Hamlet but it has been proven that they are hired but not retained in for example, mining jobs. Local people need to be skillful, motivated, responsible and accountable employees. The current context of their lives does not afford them the education opportunities or healthy growth and development required to meet this goal. This reinforces the need for practical skills of parenting, healthy relationships, personal coping skills, and education and awareness about violence and its effects.

## **Conclusion**

This narrative about Cisco Hamlet began purposefully with the voice of the community and reverted, in the challenges and suggestions, to the voice of the frontline workers. Intimate partner violence in this community comes from a place of secrets that only become revealed through homicides, suicides, assaults and events that must be attended by the local police and nurses. The story encompasses many of the same problems and solutions experienced by other isolated communities in the NWT. Remoteness, with its context of limited means and supports, is a real barrier for women and their children who are experiencing violence. With no resources, women's safety is realized through crisis intervention by frontline workers. The solution because of this context lies in the resourcefulness and motivation of local people along with help and support of professionals to provide tools that enhance and enable their personal resilience and targeted services and programs.

## References

NWT Status of Women Council. (2007). *The NWT Family violence action plan (2007-2012)*. Yellowknife, NT: Author