

STATUS OF WOMEN COUNCIL NWT

WE HEAR YOU

A call for caring co-action to improve
services for women experiencing
intimate partner violence

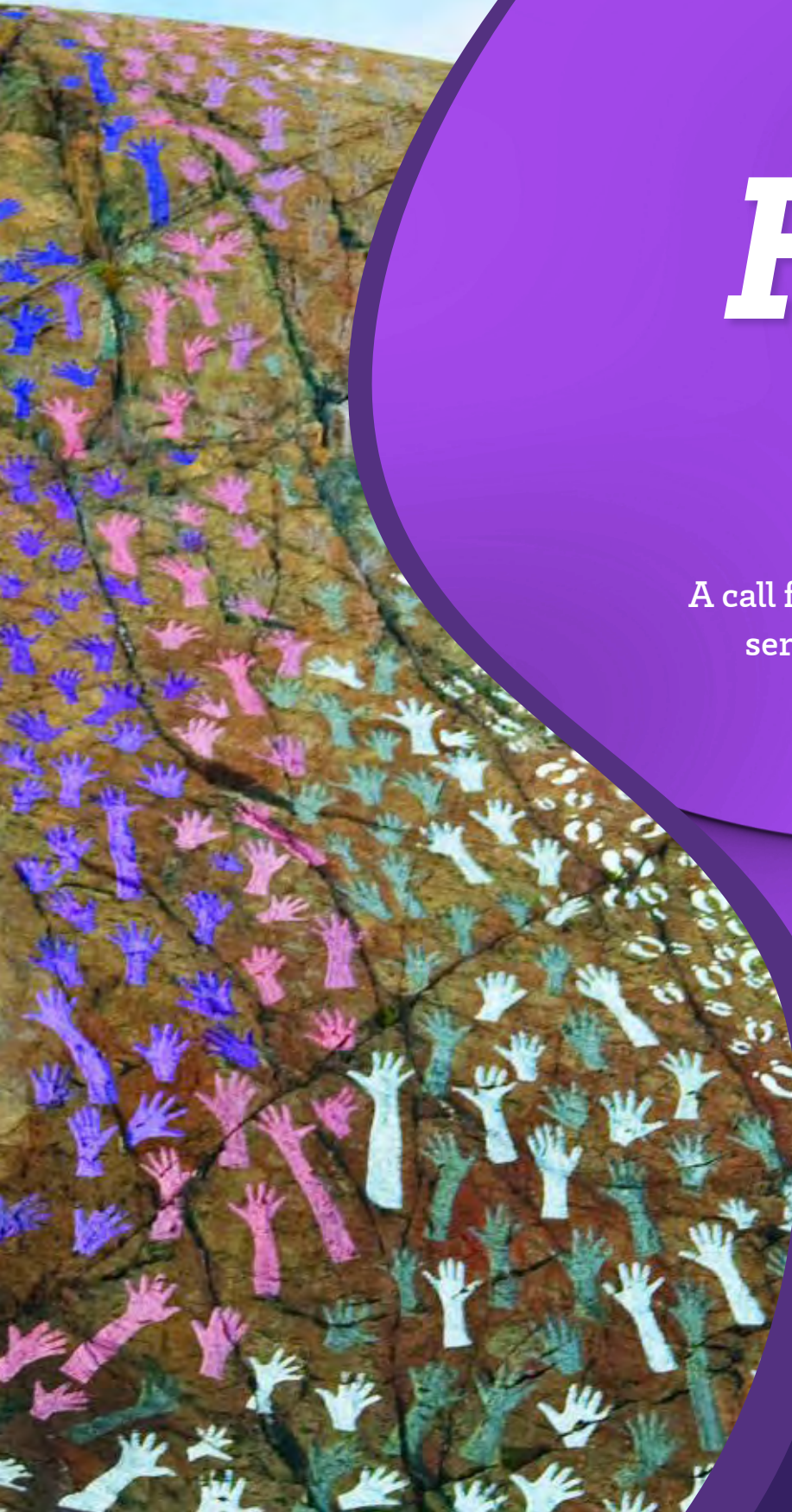


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Women with lived experience sat down with our research team and shared their experiences, insights, and suggestions for change. We are extremely grateful to these women for their courage, strength, and their willingness to share and be part of this research project. We are committed to honouring their truths and working to reduce the stigma associated with intimate partner violence and improving intimate partner violence service provision in the territory.

Many organizations and individuals have supported and provided input into our research project. We would like to extend an additional thank you to NWT women's organizations, supportive Elders, and the social justice community for providing input and guidance. We would also like to thank the NWT Department of Justice, Department of Health and Social Services, and the RCMP for providing relevant information and supporting this research project. Research of this nature truly requires an entire community, or in our case, a territory working together.

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The contents of this report are solely the responsibility of the Status of Women Council of the Northwest Territories and do not necessarily represent the official views of our funders.



Background

IN THE NWT:

- The rate of family violence in the NWT is the second highest in the country; second only to Nunavut.
- The rate of police-reported intimate partner violence is ten (10) times the national average. Of these victims, 81% are female.
- The rate of police-reported family violence against child and youth victims is four and a half (4.5) times the national average. Of these children and youth, 69% are female.
- The rate of police-reported family violence against seniors is more than twenty-two (22) times the national average.

Source: Conroy, S., Burczycka, M. and Savage, L. (2019). *Family violence in Canada: A Statistical Profile, 2018*. Ottawa: Statistics Canada.

Statistics indicate that there were five hundred and fifty-one (551) admissions to the five (5) emergency women's shelters in the NWT in the 2018 – 2019 fiscal year. Women represented three hundred and thirty-eight (338) of these admissions and two hundred and

thirteen (213) were children. These numbers represent the totals for emergency shelter use and are not unique numbers. Statistics for shelter use outside of the NWT are not available. However, it is known that some women travel south to emergency shelters.

Source: Mental Health and Addictions Division, Department of Health and Social Services, GNWT

The Research Project

The purpose of the research project was to provide an opportunity for women who had experienced intimate partner violence to speak to;

- the barriers or reasons why women living with intimate partner violence are not using the services available to them,
- women's experience when trying to access these services,
- suggestions for improvement to these services, and
- input into increasing awareness and understanding within the service provider community and within the general public.

The project gave a voice to women who historically have been voiceless in the development and delivery of services designed for those experiencing intimate partner violence. Their opinions and lived experiences are important to consider when looking at changing or adding services within a community.

Due to the sensitive nature of the project, the research team committed to ensuring the anonymity and safety of the women who participated. Community acceptance of the research project was through a thorough consultative process.

A Community of Practice Advisory Group was established to provide guidance and feedback on the research approach and to receive the findings.

Women with lived experience of intimate partner violence need to be heard.



Research Questions

Conversations took place with women with lived experience to identify the following:

- ways that women keep themselves and their children safe at home
- the supports and services that women have used and their reasons for not using if applicable
- suggestions for additional supports and services that the women would find useful
- changes to existing services that women felt could help women in a violent situation
- ways women had received information about IPV and options for help/support
- safe and effective ways women thought the above information could be shared with other women

The ways women keep themselves and their children safe at home.

This theme was intended to identify the things that a woman already does to keep herself safe and how or ways these strategies could be enhanced, supported by a service or developed as a service for women in the same situation.

The existing supports and services available to women in their home community.

This was intended to identify women's knowledge of the existing services available. It would also identify situations/communities where there are few, if no, services available. Existing services that

require more promotion and outreach could also be identified. This theme was also intended to identify barriers that women faced in using existing services.

The additional supports and services women wish they had in their community to keep themselves and their children safe.

The goal was to identify safe places, supports, and services in the community that a woman felt she could access to keep herself and her children safe.

Suggested changes to the supports and services that would help women in a violent situation.

Women were asked to identify what supports and services women felt could be changed or developed based on the women's own experiences within the system.

Effective and safe ways of receiving and sharing information about where to get help.

This theme was intended to identify which methods of communication and outreach have been effective in sharing information with women and which haven't. It was also intended to identify what women felt were the most safe, effective methods of communication, promotion, and outreach.

CHALLENGES

The nature of the project included some inherent challenges.

Connecting with potential participants

The research team worked directly with shelter staff to reach women experiencing intimate partner violence.

Relying on frontline workers to promote the project

The research team met with frontline workers to educate them

on the project intent and to gain their support in advance.

Difficult to talk to women who have recently experienced intimate partner violence

The research team set up and maintained emotional boundaries and encouraged self-care throughout the project.

Building trust

The process of anonymity helped participants place trust in the research team. In addition, face-to-face interviews helped participants feel safe that their words would be recorded as expressed. No promises were made that were outside the authority of the researchers.

ADDITIONAL CHALLENGES

Many of the women interviewed had not had time to reflect on their experience and next steps before participating in the research project, as they had recently fled violence. Some may have been hesitant to speak about any current challenges in case it affected their living situation.

These realities impacted the suggestions for changes to the system and as such, further studies with women who have experienced intimate partner violence in the past, but are not in the midst of it or recently escaped from it would be helpful.

This research is meant to share the women's own truths which will have been shaped by their need's status. The research design acknowledges this inherent bias. For example the truths of those participants low on Maslow's Hierarchy of Needs (focused primarily on immediate

physical and/or safety needs), may have been dictated by their need's status.

Further studies with women who have experienced intimate partner violence in the past, but are not in the midst of it or recently escaped from it, would be helpful.





Research Findings

These findings are based on the lived experiences of the participants and reflect their thoughts, feelings and own truths. These findings did not make any attempt to interpret or reflect on the intent of the comments shared but rather present the information gained.

WAYS THAT WOMEN KEEP THEMSELVES AND THEIR CHILDREN SAFE AT HOME

Women do many things to try to keep themselves safe at home as well as things that give them a feeling of protection.

Some women reported that they had informal plans and strategies on how to stay safe and that these helped.

"My family checks on me if I don't call them for a few days"

"I always kept a bag packed and ready to go if he was drinking."

Women often identified threatening their partner with the RCMP as a means of preventing or mitigating violence.

"I had my phone in my hand and pretended I had the cops on the line."

While no one indicated that they had a formal safety plan, women reported that they did have actions they would put in to place when needed that would commonly be found in a personal safety plan.

"I hid from him. I knew if he even saw me it would be a trigger, or if he didn't get his way."

Another woman reported that during the violence she would give her partner a reason why she needed to stay alive, in this case, reminding him that she was raising his children.

The women did what they thought they needed to do to reduce or avoid violence and to keep their children and themselves safe.

THE SUPPORTS AND SERVICES THAT WOMEN HAVE USED AND THEIR REASONS FOR NOT USING IF APPLICABLE.

Women expressed shame, fear, and feeling trapped and unsure how to build a new life as personal barriers to leaving their abusers.

Women identified seeking help from family and friends, the RCMP, Victim Services, Shelters, Elders, and Counselling Services. At the same time, they identified numerous reasons for not accessing or being reluctant to access these services which are as follows:

- Uncertainty as to whom to turn to for help
- Concerns that they would be blamed for the violence and that reporting it might result in an escalation of violence
- A fear that they would lose custody of their children
- Concerns around the location of services and a belief that their privacy and confidentiality would not be maintained

Many women said that leaving a violent situation, knowing whom to turn to and how to navigate the system, was overwhelming.

"When you're going through this, it's amazing how much you're on your own. Instead of being told shortcuts of how to get somewhere, or who to talk to, you have to figure it out all on your own ... you're not eating, you're not sleeping, you're scared, you're a mess and you have to do everything yourself. I was just in sheer survival mode."

Woman shared varied levels of response and support from family,

friends, and their community. Some women said they hid the violence because they were ashamed. A few women indicated that they felt pressure from their community to remain silent about the violence while others felt they were blamed or judged for it.

"Women keep silent about violence and they often hide their injuries, even from their closest friends and family. They feel they are expected to; there are consequences for speaking out."

"...sometimes you feel embarrassed to tell a friend ... women feel that everyone is judging them."

Some women talked about not having support from their parents and therefore going to their home when fleeing violence was not an option. Some women told us that they did not have family support but wished they did.

Everyone in my husband's family ... kept convincing me to let it go, just let it go, that it was a family matter."

"I have family here, but they won't help me. I wish they were there for me..."

Some of the women indicated that they had strong support from family. One (1) woman knew that she could go to her parents for safety and that she could stay with them as long as she needed. The majority of the women said that

they were reluctant to report intimate partner violence or seek help from service providers because they feared that if the violence in their home was discovered and reported to the authorities, their children would be apprehended by Child Protection workers/Social Services.

"When you take a woman's children away, you take away her reason for keeping herself together."

Privacy and confidentiality concerns were a barrier, but ultimately did not prevent most women from accessing counselling services when and where available.

Women shared their thoughts on counselling and privacy although viewpoints differed on this depending on the community and the woman, and the location of the services.

Some women "... liked having the counselling at the hospital because you could be going there for lots of reasons and people don't have to know you're talking to someone. It's more confidential."

While others felt that ... "It's a big issue that counselling is only available at the hospital and everyone knows why you're there. There's no privacy. Some women are ashamed to be seen there. It should be in a more private location."



“My community needs a shelter.”

SUGGESTIONS FOR ADDITIONAL SUPPORTS AND SERVICES THAT THE WOMEN WOULD FIND USEFUL

All participants want emergency shelters or safe homes to be available in all communities.

“Every remote community needs some kind of emergency safe home or a shelter, where women don’t have to make decisions to leave right then, they can just breathe. When you’re going through abuse like that, it’s difficult to think when I’m going to do a week from now or two weeks from now. You need time to sit down and talk to your parents, your siblings, and your friends. It’s hard; sometimes he’s kept you away from the for a long time.”

“My community needs a shelter.”

Most women reported that the lack of affordable housing and availability of public housing units are important factors they think about when wanting to leave the home. Women many times expressed a wish for safe second stage housing- safe, affordable, longer term housing for women who did not want to return to the family home with their children after seeking safety at a shelter or with family and friends. They would like to see access to services provided at second stage housing so that they could continue services such as counselling in a safe place.

“We need second stage housing. The 6 weeks stay in the shelter can be extended if a woman is waiting for

housing. Not all women will qualify for housing immediately and may not have any choice but to return to their abuser.”

Women did not necessarily have their own means of transportation and were not always aware of safe means of transportation to get them to a shelter, a safe place, or another community. A few women indicated that they were concerned about using taxis and that taxi drivers talk.

“When ladies take cabs to and from shelters, it’s not confidential. The cabdrivers talk, and sometimes they tell the abusive partners about giving the women rides.” Women shared that they did not

always have access to a phone. In some cases, the abusive partner would take the phone from the woman as the situation escalated. In other cases, the woman simply did not have her own phone, or it wasn't safe to phone from home and possibly be overheard. One woman told us that she "has an Elder friend and goes to use her phone."

Women said they want a system where they can have access to affordable, independent housing when leaving a violent situation. Most women reported that the lack of affordable housing and availability of housing units results in long wait lists for housing and that this is an important factor for women who are experiencing intimate partner violence and want to leave the home or not return home.

"Women may have nowhere to go, but back to the relationship when they come back from a shelter."

All the women shared their concerns about the children who have seen or experienced violence at home. The women would like to see more help available for the children.

"What I regret is having my kids witnessed it. My kids saw all of that."

Women expressed concerns about the impact of witnessing violence on their children. They want would like to see more specialized help for their

children and youth who are or have experienced and witnessed violence at home.

"Sometimes children keep everything inside and all of a sudden it's like an explosion and they don't know how to deal with it or manage it."

"Someone to talk to kids after they experienced trauma or witnessed violence, because they remember it. Someone who could relate to what they're going through and to help them overcome or deal with it."

Women want counsellors who have specialized intimate partner violence training.

Women also shared their concern for youth and that youth need a safe place to seek help and a safe place to stay when fleeing violence in the home.

"Kids need a safe place to go and someone to tell if they're being abused"

"We need a youth centre for teens where they could stay at night too. Because the kids are abused too sometimes, and they need a place to go."

Until full-service family violence counselling programs are available in the NWT, women said they would like to be able to attend family violence counselling programs outside the NWT. A few women had attended those family violence counselling programs and found them to be helpful. Others expressed their interest in attending, but said they experienced challenges in getting information about the programs and support and approval to attend.

When leaving a violent situation and considering options for the future, women said that they need support to explore the options open to them. They said they need to access services and go to appointments, participate in activities to become healthier, and may need to take training or other education towards employment to earn the income required to be self-sufficient. One support identified by many of the women is childcare. Women need to know that their children are in a reliable and safe situation that supports the healthy development of children.



CHANGES TO EXISTING SERVICES THAT WOMEN FELT COULD HELP WOMEN IN A VIOLENT SITUATION

Women want direct and immediate in-person access to victim services when they are in crisis.

Women stated that access to specialized and stable counselling services should be provided and that the current waiting lists are a barrier to healing.

Women want relevant service providers to be knowledgeable about intimate partner violence and relevant approaches and practices.

All the women want family violence shelters or safe homes to be available to all women and children escaping intimate partner violence, regardless of whether the violence is physical or another type of abuse. Some were concerned that mothers

with sons who were 15 years of age and over, were turned away from shelters.

All the women who have experienced violence said they needed immediate help, ideally in person. They want to be able to access victim services when they need it, not when it is available. Victim Services is not located in all communities, is not available 24/7, and as such, there may be delays in their response and it may not be provided in person.

"I tried calling Victim Services a bunch of times, but nobody would ever answer."

Some women expressed frustration with waiting lists for counsellors and staff turn-over. Many women

wanted counsellors to have specialized training in intimate partner violence and related approaches.

"When you always have new counsellors coming into the community, it's hard to trust."

"They should have a few counsellors who know about intimate partner violence. When you're living in a situation where you're living in fear, it's a little different than trying to get over arachnophobia. It's a different kind of counselling."

Women often identified a lack of intimate partner violence understanding when talking about their experiences with relevant services providers. They identified that intimate partner violence training and related approaches would improve their experience in and with the system as they want to be treated with respect, kindness, and compassion not indifference, judgement, and blame. They also identified cultural training, specific to their communities, as important to improving their experience with relevant service providers.

WOMEN IDENTIFIED WAYS THEY HAD RECEIVED INFORMATION AND WAYS TO SHARE INFORMATION THEY BELIEVED WOULD BE SAFE AND EFFECTIVE

Women had received intimate partner violence information from friends and family and then from service providers once they had reached out for help. Women said they need to receive information in a safe way, not in a public space and not as a take home brochure.

"When the abuse is extreme, you're not allowed to go to certain places, you're not allowed to visit for more than an hour, they have to know where you're going and what you're going to do."

Many women said it is not safe to stop and read an intimate partner violence poster at the grocery store or rec centre and the abuser may prohibit the woman from attending events or going to public places on her own. It is not safe to pick up a brochure at a health fair and take it home where the abuser may discover it and become violent. Women suggested many discreet ways to share information about intimate partner violence and relevant services. These included social media, bingo ticker tape, radio advertising, community news, buy & sell, and classified ads. They also suggested brief, but informative posters on the back of the stalls in public bathrooms.

Women identified many different types of women-only groups that they felt would provide support and a safe place to share information. These groups included sewing, cooking, and church groups and sharing circles. Attending these groups would be easy to conceal

from an abuser as they are typical activities for many women. Some women also expressed an interest in intimate partner violence support groups.

Some women also stated that children and youth should be educated about intimate partner violence and healthy behaviors in the school system.

"A lot of the violence is behind closed doors, and no one even knows. And the bruises are so often on the arms or other places where people can't see. Some women and kids are so battered that they just think it's normal."

A few women told us that they would like all children and youth to learn the risk factors for, and signs of family violence and abuse, and about where and how to access help.

"We need to reach young girls and women, so they don't fall into an abuse pattern".

Other ideas shared included "healthy relationships and mental health courses for all young people."

ADDITIONAL FINDINGS OF NOTE

Nearly all the women indicated that the physical violence they experienced at the hands of their partners was but one part of a whole set of coercive behaviours used by their partners to control them.

Most women felt that abusive partners often enlisted others, knowingly or unknowingly, to help them exert power and control over their partners.

Physical violence is but one part of a whole set of coercive behaviors used by their partners to control them.

Drugs and alcohol were identified as making the women's situation worse.

Women want to be protected from violence in their homes.

There was an evident general feeling from the participants that the criminal justice continuum is focused on the law, not the victim.

COMMON THEMES IN RESEARCH FINDINGS

Common themes emerged from the conversations with women as follows:

- The need for greater awareness, understanding, and support for women experiencing intimate partner violence – across all relevant services, governments, friends, families, and communities. This would extend to everyone offering victim support and understanding rather than blaming the victim.
- The need for accurate information regarding intimate partner violence and relevant services to be safely available to women experiencing intimate partner violence From relevant services providers; and In the communities and across the territory.
- The need for safety planning to help women escape violent situations; safe phones, safe transportation, and safe homes/shelters was stressed by the women interviewed
- Confidentiality concerns (in some cases this included concerns around the colocation of services).
- The need for services to be examined for effectiveness from the point of view of the user not just the system.

The following themes were also identifiable, but not with the same frequency as above:

- A system navigator and/ or legal advocate would be helpful as the system is overwhelming, complex, or not victim focused.
- Women were concerned that they would lose their children as the children had been exposed to violence in the home; the women then feel twice victimized.



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RESEARCH CONCLUSIONS

This project points to the need for a greater understanding of the following in programs and services for women who have experienced intimate partner violence.

1. Intimate partner violence is a public health issue.

The women who spoke to us about their experiences described many risk factors for intimate partner violence that are linked to the determinants of health and social determinants of health.

Determinants of health are the broad range of interrelated personal, social, economic and environmental factors that determine individual and population health. They include:

- income and social status
- education and literacy
- physical environments
- healthy behaviors
- access to health services
- culture
- gender
- race/racism
- social supports and coping skills
- biology and genetic endowment
- employment and working conditions
- childhood experiences

"Social determinants of health refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians."

Reference: *Government of Canada. (2019). Social determinants of health and health inequalities.*

Public health is the organized efforts of society to keep people healthy and prevent injury, illness and premature death and covers a combination of programs, services, and policies that protect and promote the health of all Canadians. As a preventable, complex public health issue that causes a range of short-term and long-term physical, mental, and developmental health problems up to and including death, part of the solution to reducing levels of intimate partner violence is to consider a public health approach which starts with involvement and commitment across all levels of government.

Reference: *Government of Canada. (2008). The Chief Public Health Officer's report on the state of public health in Canada 2008 – What is public health?*

Part of the solution is to consider a public health approach.





2. Women experiencing intimate partner violence need understanding and support from their families and friends, their community, and the system.

Abuse against women is normalized and people do not understand what a woman experiencing intimate partner violence is going through.

Abusers often convince people that the women they abuse deserve punishment and abuse because they are not sufficiently obedient, or they did not act like 'proper' women.

People don't understand that intimate partner violence includes a spectrum of behaviours that includes physical, sexual, and emotional abuse as well as controlling behaviors.

When intimate controlling conditions are ongoing, victims are oppressed on a daily basis, and these conditions provide critical context for physical violence. The episodes of physical violence were often described as a consequence to a woman's resistance to other forms of control, efforts to assert herself, or

if she tried to leave.

There is no single factor that can explain or predict why intimate partner violence happens, to whom it will happen, or when

Women may have nowhere to go, but back to the relationship when they come back from a shelter.

it will happen. What leads to intimate partner violence is a mix of individual, family, social, community, and societal factors. Accordingly, everyone has a role to play in stopping intimate partner violence. Changing beliefs and attitudes; building safe and supportive communities;

supporting youth, healthy families, and relationships; and targeting populations at risk are all ways to work towards preventing family violence.

Women experiencing intimate partner violence are not helped by criticism and blame. They are helped by compassion and support. Women who are being abused need their families, friends, neighbours, community, and leaders to be informed about intimate partner violence so that they experience meaningful support and help. They need allies.

Women often feel an overall lack of understanding and safety when accessing services. Women accessing intimate partner violence services need service providers who understand intimate partner violence, are knowledgeable about available relevant services, and who treat them with kindness and respect.

When confidentiality is broken or a woman feels judged or disrespected, she is afraid to confide in the people who are there to help her; whether it be service providers, family, or friends. All service providers who serve women experiencing violence must strive to create a safe environment and ensure safety for their client by protecting confidentiality and privacy, providing a non-judgmental approach, and culturally appropriate services where women FEEL safe and ARE safe.

The meaningful involvement of women who have experienced intimate partner violence,

other women, men, Elders, relevant agencies, and all levels of government is necessary to reduce the stigma associated with intimate partner violence and to improve the relevant services. The Promising Practices Inventory developed by the Alberta Council of Women's Shelters identifies a list of practices to help keep women and children safe which may be helpful to guide this conversation in the NWT. These promising practices are women-centred, trauma- and violence- informed, inclusive, safety focused, child focused, and utilize a gendered lens and an Indigenous lens. The inventory of promising practices is organized around the following

seven (7) themes: cross-sectoral collaboration; systemic risk assessment, safety planning and screening; intersectional practices; accessible and responsive legal and justice systems; wrap-around, supportive responses for women; protection and support for children exposed to domestic violence; and a focus on prevention and awareness.

Reference: *Alberta Council of Women's Shelters (2016). Safety from domestic violence: Using evidence-based practices to keep women safe.*

3. Women Need Help To Be Safe.

"The stark fact is that the rate of police-reported family violence in the NWT is the second highest in the country, second only to Nunavut. Police-reported intimate partner violence increased by 12% from 2017 to 2018 in the NWT with associated rates being ten (10) times higher than the national average. Women represent 81% of the victims of intimate partner violence in the NWT. Children and youth are also at a higher risk of experiencing family violence in the NWT than their southern counterparts. The rate of police-reported family violence against children and youth in the NWT increased by 21% from 2017 to 2018. Females represent 69% of the victims of family violence against

children and youth in the NWT. Women need to know how to make and use a personal safety plan."

Reference: *Conroy, S., Burczycka, M. and Savage, L. (2019). Family violence in Canada: A Statistical Profile, 2018. Ottawa: Statistics Canada.*

Safety plans can help a woman and her children feel some protection at home. They can also help a woman and her children quickly leave a volatile situation in their home, even if temporarily. Safety plans can empower a woman and have her feeling that she has some control

and is protecting herself and her children.

Women need to have access to safe phones and safe transportation, so they can reach out for help and escape violent situations.

Women need access to shelters or safe houses in their community, so that they can leave abusive or violent situations and know that shelter will be available and provided.

Women also need to be able to access affordable housing when they are ready to leave the safe house or shelter.



4. The mental health and wellness of women experiencing intimate partner violence must be addressed immediately and over the long-term.

Intimate partner violence is psychologically devastating, and women expressed frustration with accessing appropriate and/or specialized mental health services in a timely manner. Victim Services or counsellors are not typically part of the immediate team helping a woman experiencing intimate partner violence.

Victim Services is not located in each community and it is not a 24/7 service. Victim services may not be provided in-person.

Women identified frustration with waiting lists to see counsellors and a desire to access specialized and culturally appropriate services (appropriate to Indigenous and non-Indigenous women). Counsellors are not located in every community.

Women who have experienced intimate partner violence may require long-term wrap-around services to support their healing and ability to lead productive and full lives. These services should be women-centered, holistic, and trauma - and violence-informed.

5. Children are hurt in many ways by intimate partner violence and need help too.

According to the Annual Report of the Director of Child and Family Services (2018 – 2019), GNWT, police accounted for thirty-two percent (32%) of reports of suspected child maltreatment, followed by community (18%), and a relative (17%). Reports from relatives, custodial parents, non-custodial parents, and children accounted for 29% of all reports received. Exposure to intimate partner violence accounted for twenty-nine percent (29%) of suspected child maltreatment reports, and physical and emotional abuse accounted for an additional thirteen percent (13%).

Children are removed from the custody of a non-abusing parent if NWT Child and Family Services determines that the parent is unable or unwilling to adequately protect her child or children from

witnessing violence. Women identified the fear of losing their children as a factor in daily decision-making, whether they would leave a violent situation, whom they would turn to for help, and if they felt they could leave at all.

Children can be exposed to the abuse of their mothers in many ways - seeing their mother assaulted and demeaned, hearing loud conflict and violence or seeing the aftermath. Violence has a profound impact on the lives of children. If a child lives with abuse or is exposed to violence in the home, the effects on health can last a lifetime and manifest itself as anxiety, behavioural problems, failure at school, and problems with friendships and relationships. A child who has been exposed to intimate partner violence or experienced violence in the

home has an increased likelihood of experiencing or perpetuating abuse over the course of their lifetime. Accordingly, children exposed to intimate partner violence need access to specialized counselling/ mental health services to break the cycle of violence.

The effects on a child of being exposed to violence can last a lifetime.



Our recommendations for caring collaboration in actioning outcomes

The Status of Women Council of the Northwest Territories recognizes that no single entity, group, or individual can alone improve the services available to women experiencing intimate partner violence nor reduce the stigma.

There are many service providers involved across the intimate partner violence service continuum including:

- Health care workers, counsellors, social workers, and mental health workers
- RCMP, victim services, shelters, and other women's organizations
- Housing and income support

We know that caring collaboration cannot merely be a tagline or a dream; instead, it must become the reality in the Northwest Territories. To make this a reality, here are twenty-one (21) recommendations for everyone to consider.

RECOMMENDATION 1:

Encourage government leaders and policy-makers in the Northwest Territories to identify intimate partner violence as a public health issue and adopt a public health approach to address, reduce, and prevent intimate partner violence in the territory.

RECOMMENDATION 2:

Encourage government leaders and policy-makers, in collaboration with relevant partners and stakeholders, including the women's organizations, to develop and implement a family violence strategy and action plan for the Northwest Territories.

RECOMMENDATION 3:

Encourage the Government of the Northwest Territories to establish a multi-sectoral working group, consisting of relevant service providers, women's organizations, government and community representatives and decision-makers, and Elders, to review practices and models from other jurisdictions that could be adopted and adapted to the Northwest Territories to reduce the stigma and improve intimate partner violence services.

RECOMMENDATION 4:

Encourage the service providers who are involved across the intimate partner violence service continuum to adopt a collaborative, long-term, holistic approach to the provision of services to women experiencing intimate partner violence and their children.

RECOMMENDATION 5:

Encourage relevant stakeholders, partners, women's organizations, and governments to adopt a collaborative, inter-agency approach to ensure that women experiencing intimate partner violence have timely access to safety resources. These resources should include safe phones, safe transportation, and safe homes or family violence shelters in all communities in the territory. These efforts should also ensure that women and their male children aged fifteen (15) or older have access to safe shelter when leaving a violent home.

RECOMMENDATION 6:

Encourage governments to increase the availability of second stage housing, public housing, and affordable housing so that women and their children are not forced to return to their abuser out of the necessity for shelter.

RECOMMENDATION 7:

Encourage relevant service providers and women's organizations to collaborate to improve the accuracy, timeliness, as well as the safe and discrete accessibility of safety planning information. This information should include, but should not be limited to, information that helps to improve the safety of women and their children in their home, when they are planning to leave their home, and once they have left their home. Consideration should also be given to piloting a Circles of Safety and Support approach to safety planning for women who are at a high risk of intimate partner violence.

RECOMMENDATION 8:

Encourage stakeholders and partner organizations to work together to provide consistent and coordinated intimate partner violence training and trauma- and violence-informed training to service providers. Consistent and coordinated training supports a comprehensive and similar understanding of intimate partner violence and the consistent and informed use of trauma- and violence-informed approaches when interacting with women and their children experiencing intimate partner violence. This training should impress upon the service providers the need to maintain the privacy and confidentiality of the women they are helping, and support providing services in a non-judgmental manner. This training must be complemented by community-based cultural safety and cultural competency training to reflect the diverse cultures, cultural practices, and norms of those living in the Northwest Territories.

RECOMMENDATION 9:

Pilot collaborative, inter-agency response teams to intimate partner violence and to intimate partner violence involving children in the territory's larger

centres. The proposed inter-agency response teams could involve RCMP and Victim Services responding jointly to intimate partner violence or RCMP, Social Services, and Victim Services responding jointly to intimate partner violence involving children. Alternatively, consideration should be given as to whether a Specialized Response Unit to domestic violence, sexual violence, and child welfare might be a better fit with the resources and needs of the Northwest Territories. The Yukon RCMP has effectively used this type of mobile response unit since 2013 and it continues to operate with four (4) plain-clothed police officers who have received specialized training.

RECOMMENDATION 10:

Provide specialized services to women who have experienced intimate partner violence; services that are women-centred, trauma- and violence-informed, and holistic. These services should include access to specialized counsellors/mental health professionals. Consideration should also be given to incorporating navigational and advocacy services to negotiate the various government systems including justice, securing housing, income support, education and training, as well as access to childcare to support these efforts. Women may also require long-term, wrap-around services and support to aid their healing and ability to lead full and productive lives.

RECOMMENDATION 11:

Mitigate the effects of exposure to intimate partner violence and/or experiencing family violence on children and youth, and help children and youth heal, to lead full and productive lives, and to end the cycle of violence by:

- Identifying, implementing, and evaluating early intervention activities to prevent and/or mitigate trauma to children and youth.
- Providing specialized, trauma- and violence-informed counselling/mental health services to children and youth to support healing and breaking the cycle of violence.

RECOMMENDATION 12:

Ensure families who have experienced family violence have access to specialized family counselling/mental health services so that they can heal as a family unit.

RECOMMENDATION 13:

Encourage the Government of the Northwest Territories to establish an independent, non-partisan Child and Youth Advocate Office to support and protect our young people, to ensure their voices are heard, and to promote the rights of our young people especially in relation to government programs, services, and legislation.

RECOMMENDATION 14:

Enhance intimate partner violence awareness, education, and prevention efforts across the territory to be undertaken at the local and territorial level by community partners, service providers, and government entities. These efforts should include, but are not limited to:

- Awareness and education activities to address victim blaming, shaming, and to counter the normalization of intimate partner violence.
- Engaging with the general public, including men and boys, and decision-makers to create greater awareness and understanding of intimate partner violence, its causes, and the solutions as a means of creating individual and social change to reduce violence and create equality.
- Providing healthy relationship, conflict resolution, and violence awareness and prevention education to children and youth within the education system and through other community-determined means to empower them to live violence free and healthy lifestyles and in doing so, to break the cycle of violence.

RECOMMENDATION 15:

Encourage the following activities to mitigate the fear of losing one's child or children as a barrier to leaving a violent relationship:

- The development and implementation of pre-charging police interventions.

- The development and implementation of primary aggressor policies to help police identify the primary offender.
- Factoring which parent is the primary offender and the actual intimate partner violence into child custody and visitation decisions.

RECOMMENDATION 16:

Conduct further research to identify what the justice system can do to provide supports and services to woman who have experienced intimate partner violence with the intent of meeting their needs and to balance the supports and services offered to the offender.

RECOMMENDATION 17:

Conduct further research and related efforts focused on improving the coordination of the criminal, family, and child protection systems.

RECOMMENDATION 18:

Conduct further research to evaluate the effects of the current justice system on the victim* and the efficacy of the justice system from the perspective of the victim. (*Please note that the use of the term victim is used here to reflect the terminology of our laws and the justice system.)

RECOMMENDATION 19:

Conduct further research conducted with women who have experienced intimate partner violence and the justice system continuum to identify the specific gaps in the continuum, to determine how to address these gaps and improve services and how best to factor in relationships dynamics and coercive control in separation, divorce, and custody proceedings.

We recommend that a gender lens, a trauma- and violence-informed lens, and an Indigenous lens are incorporated into all research efforts, and especially those identified in Recommendations 16, 17, 18, and 19.

RECOMMENDATION 20:

Encourage a collective effort to build the body of knowledge regarding intimate partner violence in the Northwest Territories through data collection and dissemination and further research through the following activities:

- Data collection and dissemination of relevant statistics to an agreed to group of government and non-government entities, including women’s organizations, to increase awareness and understanding, to improve relevant programs, services, and strategies, and to engage decision-makers.
- Conduct further research in the Northwest Territories with women who have experienced intimate partner violence, but at the five (5) year or ten (10) year mark from when they escaped their violent situation. Such research could provide valuable information about the gaps and challenges along the service continuum as it relates to helping women lead whole and independent lives and identify necessary changes to legislation, policies, and procedures.

RECOMMENDATION 21:

Collectively explore, develop, and continue to offer opportunities, support, and activities that promote the social, political, and economic empowerment of women and girls – to address root causes and prevent violence in the Northwest Territories.

We must collectively promote the social, political and economic empowerment of women and girls to address the root causes of and prevent intimate partner violence in the Northwest Territories.



Children who witness violence between parents may also be at risk of being violent in future relationships or being victims of violence.

Glossary

CHILD EXPOSURE TO DOMESTIC VIOLENCE

“Research has indicated that exposure to domestic violence can suppress a child’s IQ, lead to premature aging, and influence the functioning of the brain’s emotional systems in ways that can increase vulnerability to psychopathology.

Research also showed that exposure to family violence (i.e., domestic violence and child maltreatment) was associated with heightened neural activity in children’s brains similar to that of soldiers exposed to violent combat situations.”

COERCIVE CONTROL

Coercive control occurs when one partner in a relationship uses coercive control and power over the other partner using threats, intimidation, and isolation. It relies on severe psychological abuse for controlling purposes, when physical abuse occurs it too is severe. In such cases one partner controls virtually every aspect of the victim’s life.

CULTURAL SAFETY

Cultural safety is a means for people to feel free of racism and discrimination based on their culture. They are supported to draw strengths from their identity, culture and community.

FAMILY VIOLENCE SHELTERS

Family Violence Shelters are 24/7 emergency shelters for women and their children who are victims of family violence. These shelters provide basic emergency and crisis services. They provide a high security environment. The maximum length of stay is six (6) weeks, although shelters in the NWT have discretion to extend the length of stay.

INTIMATE PARTNER VIOLENCE

Intimate partner violence is domestic violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner. It can take a number of forms including physical, verbal, emotional, economic and sexual abuse and controlling behaviors. Couples may be dating, cohabiting, or married, and violence can occur in or outside the home.

MASLOW'S HIERARCHY OF NEEDS

Maslow categorized basic human needs in a pyramid starting with physiological at the bottom, then safety needs, social needs, esteem needs, with self-actualization at the top of the pyramid. These needs motivate human behaviour and higher-order needs can only be fulfilled after lower-order needs have been met.

SAFETY PLAN

A safety plan as a plan on how to escape in a crisis and get to a safe place. In addition to physical safety planning, plans may also address the emotional, mental and spiritual aspects of being and keeping safe.

SECOND STAGE HOUSING

Second stage housing are housing units designed to provide women and children with a safe, stable living environment when they decide to leave an emergency shelter but not return to the family home. Lynn's Place in Yellowknife is the only second stage housing option in the NWT.

TRAUMA – AND VIOLENCE – INFORMED APPROACHES

Trauma- and violence-informed (TVI) approaches "(expand) the concept of trauma-informed care to emphasize the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life. This shift acknowledges both historical and ongoing interpersonal violence and their traumatic impacts and helps to emphasize a person's experiences of past and current violence so that problems are not seen as residing only in their psychological state but also in social circumstances. The specification of violence in TVI approaches therefore draws direct attention to the broader structural and social conditions, as well as forms of ongoing and/or "institutional violence," and the need for service providers to conduct their work in full recognition of these contexts.

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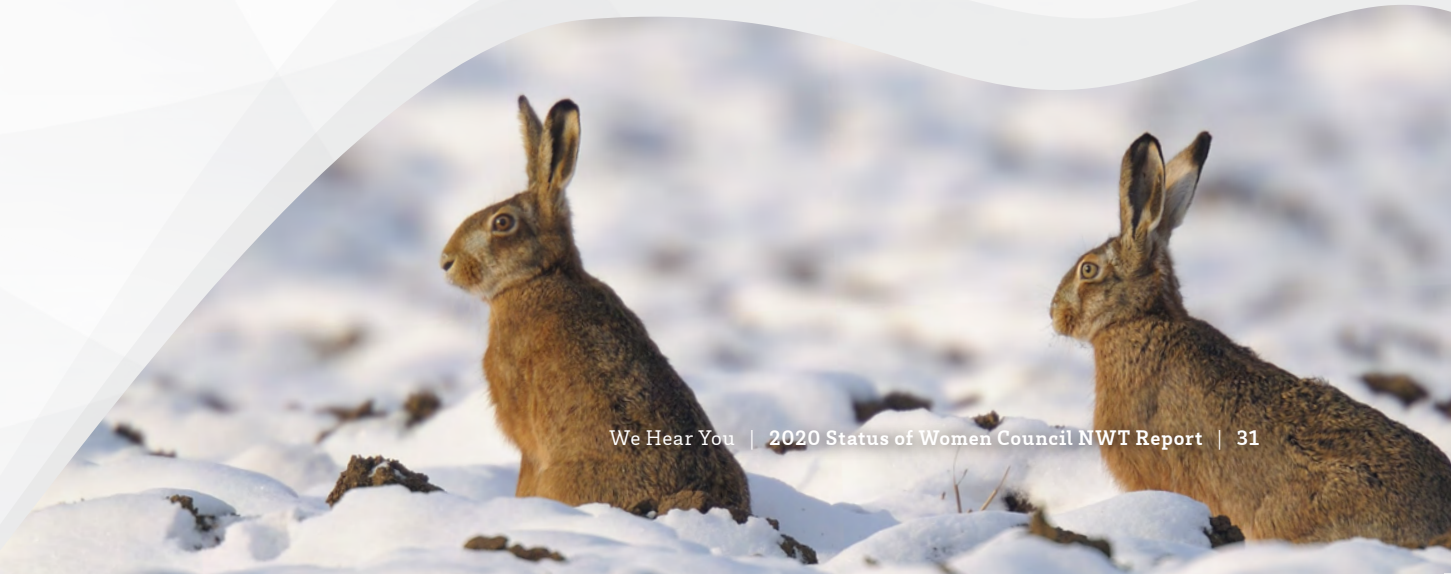
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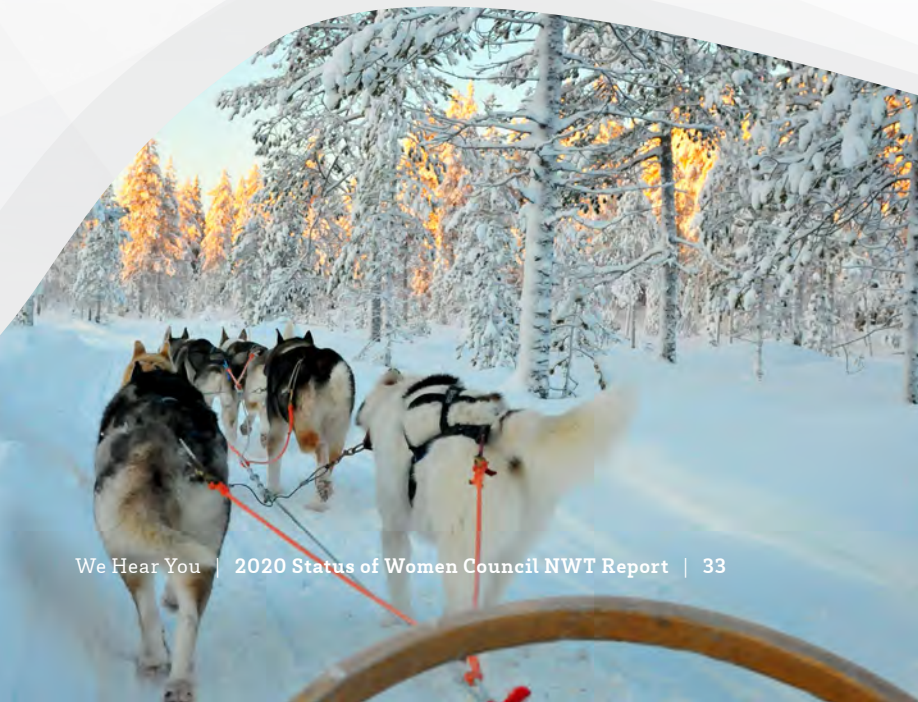
Appendix 1:

Summary of Findings

These findings are based on the lived experiences of the participants and reflect their thoughts and feelings. This project did not make any attempt to interpret or reflect on the intent of the comments shared, but rather present the information gained.

- Women who are or were actively experiencing intimate partner violence do many things to try to keep themselves safe at home as well as things that give them a feeling of protection.
- Women seek help from family and friends, the RCMP, Victim Services, Shelters, Elders, and Counselling Services.
- Women often didn't know about all of the relevant services and what services were provided by whom.
- Women want service providers to have accurate information about programs and services available locally, regionally and territorially.
- Women identified shame, fear and feeling trapped and unsure of how to build a new life as personal barriers to leaving their abusers.
- Some women identified a lack of support from family, friends and their community, and/or victim blaming as barriers to accessing relevant services.
- Women fear losing their children.
- Some women expressed concerns about accessing counselling because they did not want the community knowing about their situation.
- All the women wanted emergency shelters or safe homes to be available in all communities.
- Women want to have ready access to safe transportation in their community on a 24/7 basis.
- Women would like to have the security of knowing that there is a phone in a safe location in the community that they can use any time of the day or night.
- Most women reported that the lack of affordable housing and availability of public housing units are important factors for women who are experiencing intimate partner violence and want to leave the home.
- Women believe children are suffering long-term effects from the violence they experience and witness in their homes. Women want appropriate and specialized counselling/mental health services made available to their children and youth.
- A few women said they would like to be able to access family violence counselling programs either in the NWT or elsewhere.
- Women want direct and immediate in-person access to victim services when they are in crisis.

- Women want to receive information about services in a safe way, not in a public space and not as a take home brochure.
- Women suggested many discreet ways to share information about intimate partner violence and relevant services.
- Women identified women-only groups as a safe space where intimate partner violence and relevant service information could be shared.
- Women want children and youth to be educated about appropriate behaviors and healthy families in the school system.
- Nearly all the women indicated that the physical violence they experienced at the hands of their partners was but one part of a whole set of coercive behaviours used by their partners to control them. Most women felt that abusive partners often enlist others, knowingly or unknowingly, to help them exert power and control over their partners.
- Drugs and alcohol were identified as making their situation worse.
- Women want to be protected from violence in their homes.



Appendix 2:

Summary of Conclusions

Results of this research project point to the need for a greater acknowledgment of the following in programs and services for women who have experienced intimate partner violence:

1. Intimate partner violence is more than a women's issue, it's a Public Health issue.
2. Women experiencing intimate partner violence need understanding and support from their families and friends, their community, and the system.
3. Women need help to be safe.
4. The mental health and wellness of women experiencing intimate partner violence must be addressed immediately and over the long-term.
5. Children are hurt in many ways by intimate partner violence and need help too.

Caring collaboration can
improve women's lives.





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