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Services and Indigenous Healing Practices to Address Intimate Partner Violence Against  
Indigenous Women in the Canadian Prairie Provinces

by

Cindy Lynn Ogden

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## Abstract

This mixed method study used qualitative secondary analysis to explore the experiences of 40 Indigenous women from the Canadian prairie provinces who were abused by their intimate partners. It focuses on the services that they accessed, including violence against women shelters, second stage shelters, community counselling agencies, and traditional healing practices. The original research was a four-year longitudinal tri-provincial study exploring intimate partner abuse in 665 women, 91 of whom completed in-depth interviews. Of the 40 Indigenous women, 35 were heterosexual, and 5 were LGBTQ Two-Spirit, thus two of the abusive intimate partners were female. Consistent with the literature the male partners (55% of whom were Indigenous, and 45% were White) physically assaulted the respondents so severely that the women were injured and could, perhaps, have died. Almost half of the men (47.4%) used sexually coercive strategies and/or sexually assaulted the women. A considerable amount of background information placed the women's use of IPV services in context: 90% had experienced childhood maltreatment; the 10 women who lived on reserves all raised concerns regarding community violence, while 40% of the women from urban areas also noted this. In contrast to the literature, the women were not, on average, experiencing severe mental health distress. The women's resilience is highlighted: they were committed to improving their lives through accessing multiple sources of assistance. Across counselling services, the women found the support helpful, although their critiques emphasize issues related to colonialism and systemic oppression. Of concern is that it was not clear whether mainstream counsellors were educated in or had any understanding of Indigenous history or cultures. The critiques of Indigenous programs/services indicate the legacy of colonialism through instances of internalized oppression. Nor is it clear

whether community counsellors had any training/understanding of IPV. The importance of traditional healing and cultural practices is highlighted.

Key words: intimate partner violence; intimate partner violence against Indigenous women; LGBTQ Two-Spirit; violence against women shelters; second stage shelters; community counselling; intergenerational abuse; trauma; historic trauma

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## Introduction

In Canada, intimate partner abuse against Indigenous women is a serious issue; prevalence studies document that Indigenous women are abused by their intimate partners at a rate three times higher than non-Indigenous women (21% of Indigenous women compared to 7% of non-Indigenous women) (Brownridge, 2008; Brzozowski, Taylor-Butts, & Johnson, 2008; Johnson, 2006). In addition, Indigenous women are at greater risk of being sexually assaulted by their partners (Brennan, 2011; Brownridge, 2003, 2008; Heidinger, 2021; Johnson, 2006; Romans et al., 2007) and are more likely to have experienced severe and potentially life-threatening forms of violence used against them (Brownridge, 2003, 2008; Johnson, 2006). Indigenous women are eight times more likely to have been murdered by their intimate partners than non-Indigenous women (Brownridge, 2003, 2008; Brzozowski et al., 2008; Johnson, 2006; Romans et al., 2007).

Several authors have speculated about what factors are placing Indigenous women at greater risk than non-Indigenous women for intimate partner abuse. Most agree that the legacy of colonization is central by disrupting traditional values and culture, the dominant culture's use of residential schools to breakdown family life, spiritual beliefs, and languages, as well as systemic discrimination, and racism (Andersson, Amaratunga, McGuire, Shea, & Sioui, 2010; Baskin, 2012; Brownridge, 2003, 2008; Johnson, 2006; Lane, Bopp, & Bopp, 2003; McGillivray & Comaskey, 1999; Olsen Harper, 2011; Puchala, et al., 2010; Tutty, 2006a; Tutty et al., 2009).

While these facts are alarming, it is even more significant when one considers that the prairie provinces have the highest IPV prevalence rates in the country (Johnson, 2006; Ogrodnik, 2008; Ursel, 2006).

With access to 40 interviews with Indigenous women from a previously conducted longitudinal study of women abused by intimate partners entitled *The Healing Journey: A Longitudinal Study of Women Who have been Abused by Intimate Partners* (Tutty, Radtke, & Nixon, 2009; Tutty, Radtke, Thurston, Nixon, Ursel, Ateah, & Hampton, 2020), the purpose of this dissertation was to gain a contextual understanding of the issues and concerns of Indigenous women living in the Canadian prairies who were abused by their intimate partners. It focuses on the services that they accessed, including violence against women shelters, second stage shelters, community counselling agencies, and traditional healing practices. The questions were with respect to the influence of colonialism on the respondents' ability to access or use formal services; the importance of traditional cultural values, beliefs, and healing practices to the women's own healing; and how system responses can become more sensitive. These questions were explored through a secondary qualitative analysis.

### **Overview of the Dissertation**

The literature review, as the first chapter in this dissertation, provides the foundation for this study by examining the prevalence and nature of intimate partner violence (IPV) against Indigenous women in Canada. It explores the historical background of colonialism, including the use of residential schools, and the devastation it has brought to Indigenous communities and cultures; how it has influenced intimate partner abuse, trauma responses, and intergenerational abuse. However, alongside this history of devastation, there is resilience. The concept of resilience is discussed and how this Western idea can be adapted to more respectfully reflect the experiences of Canadian Indigenous woman. Next, it looks at interventions in the form of violence against women shelters, mainstream counselling, and Indigenous healing practices. This chapter, then, turns to the theoretical lenses that inform this study, including intersectional

feminism, postcolonial and Indigenous research theory. A framework using the ecological model is presented to facilitate understanding of the interrelationships between the theories, and the complex factors placing Indigenous women at greater risk for IPV. The literature review highlights how few studies have focused on the needs of abused Indigenous women living in the Canadian prairie and questions how well the available resources meet their needs.

Chapter Two examines the methodology of this research in detail, discussing the rationale for a mixed methods approach using both quantitative and qualitative data; and then provides an overview of qualitative secondary analysis. It describes the primary study from which this research was derived, how the secondary analysis was conducted, including using pragmatism as a research approach, the roles of the researcher, data collection, and the ethical issues associated with this study. Finally, the chapter describes the data analysis, establishing trustworthiness, and the limitations and strengths of the study methods.

Chapter Three begins an examination of the results by providing an overview of the women's backgrounds and the nature of their partner's abusive behaviour. It first describes the demographic information the women provided, as well as the results from the standardized measures regarding the abuse that they experienced. The results from the Composite Abuse Scale (CAS), as well as their mental health using the Symptom Checklist-10 (SCL-10), Center for Epidemiologic Studies Depression Scale 10 (CESD-10) and the PTSD Checklist are documented. Finally, the chapter presents the qualitative analysis on the nature and severity of the abuse respondents experienced, dividing these results with respect to the partners' gender.

The respondents' lives are contextualized in Chapter Four. The first section highlights the impact of colonization including residential schools and its influence on Indigenous cultures, the women's families, the respondents' childhoods, and the women's children. The second section

contextualizes the women's current life circumstances, exploring how colonization, racism and systemic oppression have influenced their daily adult lives. It highlights how their partners' abusive behaviour was only one aspect of the violence that they experienced, which also included oppression and violence in their adult lives, whether they were living on reserve, in northern or rural communities, or in urban settings. Lastly, it examines their experiences of dealing with the justice system and the child protection system.

Chapter Five is the final chapter of results, depicting the women's use of VAW shelters, mainstream community counselling agencies and traditional healing. The first section describes qualitative themes regarding the women's use of VAW emergency shelters, and second stage shelters. The next section discusses the women's use of community counselling services, including LGBTQ community counselling. The third section documents the women's use of Indigenous traditional cultural teachings and ceremony in assisting their healing process. This chapter notes that women often accessed more than one service, program, counsellor, Elder and/or other Indigenous healing practices.

Chapter Six provides a discussion and analysis of the three results chapters. This research captured a considerable amount of background information to place the women's use of IPV services into context from an ecological perspective, comparing and contrasting the findings with the updated literature. Thus, the analysis of the results are presented in two major sections. The first section describes the women's demographic characteristics, their responses to standardized IPV and mental health measures, as well as the nature of their partners' abusive behaviour. This section then explores some implications of both historical and current impacts of colonization, systemic oppression and racism. The second section analyzes the women's experiences with VAW shelters, second stage shelters; community counselling services, including LGBTQ

community counselling, and Indigenous healing practices. These two sections are then explored with respect to the women's resilience, highlighting both risk and protective factors. The chapter concludes with the limitations and strengths of the current study, implications for practice and policy and directions for future research.

### **Personal Context for the Dissertation**

My interest in completing this study comes from my work in the field of family violence and intimate partner abuse. For over 30 years, I have counselled women and children who have been abused. For about half this time, I also worked with men who perpetrated partner abuse. I have been fortunate to be a research assistant or research associate in research on intimate partner abuse for over 15 years, including six years with RESOLVE Alberta.

Through these opportunities and the willingness of clients and/or study respondents to share pieces of their stories, I learned of colonialism, systemic oppression, prejudice, and the racism faced by many. As a Western White woman, it has been important to me to understand and learn about these so that I can be the best possible support; to provide services that are more respectful of each person's needs, values, culture, and experiences. My master's thesis focused on intimate partner abuse against women who had immigrated to Canada. It seems to me that it is only by truly attempting to understand and respect each person's experiences and worldviews that we can hopefully aid in the quest for a respectful decolonized society.

My awareness of the complexity of Indigenous women's lives, the intersections with colonialism, racism and systemic oppression came from my work both as a clinician and research assistant. Yet, on reflection, I was appalled at my early lack of awareness. Some of the stories that women were brave enough to share have stayed with me. One woman was greatly embarrassed when she told me that both she and her sister were given the same first names. The

nurses at the hospital did not allow Indigenous mothers to name their own children; rather they named the children. Hence, both she and her sister were named Debbie. While she and her sister generally went by the Indigenous names that their mother had given them, when dealing with official agencies and supports in the mainstream they used their “given” names.

I also spoke with women who lived in northern and remote communities that were only accessible by plane. There were no services or VAW shelters in their communities for women being abused by their intimate partners. They had to present their circumstances to an Indian Affairs official who would decide if their circumstances were serious enough in their opinions to warrant fleeing to a VAW shelter. If they deemed that it was, the official would give permission for the women to fly out. However, more than one woman told me that they were denied permission for a flight back home because the official was concerned that they would return to their abusive partners. Thus, these women were unable to come home to access the support of their friends, families, or communities. I remember one woman commenting that, until she had been flown south to access a VAW shelter, she had not seen a paved road. She asked me if people ever got used to walking on something so hard.

As a final note, several years ago my completion of this dissertation was delayed because I was rear-ended in a car accident. My subsequent concussion and slow healing meant that I was on medical leave for 1½ years. In many ways, this was an interesting experience because I learned first-hand about living with vision changes; continual headaches; loss of memory concentration and language, intending to say one word, but having another come out of my mouth; light and sound sensitivity. In retrospect, I might have returned from medical leave a bit prematurely; at first, I found writing to be a daunting exercise. On the other hand, I am grateful that the healing continued and that I have been completed this dissertation. The respondents told

their stories in the hope that they could help other women. It is important to me that I have done what I can to facilitate voices being heard.

As a qualitative secondary analysis, this study is an in-depth analysis of the experiences of 40 Indigenous women who participated in *The Healing Journey: A Longitudinal Study of Women who have been Abused by Intimate Partners*. As a research assistant involved in this study, I conducted some of the survey interviews. I was involved in training researchers from the three provinces regarding the semi-structured qualitative interviews, as well as conducting some of these interviews, although none with Indigenous respondents. Moreover, I completed first level coding of the qualitative interviews in the primary data set. In this regard, I was fairly well immersed in the data; I had a good understanding of the aims of the original qualitative research, and access to the primary qualitative researcher regarding the qualitative data sets. This understanding helped me understand the aims of the original study and enhanced my ability to complete the qualitative secondary analysis of this research.

In conclusion, this study provides in-depth, contextual information regarding the issues and concerns faced by Canadian Indigenous women who are abused by their intimate partners. It highlights the complexity of the issues with which they are dealing, as well as exploring their interactions with various systems and services. It not only highlights what has been meaningful or significant to them, but also explores the systemic oppression and racism within many services and systems. Moreover, their resilience was notable. Even though the women faced numerous risks, in general, they maintained their strength and mental health

## **Chapter One: Literature Review**

This chapter explores the seriousness of intimate partner violence (IPV) against Indigenous women. It first explores the prevalence and nature of intimate partner abuse. It examines the historical background of colonialism, the devastation it has brought to Indigenous communities and cultures, how it is seen to influence intimate partner abuse, trauma responses, as well as resilience. It, then, examines interventions by discussing violence against women shelters (both mainstream and Indigenous), mainstream counselling and Indigenous healing practices. The chapter explores the theoretical lenses that inform this study: social learning, feminism, postcolonial and Indigenous research theories. Lastly, it applies an ecological framework to explore the interrelationships and interconnections between the theories and their influence on how IPV against Indigenous women is viewed.

In 1991, the Canadian Council on Social Development noted that, “It is an exception rather than the rule to know of an Aboriginal woman who has not experienced some form of family violence throughout her life” (p. 25). One common aspect of family violence is intimate partner abuse. Indigenous women are estimated to have been abused by their intimate partners at a rate three times higher than non-Indigenous women; the 2004 Canadian General Social Survey reported that 21% of Indigenous women reported being abused whereas the national prevalence rate is 7% (Brownridge, 2008a; Brzozowki, Taylor-Butts, & Johnson, 2008; Johnson, 2006).

As Johnson (2006) wrote, “Intimate partner abuse encompasses spousal violence and violence committed by current or former dating partners” (p. 9). Further, the intent of abusive behaviour is to control the woman’s actions and behaviour (Puchala, Kennedy, & Mehl-Madrona, 2010; Sheehy, 2010; Ursel, Tutty, & LeMaistre, 2008). Scholars have identified

various forms of intimate partner abuse including physical, sexual, emotional/psychological (Lane, Bopp, & Bopp., 2003; McGillivray & Comaskey, 1999, 2000; Puchala, et al., 2010; United Nations, 1994, 2008; Ursel et al., 2008), and financial (AuCoin, 2005; Johnson, 2006; Lane et al., 2003; McGillivray & Comaskey, 1999, 2000; Romans, Forte, Cohen, Du Mont, & Hyman, 2007; Statistics Canada, 2011). Spiritual abuse (Dumont-Smith, 1995; McGillivray & Comaskey, 1999) and stalking (AuCoin, 2005; Johnson, 2006; Ursel et al., 2008) are also elements of intimate partner violence for some women.

In addition to being abused at much higher rates than non-Indigenous women, Indigenous women are more likely to have been abused by severe and potentially life-threatening forms of violence such as being strangled, having a gun or knife used against them, or being sexually assaulted (Brownridge, 2003, 2008; Johnson, 2006; Romans et al., 2007). Further, Indigenous women are more likely to have been injured as a result of their partner's physical assaults, to have needed medical attention, and are less likely to be able to maintain their daily routines (Johnson, 2006). Moreover, Indigenous women are more likely to have been stalked by their abusive partners (Johnson, 2006; Ogrodnik, 2008).

If women leave their abusive partners, they are at significant risk of harm from them. Yet, the risks of leaving are even greater for Indigenous women. Brownridge (2006a) estimated that 45.5% of Indigenous women have been abused by their former partners compared to 9.8% of non-Indigenous women. Further, Johnson (2006) concluded that Indigenous women were more likely to be afraid that their partner might kill them as compared to non-Indigenous women. Indeed, Indigenous women were eight times more likely to have been murdered by their intimate partners than non-Indigenous women (Brownridge, 2003; Brzozowski et al., 2008; Johnson, 2006).

While the above statistics from Canada's General Social Surveys (GSS) establish that intimate partner abuse against Indigenous women is of concern, several limitations with respect to how the data is collected suggests that the actual rates of prevalence and incidence are likely consistently underestimated (Brownridge, 2008; Johnson, 2006; Thomlinson, Erickson, & Cook, 2000; Statistics Canada, 2011). For example, Brownridge's (2003) analysis of the 1999 GSS found that Indigenous women living in rural areas had been abused at twice the rate of Indigenous women living in urban Canada.

In addition, the GSS relies on random digital dialing to contact their respondents, which means that only households with landlines will be contacted (Johnson, 2006; Romans et al., 2007; Statistics Canada, 2011). Many Indigenous women live on reserve, in rural or remote areas with limited or no access to telephones and, therefore, are excluded from even the option of participating in the GSS (Brownridge, 2008; Johnson, 2006; Statistics Canada, 2011). Thomlinson, Erikson, and Cook's (2000) survey of seven First Nation communities in northern Manitoba found that, "the proportion of women suffering from abuse/violence" (p. 34-35) was higher than the prevalence rates reported for Indigenous women in the General Social Surveys.

While there are indications that Indigenous women abused by intimate partners who live rurally or on reserves are at greater risk, little research regarding these circumstances has been conducted (Brownridge, 2003), other than research identifying that fewer resources are available to them compared women from urban areas (Ogrodnik 2008; Statistics Canada, 2009; Taylor-Butts, 2007). This, then, represents an important gap in the literature.

Even fewer studies examine the experiences of abused Indigenous women living in the Canadian prairie provinces. Several researchers (Johnson, 2006; Ursel, 2006) have identified that prairie women have higher prevalence rates of abuse, and often more potentially life-threatening

incidents, since these provinces report higher rates of the police laying major assault charges involving bodily harm or weapon use (Ogrodnik 2008; Ursel, 2006). For example, police reported that in 2006, nationally, weapons were used in 7% of spousal assaults; but were used 13% of incidents in Manitoba, 10% in Saskatchewan, and 9% in Alberta (Ogrodnik 2008). However, the police-reported data seldom identifies the ethnic or racial backgrounds of victims or perpetrators. Nonetheless, given that national studies such as the GSS, consistently report that Indigenous women are at greater risk than non-Indigenous women, one can reasonably extrapolate that Indigenous women residing in the prairies are also at an increased risk.

In summary, while the literature indicates that intimate partner abuse against Indigenous women is a serious issue, it is most likely underreported. In addition, Indigenous women are more likely to face severe and potentially life-threatening abuse from their intimate partners than non-Indigenous women. Few studies have examined the specific needs and issues of abused Indigenous women, especially in Canada's prairie provinces.

### **The Historical Background of Indigenous Peoples in Canada**

Several authors have speculated about what factors are placing Indigenous women at greater risk than non-Indigenous women for intimate partner abuse. Most agree that the legacy of colonization is central to abuse against Indigenous women by disrupting traditional values and culture, the dominant culture's use of residential schools to breakdown family life, spiritual beliefs, and languages, as well as systemic discrimination, and racism (Andersson, Amaratunga, McGuire, Shea, & Sioui, 2010; Brownridge, 2003, 2008; Johnson, 2006; Lane et al., 2003; McGillivray & Comaskey, 1999; Olsen Harper, 2011; Puchala, et al., 2010; Tutty et al., 2009). Thus, in any discussion regarding intimate partner abuse against Indigenous women, it is

important to include a discussion of the impact of colonization, the focus of the subsequent section.

When French and British colonizers arrived in Canada, Indigenous people were living in diverse, yet distinct economic and political systems (Finkel, 2006).

Across the country, the hunter-gatherers lived in stateless, largely egalitarian societies and agriculturists were governed by loose confederations, while the fishers on the West Coast lived in ranked societies under the control of relatively powerful chiefs ... [But] in all of these societies, spiritual life was the organizing principle and all else flowed from people's relationship with the Creator. This included people's treatment of one another. (Finkel, 2006, p. 18)

However, Europeans wanted the Indigenous people with whom they had contact to adopt European culture and to convert to Christianity. Therefore, attempts to teach Indigenous people the ways of the colonizer began (Acoose, 1995; Battiste, 2000; Woolford, 2009). Thus, residential schooling was developed.

In Canada, the first residential schools opened in the 1620s (Miller, 2003). Yet, how long residential schools continued to operate seems to be a matter of some debate. According to McCormick and Wong (2006), the last residential school closed in 1984; Feldthusen (2007) reports that the last school closed in 1986; the Truth and Reconciliation Commission of Canada's website states that that the last school closed in 1996, and Miller (2003) states that the last school closed in 1999. Part of the problem in determining when closure occurred is related to the fact that the history of residential schools in Canada is extensive; schools changed names, amalgamated, were closed down, and/or were burnt down (Miller, 2003; Milloy, 1999; Truth and Reconciliation Commission (n.d.)). Further, some Indigenous children were sent to day schools;

for example, many Inuit children were forced to live in hostels when attending day schools (Reimer, Bombay, Ellsworth, Fryer, & Logan, 2010; Truth and Reconciliation Commission, n.d.). Finally, some schools were not in partnership with the federal government because they had been fully funded by religious organizations, while others operated in partnerships between the province and the church (Truth and Reconciliation Commission, n.d.). Therefore, what was considered a residential school and when it closed depended on how they were defined. Nonetheless, it is clear is that generations of Indigenous people were sent to residential schools.

When at these schools, the children were generally not allowed to speak their First Nation's languages and were physically punished and/or abused for doing so (Miller, 2003; Milloy, 1999; Stout & Kipling, 2003). In addition, the children were expected to conform to European gender roles (Miller, 2003; Stout & Kipling, 2003). Boys and girls were physically separated (Miller, 2003, Milloy, 1999). Janice Acoose (1995) remembers only seeing her brother "as a face on the other side of a fence" (p. 25).

Every child was forced to conform to rigid institutional living. Playtime was limited and, when it did exist, it was scheduled (Assembly of First Nations, 1994; Stout & Kipling, 2003). The children were expected to conform to regimentation and routines (Miller, 2003). For example, at the residential school she attended, Janice Acoose (1995) remembers that they were "given strict orders to sleep always facing right, with hands folded in a praying position under our heads" (p. 26). Moreover, many children were physically and/or sexually abused (Assembly of First Nations, 1994; Chrisjohn & Young, 1997; Feldthusen, 2007; Miller, 2003; Milloy, 2003).

Hence, having been raised in a residential school, many Indigenous found that these experiences interfered with their ability to have healthy family relationships; for many it affected

their ability to nurture (Assembly of First Nations, 1994; Fenwick, 2001; Miller, 2003; Shepard, O'Neill, & Guenette, 2006). Many survivors found it difficult to relate to others, to be affectionate with their children, and they were often afraid of being touched (Assembly of First Nations, 1994; Stout & Kipling, 2003). Some men reported that their complete segregation from girls interfered with their ability to relate to women, thereby contributing to their abusive behaviours towards their partners (Miller, 2003).

Many Indigenous residential school survivors were outraged at how they had been treated and projected that rage to those around them (Olsen Harper, 2011; Stout & Kipling, 2003). Puchala and colleagues (2010) theorized that, in attempts to cope, many Indigenous people internalized their pain, but externalized that pain as aggression against intimate partners. In turn, their partners internalized their pain, but eventually released their pain as aggression on another, who in turn internalized their pain. Thus, the violence extended from one generation to another: Those who did not attend residential school were impacted by parent and/or grandparent survivors (Shepard et al., 2006).

However, residential schools were only one strategy in the systemic oppression against Indigenous people. In 1857, parliament enacted the Gradual Civilization Act (Fenwick, 2001). Shepard, O'Neill, and Guenette (2006) noted that in 1876, parliament brought in the Indian Act that defined who was Indian, determined movement on or off reserve, made residential school attendance mandatory, and denied Indigenous people the right to vote. Indigenous people did not gain the right to vote in federal elections until 1960.

Moreover, Shepard and colleagues (2006) state that the Indian Act used dominant patriarchal values to deny Indigenous women traditional rights in their home communities. Women were no longer allowed to vote in band elections or hold political office. The

Matrimonial Real Property Act specifies housing ownership is through men (Native Women's Association of Canada, 2007). Therefore, if a woman decides to leave her abusive partner, she loses her home and cannot qualify for a new home for herself and her children (Tutty et al., 2009). Indigenous women who married a non-Indigenous man lost their status as an Indigenous person, as did their children. It was not until 1989 that Bill C31 amended the Indian Act to allow women to regain their status and to go one generation back. At the same time, bands were given the right to determine if they would accept the women (and one generation of children) back as band members.

Further, reserves are subject to federal legislation not provincial legislation. All three prairie provinces have provincial legislation that allows for emergency orders that can grant women possession of the family home. Women living on reserve cannot use these orders because only federal legislation has jurisdiction on reserve land (Busby, Koshan, & Wieggers, 2008),

As much as the Gradual Civilization Act, the Indian Act and other legislation have been devastating to Indigenous peoples, they have also entrenched racism and discrimination in the dominant society against Indigenous people. Woolford (2009) noted that Europeans' treatment of Indigenous people has frequently been referred to as cultural genocide. However, he contests this viewpoint, stating that it minimizes the harm and, based on the 1948 United Nations Convention on the Prevention and Punishment of Genocide, the actions by dominant society should be perceived as not merely cultural genocide, but genocide.

## **Trauma**

Given Canadian history, many scholars contend that the destabilization of Indigenous families persists (Blackstock, Trocmé, & Bennett, 2004; Lane et al, 2003; Farris-Manning & Zandstra, 2003; Olsen Harper, 2011; Puchala et al., 2010; Shepard et al., 2006). Indigenous

children are overrepresented in the child welfare system. While, five percent of Canadian children are Indigenous, the 2008 *Canadian Incidence Study of Reported Child Abuse and Neglect* found that Indigenous children represented 22% of substantiated child maltreatment cases; Indigenous families were four times more likely to be investigated by children's aid than non-Indigenous families and; Indigenous children were 12 times more likely to be placed in foster care than non-Indigenous children (Trocmé, 2010).

When one examines at the above statistics regarding child maltreatment, and the prevalence of intimate partner abuse against Indigenous women (21%), it is clear that many Indigenous women have experienced trauma in their lifetimes. Scholars contend that victimization adversely affect one's health and increases the likelihood of traumatic reactions, including posttraumatic stress disorder (PTSD) (Briere & Elliott, 2003; Campbell, 2002; Collin-Vezina, Dion, & Trocmé, 2009; Finkelhor, Ormrod, & Turner, 2007, 2009; Olsen Harper, 2011; Söchting, Corrado, Cohen, Ley, & Brasfield, 2007). For example, in their systematic review, Jones, Hughes, and Unterstaller (2001) concluded that women residing in domestic violence shelters were at higher risk for PTSD than women in the community who had been victimized (see also Barnett, 2001; Johnson & Benight, 2003).

Other researchers note that multiple victimizations increase vulnerability to PTSD symptoms (Griffing, Lewis, Chu, Madry, & Primm, 2006; Jones, Hughes, & Unterstaller, 2001; Finkelhor, Ormrod, & Turner, 2007, 2009; Schaaf & McCanne, 1998; Turner, Finkelhor, & Ormrod, 2010). Poly-victimization is a term introduced by Finkelhor and colleagues to address their concern that children can experiencing multiple types of victimization concurrently, and may experience additional victimization over time (Finkelhor, Ormrod, & Turner, 2007, 2009). The literature tends to focus on traumatic stress as a reaction to a single event when, for many,

the reality is more complex (Finkelhor, Ormrod, & Turner, 2007; Turner, Finkelhor, & Ormrod, 2010). Moreover, they question the effectiveness of interventions that do not consider the complex reality of poly-victimization (Turner, Finkelhor, & Ormrod, 2010).

In addition, symptoms of recent trauma may exacerbate symptoms related to earlier victimizations (Follette et al., 1996; Finkelhor, Ormrod, & Turner, 2007; Jones et al, 2001). Söchting and colleagues (2007) stated that clinical observations by B.C. mental health professionals indicated that Indigenous people have higher rates of mental health issues than non-Indigenous, suggesting that this may reflect the growing evidence linking childhood maltreatment with increased risk of mental health issues as an adult and subsequent experiences of victimization. This supports the premise that Indigenous women who have experienced poly-victimization may be more vulnerable to traumatic reactions and PTSD.

## **Resilience**

As noted above, many individuals with traumatic personal histories live healthy lives. This observation has given rise to research into resilience, “a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma” (Luthar & Cicchetti, 2000, p. 858; Anderson, Renner, & Danis, 2002; Humphreys, 2003; Luthar, Cicchetti, & Becker, 2000; Mrazek & Mrazek, 1987). Luthar and Cicchetti (2000) note that *resilience* does not refer to a personality characteristic, but to two constructs within a single term. The construct of *adversity*, or *risk*, refers to “negative life circumstances ... associated with adjustment difficulties” (p. 858); while the construct *positive adaptation* (also called *protective factors*) refers to people’s ability to be socially competent or successful, appropriate to “stage-salient developmental tasks” (p. 858) whether one is a child or adult. Thus, research in resilience generally encompasses not only risk factors, but also protective factors (Mrazek & Mrazek, 1987; Olsen Harper, 2011).

Risk factors are circumstances emanating from a variety of sources that could occur anywhere in one's environment including the individual, family, and community (Luthar & Cicchetti, 2000). Indigenous people tend to experience greater risk factors than non-Indigenous Canadians (Olsen Harper, 2011). "Additionally, there are risk factors that are unique to Indigenous populations, in particular, having to live out a colonialism-inspired legacy that includes historic and psychological trauma (e.g., forced removal or dislocation, legislated oppression, social exclusion and racism)" (Olsen Harper, 2011, p. 85).

Protective factors also occur in the three areas of individual, family, and community (Anderson et al., 2012; Luthar & Cicchetti, 2000; Mrazek & Mrazek, 1987; Olsen Harper, 2011). Two American studies, Anderson and colleagues (2012) and Humphreys (2003) examined the resilience of women abused by their intimate partners. They identified individual protective factors as the women's sense of spirituality, strength, determination, intelligence, and ability to problem-solve. The participants' belief in a higher power helped them deal with their suffering and believe that their lives had a greater purpose. Emotional support from other family members was also a protective factor (Anderson et al., 2012). Finally, at the community level, protective factors included emotional support from friends and employers, as well as formal support services from domestic violence services and mental health services (Anderson et al., 2012).

These findings reflect a critique regarding the concept of resilience, which is that resilience was originally a Western concept, so many of the protective factors are viewed from that lens. Thus, some scholars also focus on culture and diversity as protective factors (Olsen Harper, 2011; Tousignant & Sioui, 2009; Ungar, 2007, 2008, 2013). Unger (2007, 2008, 2013), suggesting that how families and communities respond to trauma related symptoms is influenced by what the culture values and determines as relevant. Hence, the social environment has a pivotal role in what

protective factors promoting resiliency (see also Tousignant & Sioui, 2009).

Ungar (2013) identified “nuanced differences in protective factors across cultures” (p. 261). For example, “the notion of ‘individual coping’ inheres cultural bias and is incongruent with the more relational worldviews” (p. 261) of many cultures, including Canadian Indigenous people (Ungar, 2013). As mentioned earlier, one of the organizing principles for First Nations people prior to the arrival of Europeans was spirituality. Thus, among Indigenous people, resilience is viewed holistically by one’s ability to achieve balance, and is encompassed in spirituality, which reaffirms the interconnection of all life (Olsen Harper, 2011). Therefore, protective factors for Indigenous people include identity, family, community, traditional culture, traditional spirituality, healing ceremonies, oral traditions, and wisdom of Elders (Olsen Harper, 2011; Tousignant & Sioui, 2009).

### **VAW Shelters and Counselling Interventions**

Women abused by intimate partners often seek safety and assistance for themselves and their children, especially in the aftermath of assaults, but also after having left their partners. This section begins by discussing mainstream violence against woman (VAW) shelters and Indigenous-specific VAW shelters, with particular focus on how these services impact Indigenous women. It, then, briefly explores the influences of a therapist’s approach and group counselling. Indigenous healing practices are discussed, before briefly exploring the debate between Indigenous scholars regarding the integration of Indigenous healing practices with mainstream techniques.

#### **Mainstream Violence Against Women Shelters**

Shelters began in Canada in the 1970’s as a feminist grassroots response to provide refuge for women whose partners were abusing them (Tutty, 2006a). Violence against women shelters can be divided into two types, based on lengths of stay. In 2010, 287 violence against women (VAW) transition shelters (allowing stays from 1 day to 11 weeks) and 73 women’s emergency shelters

(allowing stays from 1 to 21 days) were documented across Canada, offering safety and providing services to women abused by intimate partners (Burczycka & Cotter, 2011; Cotter & Burczycka, 2011). One-quarter of these VAW shelters identified working with on-reserve clients (Burczycka & Cotter, 2011; Cotter & Burczycka, 2011). Since Indigenous women are at the highest risk from their intimate partners (Brownridge, 2008) and face the most severe violence (Brennan, 2011; Johnson, 2006), they may well have the greatest need for the services offered by VAW shelters.

Typically, shelters offer a wide variety of services including outreach services for women who live in the community and have not come into the shelter, follow-up services, and support when women leave the shelter (Johnson & Dawson, 2011; Tutty, 2006a). Moreover, the 2010 Transition Home Survey indicated that most shelters offered safety planning (95%), advocacy (93%), short-term individual counselling (91%), individual long-term counselling (37%), and group counselling (66%) (Burczycka & Cotter, 2011, p. 25). Further, while 64% of shelter respondents stated that they offered culturally sensitive services for Indigenous clients, no details about this were provided (Burczycka & Cotter).

Evaluations of Canadian shelters have consistently identified them as important resources in providing safety to women and children (Johnson & Dawson, 2011; Tutty, 2006a; Tutty, Weaver, & Rothery, 1999). In addition, clients report that they appreciated the emotional support they received from counsellors and other residents; some women used their time in residence as an opportunity to consider their options, while other women used it to finalize leaving their partners (Tutty, 2006a; Tutty et al., 1999). In her evaluation of 10 Canadian shelters with 332 respondents, Tutty (2006a) noted that, by the time clients left the shelter, they reported less serious PTSD symptoms on the Impact of Event Scale-Revised. “The scale does not diagnose PTSD but asks women to identify whether they are experiencing trauma symptoms such as avoidance and intrusive thoughts” (p. 59).

This suggests that, by the time women left, they were emotionally calmer and, thus, more able to cope and manage with the issues in their lives.

This writer could not locate articles that focused solely on Indigenous women's experiences in mainstream VAW shelters, a gap in the literature. In Tutty's evaluation (2006a), 152 (46%) of the participants were First Nations or Métis, and 7 (2%) women were Inuit or Inuvalvit. The Indigenous women were more likely to have had previous shelter stays. Tutty suggests that this finding could reflect colonialism given the high rates of intimate partner abuse against Indigenous women in Canada, and systemic barriers, as Indigenous women tend to live in poverty. Thus, their options are more limited when they seek safety from their partners, and they may have to rely more heavily on publicly-funded formal resources such as shelters.

Evaluations of shelters also identify challenges for clients with respect to how they were treated by some staff. Women have expressed concerns that some staff members were so busy with administrative tasks that they were not available when needed for support (Tutty, 2006a; Tutty et al., 1999). Women were also concerned about how they were treated by certain staff members—feeling that they were judged, or seen as “less than” (Tutty, 2006a; Tutty et al., 1999). For example, an Indigenous resident in Tutty's (2006a) study suggested that counsellors needed to learn more about Indigenous culture, and shelters hire more Indigenous workers. Moreover, Indigenous women raised concerns about racism that they experienced from some staff members (Baskin, 2012; Tutty, 2006a).

### **Indigenous-Specific VAW Shelters**

In 2013, Awo Taan Healing Lodge (n.d.) identified 48 Indigenous shelters in Canada. Many of these were opened between 1988 and 1992 when CMHC Project Haven supported the construction of shelters for women in underserved areas of Canada, thus, “one third of the new units

were for Indigenous communities” (Tutty, 2006a, p. 16). However, there is a paucity of shelters on reserves or shelters that can be easily accessed by women living in remote regions of the country (Native Women’s Association of Canada, 2007). Similar to mainstream shelters, the first priority for Indigenous shelters is to provide safety for their clients, however, if the shelter is on reserve, most try to locate in an “aesthetically pleasing” (p. 23) location because the environment itself provides healing (Olsen Harper, 2006; McCormick, 2009). As McCormick writes:

For many Indigenous people there is a spiritual connection that exists between nature and humans because humans are seen as part of nature. All creation is seen as being equal and part of the whole and therefore equal in the eyes of the Creator (p. 340).

Indigenous shelters use culturally appropriate approaches such as traditional knowledge and healing approaches to help their clients (Bird, 2007; Olsen Harper, 2006). Some also offer second stage housing and many offer services to children, as well as to men (Olsen Harper, 2006).

Some debate exists as to whether Western approaches should be incorporated into client services for Indigenous women. In her examination for best practices in Indigenous shelters, Olsen Harper (2006) suggested that Western approaches and ceremonies from other First Nations should not be adopted, unless the entire community is comfortable with the idea. In contrast, Awo Taan Healing Lodge in Calgary incorporates Western strength-based approaches in counselling women because they see these approaches as recognizing the skills, coping abilities, and resilience of clients (Bird, 2007).

Accessing a shelter in her home community can be problematic for some, because in Indigenous communities, “an atmosphere of secrecy accompanies family violence” (Baskin, 2012; Lane et al., 2003; Tutty, 2006a). Even though many communities are aware of the high rates of intimate partner abuse, people do not talk about it (Baskin, 2012). Thus, some women may be

reluctant to go to an Indigenous shelter, because the entire community could become aware of her partner's abusive behaviours. Further, if her partner is in a position of power, she may be concerned of the repercussions. People may not believe her, or the community may attempt to protect her abusive partner (Baskin, 2012, p. 159; Lane et al., 2003). Yet, the World Health Organization's exploration of global violence indicated when women abused by their intimate partners can access shelters and/or community members are willing to intervene, the incidence of abuse in the community is lowered (Heise & Garcia-Moreno, 2002).

Shelters on reserve must also consider how the Chief and Council view these. Olsen Harper (2006) noted that "shelters that do not have good relationships with their Chiefs and Council experience difficulties" (p. 43). She contends that when Chiefs and Councils do not support the shelter, they are helping sustain abuse against women. The following section turns from examining violence against women shelters to discussing mainstream counselling approaches.

### **Mainstream Counselling Approaches to IPV.**

Mainstream services tend to offer either individual or group counselling for women who have been abused by their intimate partners. This section first offers a discussion about the focus of such interventions by the stance of the therapist. Next, group counselling for women abused by intimate partners is described in the context of its appropriateness for Indigenous women.

There are numerous approaches to counselling and, while it is beyond the scope of this chapter to discuss them in detail, it seems important to remain mindful that one important factor that could influence success with Indigenous clients is the theoretical stance of the counsellor (Gill, 2006; Kirmayer, Brass, & Valaskakis, 2009; McCormick, 2009). A counsellor's theoretical stance influences the questions they ask, what they pay attention to and, ultimately, how they intervene with clients (Gill, 2006). If the counsellor does not have a postcolonial or critical theory analysis

which could enhance their understanding of colonialism, the historical contexts for Indigenous people, and systemic racism, the counsellor could be missing some of the pain and trauma their client is experiencing. Given the earlier discussion in this literature review regarding trauma and PTSD, it would be helpful for counsellors to adopt a trauma-informed counselling perspective (Johnson & Benight, 2003; Jones, Hughes, & Unterstaller, 2001).

Moreover, Western counselling theories and practices tend to focus on mind and body (Kirmayer et al, 2009). For many Indigenous people, wellness is determined not only by mind and body, but through relationships with others, including the spirit world, and the land itself—these interrelationships and interconnections are integral to health (Baskin, 2012; Kirmayer et al., 2009; McCormick, 2009; Perrault & Proulx, 2000a). Thus, a healthy person is balanced (Baskin, 2012). Therefore, Western counsellors could be missing vital aspects of their client’s worldview. They could miss opportunities for their Indigenous clients to draw strength from their resistance to oppression, their resilience, and their connection to a collective identity (Kirmayer et al., 2009; McCormick, 2009). Further, a counsellor could “mistakenly try to change core cultural values of their Indigenous clients” (McCormick, 2009, p. 342).

Finally, some scholars stress the importance of recognizing and using the client’s strengths, resilience, and resistance in therapy (Allen, Bybee, & Sullivan, 2004; Tutty, 2006b; Wade, 1995, 1997). As Stout (2012) points out, while Indigenous people have intergenerational histories of oppression, they also have intergenerational histories of resistance and resilience. The concept of resilience recognizes “people’s strength as they can be well adapted human beings even though they have lived through considerable trauma (Luthar & Cicchetti, 2000, p. 858; also see Anderson, Renner, & Danis, 2002; Humphreys, 2003; Luthar, Cicchetti, & Becker, 2000). Resistance recognizes that no one is a passive victim, and that each person will take various stands against the

perpetrator(s) to protect their dignity and integrity (Wade, 1995, 1997).

### ***Group Counselling.***

Group counselling is commonly used to assist women whose partners have abused them. Tutty (2012) describes several strengths associated with group interventions: women have the opportunity to gain support from other women, to see that their responses are normal; it provides women the opportunity to talk about how they resisted their partner's abusive behaviour, and how they protected their children. In addition, since perpetrators often isolate their partners, women have the opportunity to make social connections. Further, the situations and circumstances for group members are generally varied; some women will be with their partners, some will have left, some will be in the shelter, some living in the community. Women, then, can discuss their differing situations and explore various options. Finally, the evaluation results suggest that group participation improves women's "self-esteem, anger levels, attitudes towards marriage and the family, and depression" (p. 468).

Group counselling has the potential to be a meaningful intervention for Indigenous women since, "recounting one's own story of trauma safely and with some healing benefit requires a receptive audience that bears witness" (Kirmayer et al., 2009, p. 455). Potentially, the group members represent such witnesses. However, the concerns previously discussed regarding the counsellor's theoretical stance in individual therapy also applies to group facilitation. If the group is based on the Western paradigm of individualism and self-determination (McCormick, 2009), the worldviews of many Indigenous women are again ignored or dismissed. Also, the worldviews of other group members need to be considered.

### **Indigenous Healing Approaches and Interventions**

For many Indigenous people, healing comes through resisting colonialism and its multiple

oppressions by reasserting cultural identity through reconnecting with traditions (Baskin, 2012; Kirmayer et al., 2009; McCormick, 2009). Hence, “many forms of traditional healing are currently undergoing a renaissance ... [as] basic ways to affirm collective identity and to connect historical knowledge and wisdom to one’s lived experience and everyday life” (Kirmayer et al., 2009, p. 457; Baskin, 2012; McCormick, 2009). Moreover, Kirmayer and colleagues (2009) state that tradition is both “received and invented: built in equal measure of wisdom transmitted across the generations and of creative visions of how the many strands of knowledge available today from diverse cultures of the world can be woven together in new patterns” (Kirmayer et al., p. 440).

Therefore, Kirmayer and colleagues (2009) state that many Indigenous people are adopting various traditional practices, even if the specific practice was not historically part of their community. They contend that this pan-Indigenous standpoint is important in that it can contribute to cohesion across the diverse cultural traditions of Indigenous communities. Moreover, many urban Indigenous people have shifted from community ties to viewing “Aboriginality as ethnicity” (p. 460).

However, this shift is not without controversy. Olsen Harper’s (2006) study of best practices for Indigenous shelters recommended that staff only use healing approaches that have always been part of tribal traditions (Lane et al., 2003). Kirmayer and colleagues (2009) also raised the concern that if a certain practice was not historically part of one’s community, the social connection is missing, and there could be people who would take advantage—even seeking to benefit by commercializing practices. They posited that Western style counselling accreditation boards could help regulate Indigenous healing practices to ensure the quality, credibility, and authenticity of the approach.

Indigenous healing approaches for women abused by intimate partners include consultation

with Elders, participating in ceremonies, gaining balance through the medicine wheel, sharing or talking circles, and healing circles. In Indigenous societies, people seek out “Elders for cultural teachings, advice, prayer, healing, and guidance” (Bird, 2007; Lavallée, 2009; Puchala, et al., 2010; Salée, 2006), to help them find balance (Lane et al., 2003). Elders can teach people rituals and ceremonies such as, pipe ceremonies, spirit dances, and sweat lodges (McCormick, 2009). They may teach the use of medicines such as tobacco, sage, or sweetgrass to help individuals uphold and deepen their interconnections with the world (Lavallée, 2009; Lavallée & Poole, 2010; Kirmayer et al., 2009; McCormick, 2009). McCormick (2009) notes that, while there has been no empirical research, anecdotal information on the effectiveness of ritual and ceremony exists.

Elders are also responsible for teaching about the Medicine Wheel, also referred to as the Sacred Circle of Life (Bird, 2007). The Medicine Wheel has symbolic meaning for all Indigenous people even though how it is depicted, and the specific teachings involved varies between Nations (Kirmayer et al., 2009; Lavallée, 2009; Lavallée & Poole, 2010). It incorporates Indigenous values about the interconnections between all, harmony, balance, and healing (Baskin, 2012; Bird, 2007; Kirmayer et al., 2009; Lane et al., 2003; Lavallée, 2009; McCormick, 2009; Salée, 2006).

The circle represents infinite life, whereas the four quadrants can represent teachings such as the four races: black, white, yellow, and red. The teaching here is that all races are equal, all are related, and all are interconnected. The story of one cannot be understood outside of the story of the whole. Another teaching of the medicine wheel concerns health and well-being. Health is the balance between the physical, emotional, mental, and spiritual: the four quadrants of the medicine wheel. Health also involves balance with others (family, community), with the environment, and with Mother Earth. Balance is sometimes depicted through interconnecting circles. (Lavallée, 2009, p. 24; also see Baskin, 2012; Kirmayer et

al., 2009; Lavallée & Poole, 2010).

Thus, counsellors need to take a holistic approach, addressing all four quadrants—physical, emotional, mental, and spiritual for Indigenous people to heal (Baskin, 2012; McCormick, 2009).

Indigenous women abused by intimate partners may participate in talking circles or sharing circles. Bird (2007) describes the circles as being similar to peer support groups. However, there are also some differences. Within a talking circle, all people are considered equal, and each gets a turn to speak for as long as they need; the other members of the circle listen attentively to the speaker (Andersson et al, 2010; Kirmayer et al., 2009; Lavallée, 2009). Kirmayer and colleagues (2009) describe talking circles as healing in “situations where individuals have been silenced by oppressive circumstances, whether within the family, community, or larger political spheres” (p. 452). The challenge occurs when people in the circle use it as an opportunity to act oppressively or abusively.

Healing circles differ from talking circles because their purpose is to help those within the circle “to tell specific types of stories centred on themes of suffering, trauma, loss, grief and healing” (Kirmayer et al., 2009, p. 452). Participants bear witness for each other (Kirmayer et al., 2009). In Western terms, it seems that one of the strengths to healing circles is that it recognizes the importance of social responses (Wade, 1995, 1997; Finkelhor & Browne, 1985), validating participants’ experiences, thereby reducing their sense of isolation. Moreover, it reinforces interconnection (Kirmayer et al., 2009). Scholars suggest that traditional approaches can be effective because they include the worldviews of Indigenous peoples, (Baskin, 2012; McCormick, 2009).

### ***Integrating Indigenous Healing with Mainstream Counselling***

As previously mentioned, Kirmayer and colleagues (2009) assert that traditions are based on both the wisdom from the past and on creative visions. From this perspective, Western

academics, therapists and other mental health professionals also have traditions, based on their scientific theories, knowledge, practices, and values. Thinking about this as tradition provides a path for the dominant helping systems to think about “the conflict and complementarity between different healing practices” (p. 440) and could be used to guide “respectful co-existence or developing a meaningful integration of Aboriginal and academic psychological perspectives on mental health and healing” (p. 440). Indeed, some scholars, researchers and therapists are integrating Indigenous healing into dominant practices for helping Indigenous women whose partners have abused them. For example, the Eyaa-Keen Centre, in Manitoba, was accredited by a Western board (Commission on Accreditation of Rehabilitation Facilities International) to provide individual counselling for people who have been traumatized using traditional healing as well as Western counselling approaches (Kirmayer et al., 2009).

One difficulty with integrating approaches is that the dominant Canadian culture lives in hierarchies. Western therapeutic approaches are in the dominant position with “the power of the government, the law, and the medical system behind it” (McCormick, 2009, p. 344), thus it could be difficult to have true collaborations—a balance between Western and traditional healing practices (McCormick, 2009). The values and relational aspects that are integral to Indigenous healing practices could be displaced by Western institutional standards (Kirmayer et al., 2009).

In summary, this section has discussed VAW shelters, their role in supporting Indigenous women who have been abused by their intimate partners, as well as some of the challenges. It further examined mainstream counselling interventions and Indigenous healing approaches.

### **Theoretical Lenses**

This section outlines the tenets of social learning, feminist, postcolonial, and Indigenous research theories, as these theoretical perspectives most commonly influence how intimate

partner abuse against Indigenous women is viewed. An ecological framework, then, examines the interconnections and interrelationships between the theories described in this section, by exploring the risk factors associated with IPV at the individual, relationship, community and societal levels (Dahlberg & Krug, 2002; Haegerich & Hall, 2011; Heise, 1998; Johnson & Dawson, 2011; Tutty, 2012). The influence of these theories on my approach to this study will be discussed in the methodology section regarding the researcher's role.

### **Social learning theory.**

Social learning theory, also known as the intergenerational transmission of abuse, posits that children learn about abusive behaviour by observing influential adults (Johnson & Dawson, 2011).

The greater number of violent role models and reinforcements in a child's life, and the fewer number of non-violent role models and punishments the greater the chances that violent behaviour will be learned. These patterns of behaviour then carry on into adult life. (Johnson & Dawson, 2011, p. 16)

From this perspective, abusive behaviour is, then, sustained through "rewards and reinforcements and an absence of punishment or deterrence" (Johnson & Dawson, 2011, p. 16). For example, a perpetrator discovers that being abusive reduces his internal feelings of stress, provides a means to have power over others, and "a means to get your own way" (Heise, 1998, p. 268; Haegerich & Hall, 2011; Johnson & Dawson, 2011). A perpetrator's peer group and/or community can also reinforce abusive behaviour by supporting aggressive behaviour in men (Brownridge, 2006a; Haegerich & Hall, 2011; Johnson & Dawson, 2011; Lane et al., 2003).

Social learning theory is often proposed to explain why Indigenous women are at greater risk of being abused by their intimate partners, with residential schools having a pivotal role in

the intergenerational transmission of abuse (Andersson, Amaaratunga, McGuire, Shea, & Sioui, 2010; Baskin, 2012; Brownridge, 2003, 2008; Johnson, 2006; Kirmayer et al., 2009; Lane et al., 2003; McGillivray & Comaskey, 1999; Olsen Harper, 2011; Puchala, et.al, 2010). Miller (2003) contends that, when raised in an institutional setting, most children were neglected; many also experienced physical and/or sexual abuse (Assembly of First Nations, 1994; Chrisjohn & Young, 1997; Milloy, 2003), thus setting the stage for future abuse. As previously discussed, this interfered with many people's ability to have healthy relationships (Assembly of First Nations, 1994; Fenwick, 2001; Miller, 2003; Shepard, O'Neill, & Guenette, 2006). Some responded with rage which they projected onto others, including their intimate partners (Olsen Harper, 2011; Puchala et al., 2010; Stout & Kipling, 2003). This in turn, could impact the ability of other family members to have healthy relationships; therefore, people who had not attended residential school were impacted by the harm that residential schools inflicted on their parents and/or grandparents (Shepard, O'Neill, & Guenette, 2006).

Critiques of social learning theory include that it does not adequately explain why many men who were abused in childhood are not abusive as adults (Brownridge, 2003, 2008; Heise, 1998; Heise & Garcia-Moreno, 2002; Johnson, 1996). Further, the analysis does not include issues of "gender, social structure and individual agency" (Johnson & Dawson, 2011, p. 16; Heise, 1998).

### **Feminist theory.**

Feminist theoretical perspectives are prevalent in the literature concerning partner abuse against women. The feminist view is that violence and abuse against women are socially gendered acts that establish and maintain domination and social control over women (Gill, 2006; Johnson, 1996; Staggenborg, 2012; Tutty & Goard, 2002; United Nations, 1994, 2008; Weldon,

2002). According to many, support for male domination is embedded in North American societal structures and through gender socialization to maintain men's dominant position economically, socially, and politically (Gill, 2006; Graham, Swift, & Delaney, 2012; Johnson, 1996; Nixon & Tutty, 2009/2010; Sheehy, 2010; Staggenborg, 2012; Weldon, 2002). Initially however, Western feminism tended only to view abuse through the intersections of gender and class (Fong, 2010; Staggenborg, 2012).

Many feminists now incorporate Crenshaw's idea of structural intersectionality into their theoretical analyses (Bograd, 1999; Crenshaw, 1991; Damant et al., 2008; Fong, 2010; Hankivsky et al., 2010; Hill Collins, 1986; Johnson, 2006; Nixon & Humphreys, 2010; Smith, 1999; Sokoloff & Dupont, 2005; Staggenborg, 2012). Proponents of this note that gendered inequality is only one of multiple hierarchies within North American society. Structural intersectionality, or intersectional feminism, highlights additional hierarchies within dominant society that place some people in positions of power over others according to characteristics such as cultural background, ethnicity, race, class, sexual orientation, disability, and immigration status (Crenshaw, 1991; Damant et al., 2008; Fong, 2010; Johnson, 2006; Nixon & Humphreys, 2010; Smith, 1999).

Thus, instead of emphasizing universality, intersectional feminists emphasize diversity and the ways that various forms of oppression can influence women's lives (Damant et al., 2008; Hankivsky et al., 2010; Johnson, 2010; Smith, 1999). Within intersectional feminism, "no one category of social identity is necessarily more important than any other" rather, a there is a recognition that the points of intersection are related to various forms of oppression (Hankivsky et al., 2010). As such, an intersectional approach situates women within the context of historical, social, and cultural influences (Damant et al., 2008; Hankivsky et al., 2010; Smith, 1999).

Further, intersectional feminism recognizes hierarchies of power and oppression are operating at the “individual, systemic, and structural” (Damant et al., 2008, p. 129) levels of dominant society. Intersectionality, thus, seeks to understand and address multiple layers of oppression and discrimination (Hankivsky et al., 2010).

Much of the criticism from scholars and researchers with respect to abuse against Indigenous women is that feminism originally ignored the devastating impacts of colonialism (Cunningham, 2006; McGillivray & Comaskey, 1999; Olsen Harper, 2011; Smith, 1999). Western feminism has also been critiqued as Eurocentric because it seems to divest Indigenous women from their traditional roles, which are often a source of strength and power (Chilisa, 2012; Cunningham, 2006; Smith, 1999). For example, Western White feminists tend to see traditional gender roles as indicators of oppression, whereas Cunningham (2006) states, “as Indigenous women, we do not see our cultures as the source of gender oppression” (p. 57).

Emberley (2001) concurs that the division of labour traditionally does not have the same meaning as it does for Western White women.

The traditional notion of duality between men and women in Indigenous worldview is closely compatible with our vision of feminism. In this view, men and women are complimentary and women are revered as the source of preservation of the social and cultural heritage of our Peoples. Our cultures, then, offer a model of gender justice that Indigenous women can draw from. This egalitarian ethic has been eroded over centuries of colonization. Yet it remains at the core of our cultures. (Cunningham, 2006, p. 57).

Therefore, “a key issue for Indigenous women ... is the restoration to women of what are seen as their traditional roles, rights and responsibilities” (Smith, 1999, p. 152). From these standpoints, intersectionality is a key concept.

Indigenous feminism combines anti-colonial and intersectional feminist perspectives by focusing on the oppressions created by both colonialism and patriarchy (Green, 2007a, b, c; Kuokkanen, 2007; LaRocque, 2007; Smith, A., 2007; St. Denis, 2007). “While colonial oppression is identified, so too is oppression of women by Indigenous men and Indigenous governance practices” (Green, 2007c, p. 23).

The standpoint of Indigenous feminists is that the higher risk for Indigenous women of abuse from intimate partners can be explained through the intersections of colonialism and patriarchy (LaRocque, 2007; Smith, A., 2007). Colonizers imposed European values upon Indigenous people, including their views of appropriate gender roles (Green, 2007c; Smith, A., 2007; St. Denis, 2007). Thus, Indigenous men learned to devalue women; thereby, linking gender oppression to violence against Indigenous women (Andersson et al., 2010; Brownridge, 2003; Cunningham, 2006; LaRocque, 2007; Olsen Harper 2011; Puchala et al., 2010; Smith, A., 2007; Smith, L. T., 1999; St. Denis, 2007). When Indigenous women were forced to adopt European gender roles, they “lost their identity, self-esteem, and power. These losses bred victimization, as abusers saw the women as lacking control, without strength, [and] highly vulnerable” (Puchala et al., 2010, p. 90).

Within Indigenous communities, Indigenous feminism appears quite controversial. “Some critics allege that Indigenous feminists use a ‘White’ or ‘colonial’ theoretical approach” (Green, 2007c). In addition, Indigenous feminists are often viewed as no longer standing in solidarity against oppression and racism in the dominant culture; and more specifically are not standing against the oppression and racism Indigenous men experience in the dominant culture (Green, 2007b, c; LaRocque, 2007; Smith, A., 2007; St. Denis, 2007). Further, “some First Nations historically placed a high value on women’s roles in society” (Green, 2007c, p. 21), therefore, the

critique is that the analysis forwarded by Indigenous feminism would not be necessary if the issues related to colonialism were addressed (Green 2007c; LaRocque, 2007; St. Denis, 2007). The final critique against feminist perspectives is that they fail to explain why some men are abusive towards their intimate partners and others are not (Heise, 1998).

### **Postcolonial and Indigenous research theories.**

Postcolonial and Indigenous research theories arose from the recognition of the global devastation wrought by imperialism and colonialism (Chilisa, 2012; Green, 2007c; Smith, 1999; Wilson, 2008). It is helpful to first look at postcolonial research theory by examining the root of the word, *colonialism* (Smith, 1999). *Colonialism* and *colonization* are used to describe the deliberate actions of the dominant group to “modify or eliminate the laws, customs, and belief systems of a community ... It involves the colonizer’s taking over a community’s social structures, governance, and administration and often imposing a different religion and worldview” (McGillivray & Comaskey, 1999, p. xiv; Smith, 1999). Colonizers also used *othering* as a means to separate themselves from the people whose countries they were taking. *Othering* is the process by which colonizers “make a people, culture or ‘race’ seem alien, deeply different from or even opposite to ones’ own” (McGillivray & Comaskey, 1999, p. xiv).

Globally, through the process of colonization, Indigenous peoples were oppressed and dehumanized (Chilisa, 2012; Smith, 1999; Wilson, 2008). “The trauma of colonization has left a void in many Indigenous people with respect to their identity, both collectively and individually” (Lavallée & Poole, 2010, p. 273; Puchala et al., 2010; Salée, 2006). Thus, postcolonial theory “has emerged out of a concern for human and civil rights, the rights of women and other forms of oppression” (Smith, 1999, p. 23).

Postcolonialism or anti-colonialism “refers to the critical analysis and deconstruction of

colonial discourses, practices, and relations of power” (Kuokkanen, 2007, p. 73; Green, 2007c). Deconstruction is “a critique that aims to analyze the information that is left out,” to highlight the other (Hesse-Biber, 2010, p. 172; Smith, 1999). Further, postcolonialism tries to ensure Indigenous perspectives, worldviews and the right to self-determination are addressed in the dominant culture’s politics, legislation, policies and programs (Green, 2007c; Salée, 2006; Smith, 1999). Rather than the universal thrust of many dominant discourses, postcolonial theories focus on diversity (Salée, 2006).

One critique of postcolonial theory is that it does not address the sexism that exists in both dominant and Indigenous societies (Green, 2007c; LaRocque, 2007; St. Denis, 2007). Nor is it able to explain why some Indigenous women are abused by their intimate partners and others are not (Brownridge, 2003; LaRocque, 2007; St. Denis, 2007).

Postcolonial theory can be applied to all people who have experienced colonization, including those who have regained control of their country. Whereas Indigenous research theory is a term that denotes the “theoretical and conceptual frameworks, and the epistemology, methodology, and ethics ... [that] bring together Indigenous ways of knowing” (Lavallée, 2009, pp. 21-22), Indigenous research frameworks incorporate Indigenous values regarding the interconnection between all, harmony, balance, and healing (Lavallée, 2009; Salée, 2006; Smith, 1999).

Smith (1999) advocates for decolonizing research methodologies, “challenging the hegemony of Western research ... integrating and applying the protocols of an Indigenous worldview with Western research methodologies” (Sinclair, 2003, p. 120). Smith (1999) emphasizes that decolonization, “does not mean, and has not meant a total rejection of all theory or research or Western knowledge. Rather, it is about centring our concerns and worldviews and

then coming to know and understand theory and research from our own perspectives and for our own purposes” (p. 39).

Postcolonial theories and Indigenous research methodologies have two major thrusts: to examine Indigenous life before colonization, and second, to analyze colonization and the meanings it has currently as well as in the future. Rather than the universal thrust of many dominant discourses, postcolonial theories focus on diversity (Salée, 2006). Smith (1999) notes that postcolonial theory focuses on numerous areas including (but not limited to): drawing connections, affirming interconnections; critically examining and rewriting Western histories to include the perspectives and experiences of Indigenous people; Indigenizing theories and research; addressing gender issues; envisioning, restoring, revitalizing Indigenous communities. Further, postcolonialism tries to ensure that Indigenous perspectives, worldviews and the right to self-determination are addressed in the dominant culture’s politics, legislation, policies and programs (Salée, 2006; Smith, 1999).

There is also debate regarding the appropriateness of non-Indigenous researchers conducting studies with Indigenous people (McGillivray & Comaskey, 1999; Sinclair, 2003; Smith, 1999). “Investigating the conditions of othered groups may be seen as a form of oppression and cultural colonization, a theft of cultural capital, even where that capital resides in someone’s pain” (McGillivray & Comaskey, 1999, p. 19; Sinclair, 2003). Most Indigenous postcolonial theorists suggest that any research be conducted in concert with Indigenous people (Chilisa, 2012; Smith, 1999).

Among Indigenous scholars, one of the critiques of postcolonialism is that it can obscure Indigenous worldviews (Chilisa, 2012; Smith, 1999). Further, the term *post* can leave one to think that colonialism is finished; yet, if one inserts the word globalization into the current circumstances

of Indigenous people, there is little difference from between people's current situations to those during European colonization (Chilisa, 2012; Smith, 1999).

Chilisa (2012) also raises the concern of some Indigenous scholars "that post-colonial theory can easily become a strategy for Western researchers to perpetuate control over research related to indigenous peoples and the colonized other in general, while at the same time ignoring their concerns and ways of knowing" (p. 49). One way to address this would be for Western researchers to simply identify postcolonial theory as a type of critical theory, thereby highlighting oppression and damage while not emphasizing the "wisdom and hope of the researched" (Chilisa 2012, p. 50; Sinclair 2003).

In summary, structural feminism, postcolonial and Indigenous research theories provide lenses to deepen understanding of abuse against Indigenous women. All three seek to address the hierarchies that arise when privilege and power devalues and oppresses other people. Social learning theory or the intergenerational transmission of abuse attempts to understand how colonialism and its harms is passed down through generations of Indigenous people.

### **Applying an ecological framework.**

As previously mentioned, the standpoint of this section is that no single theory has the capacity to fully explain why Indigenous women are at greater risk of being abused by their intimate partners. The ecological model provides a framework for understanding how the interconnections and interrelationships of various theories to help explain intimate partner abuse against women (Dahlberg & Krug, 2002; Haegerich & Hall, 2011; Heise, 1998; Johnson & Dawson, 2011; Tutty, 2012). An ecological framework can assist us in understanding why Indigenous women are at greater risk of intimate partner abuse.

Heise (1998) conceptualized an ecological framework for intimate partner abuse that

examines the interrelationships and interconnections between the individual, relationships, the community, and society. Visually, Heise (1998) depicted the ecological framework as four concentric circles (Appendix B). The inner circle constitutes personal characteristics, and life histories of the individual. The next circle is that of relationships or the microsystem, which “represents the immediate context in which abuse takes place—frequently the family or other intimate or acquaintance relationship” (p. 264). The next outer circle represents the community or exosystem, which includes informal and formal relationships such as “work, neighbourhood, social networks, and identity groups” (p. 264). Finally, the outer circle represents society or the macrosystem, which includes cultural norms and attitudes.

***Individual: Personal history level.***

The individual or personal history level consists of personal characteristics, biological factors, and life histories of the individual (Dahlberg & Krug, 2002; Heise, 1998). Background risk factors that apply to Indigenous women include their age and level of education (Brownridge, 2003, 2008; Johnson, 2006). Research is ambiguous about whether or how low socioeconomic status or the number of children might increase a woman’s risk of being abused by her intimate partner (Brownridge, 2003, 2008). Some characteristics (i.e., higher education) may simply be factors that her partner perceives as threatening.

Other studies indicate that men’s use of alcohol increases women’s risk of being abused (Brownridge, 2003, 2008; Fong, 2010; Gill, 2006; Brownridge, 2003, 2008; Johnson, 2006; Puchala, et al., 2010). Indeed, Brownridge (2003, 2008) found that, in the 1999 General Social Survey (GSS), a partner’s heavy use of alcohol increased Indigenous women’s risk of IPV by 17% and, in the 2004 GSS, by 28%. At the individual level, his use of alcohol can be seen as, “a situational factor, increasing the likelihood of violence by reducing inhibitions, clouding

judgement and impairing an individual's ability to interpret cues" (Heise & Garcia-Moreno, 2002 p. 98; Haegerich, & Hall, 2011).

Yet, some scholars contend "that the link between violence and alcohol is culturally dependent and exists only in settings where the collective expectation is that drinking causes or excuses certain behaviours" (Heise & Garcia-Moreno, 2002 p. 98). Brownridge (2003) notes that there seems to be a perception in Canada that alcoholism is "largely responsible for the domestic violence among Indigenous" (p. 79). He states that when he controlled his analysis for alcoholism, Indigenous women's risk for intimate partner abuse remained higher than that of non-Indigenous women. He suggested that this indicates that, rather than seeing the use of alcohol as causal, it "is more accurate to see the disproportionate rate of both alcohol problems and partner violence as symptoms of something larger" (p. 79), which provides indirect evidence of supporting colonization and the need for postcolonial theory. For example, some scholars contend that heavy drinking and alcoholism among Indigenous people are a means of coping with the "social and cultural distress" (Brownridge, 2008, p. 365) created by colonization (Baskin, 2012; Johnson, 2009). Yet, intimate partner violence is gendered, which indicates that Brownridge's (2003) finding also provides indirect support for feminist theory.

***Microsystem level: Relationships.***

As previously mentioned, the microsystem level of relationships "represents the immediate context in which abuse takes place—frequently the family or other intimate or acquaintance relationship" (Heise, 1998, p. 264). According to feminist theory, and social learning theory, men who take positions of patriarchal dominance are more likely to abuse their intimate partners (Heise, 1998; Hotaling & Sugarman, 1990; Johnson & Dawson, 2011).

Thus, a man's desire to be dominant could combine with situational factors (such as his

abuse of alcohol or low socioeconomic status) to increase Indigenous women's risk of being abused. The association between Indigenous women's risk and low socioeconomic status is more ambiguous. However, some scholars contend that a man's use of alcohol and economic distress could be the sources of arguments between couple, thus increasing a woman's risk of being abused by her intimate partner (Heise & Garcia-Moreno, 2002; Hotaling & Sugarman, 1990).

Another risk that applies to the microsystem level is the association between living common law and Indigenous women's increased risk for being abused by intimate partners. Nevertheless, the association is unclear. While living common law was associated as a risk in previous studies (Brownridge, 2003; Wilson, Johnson, & Daly, 1995); in 2008, Brownridge found no association. However, having been in a previous common law relationship was associated with increased risk of intimate partner abuse for Indigenous women (Brownridge, 2003, 2008). In fact, in the 1999 GSS, this factor increased Indigenous women's risk by 118% (Brownridge, 2003). The fact that his partner had been in a previous relationship could increase his sexual proprietariness and increase his vigilance regarding her fidelity (Johnson & Dawson, 2011), thereby increasing her risk of being abused. Further, from a feminist perspective, his actions can be seen as another strategy to exert his dominance.

***Exosystem level: Community.***

The community or exosystem level includes informal and formal relationships such as "work, neighbourhood, social networks, and identity groups" (Heise, 1998, p. 264). Communities can influence how partner abuse is perceived and addressed. For example, Baskin (2012) highlighted that while many Indigenous communities are aware of the high rates of family violence, people do not talk about it. According to feminist and social learning theories, when the community and/or peers support positions of patriarchal dominance, the risks and

severity of intimate partner violence against Indigenous women are increased (Brownridge, 2003, 2006a; Haegerich, & Hall, 2011; Lane et al., 2003; Heise, 1998; Wilson, M., 2004/2005). Yet, when community members are willing to intervene, rates of IPV within the community are reduced (Heise & Garcia-Moreno, 2002; Haegerich, & Hall, 2011).

Further, Lane and colleagues (2003) expressed concern regarding the increasing numbers of young Indigenous men who “appear to be caught up in a rising tide of community violence” (p. 49). The 2004 GSS asked people about problems in the neighbourhoods; Indigenous people were more likely than non-Indigenous people to report drug use and drug trafficking (22% versus 12%), public drunkenness and rowdy behaviour (18% versus 6%)” as concerns (Brzozowski et al., 2008, p. 9). Moreover, individuals living on reserves were at greater risk of being a victim of violent crime; on-reserve rates were eight times higher for assaults, seven times higher for sexual assaults and six times higher for homicides” than the rest of the country (Brzozowski et al., 2008, p. 10). According to postcolonial theory the level of community violence could also be a symptom of colonialism (Lane et al., 2003).

***Macro system level: Society.***

The macro system represents society, which includes cultural norms and attitudes that contribute to intimate partner abuse (Heise, 1998). Feminism and post-colonialism are theories that attempt to explain intimate partner abuse against Indigenous women at the macro level.

Anti-colonialism and Indigenous feminism highlight the systemic and structural oppression of Indigenous people. Johnson and Dawson (2011) define structure as the hierarchical nature of social institutions and social relations that relegates certain individuals, groups, or classes to positions of power prestige, and authority and others to subservience. Access to power is based not on individual ability but on ascribed status or

institutionalized advantage that gives certain individuals the opportunity to acquire status.  
(p. 26-27)

As previously discussed, various pieces of Canadian legislation (including the Gradual Civilization Act, Indian Act) served to oppress Indigenous people (Baskin, 2012; Fenwick, 2001; Shepard et al., 2006; Native Women's Association of Canada, 2007). They also entrenched patriarchal values upon Indigenous peoples, by giving increased status, power, and privilege to Indigenous men (Green, 2007a; Native Women's Association of Canada, 2007). The Matrimonial Real Property Act is an example of legislation that privileged Indigenous men over Indigenous women.

Feminist perspectives, including Indigenous feminism, highlight the contribution of gendered oppression to Indigenous women's higher risk of intimate partner abuse. Rigid gender roles and norms that place men in positions of privilege and entitlement support intimate partner violence against women (Andersson et al., 2010; Brownridge, 2003; Cunningham, 2006; Damant et al., 2008; Green, 2007c; Gill, 2006; Haegerich, & Hall, 2011; Heise, 1998; Heise & Garcia-Moreno, 2002; Johnson, 1996; Johnson & Dawson, 2011; LaRocque, 2007; Olsen Harper 2011; Puchala et al., 2010; Smith, A., 2007; Smith, 1999; St. Denis, 2007; Staggenborg, 2012; Tutty & Goard, 2002; United Nations, 1994, 2008; Weldon, 2002).

By combining the macro analyses of anti-colonialism and the feminist perspectives of Indigenous feminism, it is possible to see how Indigenous men who abuse their partners may be impacted. Brownridge (2003) suggests that Indigenous men may take on an attitude of patriarchal dominance in order to gain "a sense of self-worth through having power over their partner" (p. 78) while living in a society that consistently devalues them.

Further, the macro-level perspective of patriarchal domination could also explain why

many Indigenous women are at even greater risk from their intimate partners when they leave. From this perspective, Brownridge (2006a) contends that, “when women initiate separation within the context of a patriarchal culture, men may see this as a challenge to their patriarchal authority ... [and] may use violence to reclaim their rights and their role of dominance over their former partner” (p. 519).

In summary, these theories focus on the overarching societal factors that could increase an Indigenous women’s risk of intimate partner abuse. Each theory highlights various aspects of the issues that Indigenous women experience and attempts to understand and explain what might be happening. Yet, no single theory is capable of completely explaining why Indigenous women are at greater risk of being abused by their intimate partners. From my perspective, the ecological framework helps explain the interconnections and interrelationships between the various theories. Further, such an analysis highlights the complexities and the multiple layers of oppression that could place Indigenous women at greater risk and that can inform services, policies, and community responses.

## **Conclusion**

The high risk of intimate partner abuse and severity of violence experienced by Indigenous women in Canada is a serious concern, as has been highlighted in this chapter. Further, we know little about what resources and services Indigenous women seek for assistance to addressing their partner’s violence, the major focus of this dissertation. The chapter also reviews theoretical perspectives of why Indigenous women are at such a high risk of partner violence, concluding that an ecological framework that incorporates a number of theories, many with particular relevance to Indigenous women, is the preferred framework for analysis.

## Chapter Two: Methodology

As mentioned previously, the purpose of this study is to gain a contextual understanding of the issues, concerns, and formal support systems for abused Indigenous women living in the prairie provinces. The questions related to this study were in regard to the influence of colonialism on respondents' ability to access or use formal services, the importance of traditional cultural values and beliefs to the women's healing, and how system responses can become more sensitive. These questions were explored by mixed methods with a qualitative secondary analysis.

This chapter opens by discussing the reasons for adopting a qualitative approach and provides an overview of qualitative secondary analysis. As the data for this study was accessed from *The Healing Journey: A Longitudinal Study of Women who have been Abused by Intimate Partners*, the primary study is described. It, then, discusses how the secondary analysis was conducted, including using pragmatism as a research approach and the use of mixed methods. Then the roles of the researcher, data collection, and the ethical issues associated with this study are discussed. Next, it discusses the process of the data analysis, establishing trustworthiness and, finally, the limitations and strengths of the study methodology.

I chose a qualitative research approach for several reasons. First, as noted above, there is a paucity of literature focusing on the issues of Indigenous women been abused by their intimate partners and even less on Indigenous women living in Canada's prairie provinces. Qualitative research is particularly well suited for topics in which little information has been gathered (Creswell, 2007; Padgett, 1998; Smith, Bekker, & Cheater, 2011). Second, a qualitative approach is particularly appropriate when the topic is sensitive, carries emotional depth and, "we need a complex detailed understanding of the issue" (Creswell, 2007, p. 40; Glesne & Peshkin, 1992; Smith et al., 2011). Finally, qualitative research focuses the views of the participants,

emphasizing their issues and concerns, the contexts in which their responses arise, and highlights the meanings they assign to the problem (Creswell, 2007; Smith et al., 2011).

### **Qualitative Secondary Analysis**

Qualitative secondary analysis “involves the re-use of pre-existing qualitative data derived from previous research studies” (Heaton, 2008, p. 34; Irwin & Winterton, 2011; Long-Sutehall et al., 2011; Szabo & Strang, 1997; Whiteside, Mills, & McCalman, 2012). Conducting a secondary analysis of qualitative research is useful because qualitative studies often produce “a wealth of data (including methodological and analytical data) that does not get used in subsequent analyses. Secondary analysis thus enables greater use to be made of qualitative data beyond the project which originally produced them” (Irwin & Winterton, 2011, p. 3; Hinds, Vogel, & Clarke-Steffen, 1997; Mason, 2007; Szabo & Strang, 1997; Thome, 1998). Therefore, this approach is practical.

Yet, practicality is not a sufficient reason to return to previously collected qualitative data (Irwin & Winterton, 2011). Researchers perform qualitative secondary analysis for a variety of reasons including examining the study through a different theoretical lens; gaining historical perspectives on an issue; and for the opportunity to perform an in-depth analysis on specific aspects or issues that were contained in the original data but were not primary thrust of the original study (Heaton, 2008; Hinds et al., 1997; Irwin & Winterton, 2011; Szabo & Strang, 1997). Moreover, secondary analysis provides the opportunity to “gain further insight on hard-to-reach populations or sensitive topics without further intrusion into vulnerable populations” (Irwin & Winterton, 2011, p. 3; Long-Sutehall et al., 2011; Szabo & Strang, 1997; Whiteside et al., 2012). In this study, then, Indigenous women will not have re-tell their experiences of abuse from their intimate partners.

There are three options for accessing qualitative secondary data: formally, through public or institutional archives that have been established for this purpose; informally, through primary researchers who are willing to share their data; or when the primary researcher returns to a previous data set (Heaton, 2008; Hinds et al., 1997; Parry & Mauthner, 2005). Irwin and Winterton (2011) note that studies using focus groups and/or semi-structured interviews are more suitable for secondary analysis than strategies that rely on long term observation or cultural immersion such as ethnography.

However, as with any methodology, there are also limitations to secondary qualitative analysis. Heaton (2008) describes three main areas of concern regarding this approach: data fit; the ability of a secondary researcher to interpret the results because they did not collect the data and, therefore, could miss context; and how the secondary analysis can be verified or, in other words, how trustworthiness is established.

Concern regarding the data fit centres on whether the data collected in one study will have the information necessary to complete the study of the second (Hammersley, 2010; Heaton, 2008; Hinds et al., 1997; Long-Suthehall et al., 2011). If the aims are too similar, there is little point in conducting a secondary analysis; yet if the aims of the secondary analysis are too different then the data collected in the original study will not have the capacity to answer the research questions (Hammersley, 2010; Heaton, 2008; Whiteside et al., 2012). To address this concern, secondary analysis is frequently an in-depth analysis on specific aspects or issues that were contained in the original data but were not primary thrust of the original study (Heaton, 2008; Hinds et al., 1997; Irwin & Winterton, 2011; Long-Suthehall et al., 2011; Szabo & Strang, 1997).

The next concern with respect to secondary qualitative analysis is that the researcher does

not have a relationship with the participants. Hence, the researcher loses the reflexive and flexible nature of qualitative research by developing a relationship with the participants and co-constructing the data (Hammersley, 2010; Heaton, 2008). However, Hammersley (2010) argues that this can also be true of an original study, noting that many qualitative studies are conducted by teams of researchers. Thus, the researcher conducting the analysis is not necessarily the person who collected the data. Moreover, in the analytic process, researchers further contextualize and re-contextualize the data. Thus, Hammersley contends that secondary analysis does not necessarily differ substantially from primary research.

Nevertheless, by not having a direct relationship with participants, the secondary researcher cannot access the knowledge that comes with having been part of the original process (Hammersley, 2010; Irwin & Winterton, 2011; Parry & Mauthner, 2005; Sandelowski, 2011; Szabo & Strang, 1997). Secondary researchers can gain an idea of the context but cannot have the intimate knowledge of the original interviewer (Hammersley, 2010; Heaton, 2008). Yet, not even primary interviewers can claim to have a complete understanding of the process (Hammersley, 2010; Irwin & Winterton, 2011; Parry & Mauthner, 2005).

Irwin and Winterton (2011) contend that, “Primary analysts have a privileged relationship to the data they have generated, but do not necessarily have a privileged claim on the arguments which can be made from that data” (p. 8). Nevertheless, the issues related to good analysis differ between primary and secondary research. Primary researchers must guard against prematurely deciding on the meaning of phenomena within a study, whereas secondary researchers must guard against not being sensitive enough (Hinds et al., 1997; Whiteside et al., 2012).

Additionally, when researchers are re-using data, any limitations of the primary research exist in the second study (Whiteside et al., 2012). Therefore, the more information available to

the secondary researcher regarding the original data set, the better (Whiteside, 2012). How this study addressed these issues is discussed in the limitations and strengths section.

Finally, given the nature of secondary qualitative analysis, verifying or establishing trustworthiness is even more critical (Hammersley, 2010; Heaton, 2008; Irwin & Winterton, 2011; Long-Sutehall et al., 2011). Heaton (2008) suggests that secondary researchers use the procedures outlined by Lincoln and Guba (1985) to establish trustworthiness.

### **Primary research study: The Healing Journey.**

The data I accessed was from *The Healing Journey: A Longitudinal Study of Women who have been Abused by Intimate Partners* funded by a SSHRC-Community University Research Alliance (CURA) for four years to explore “abuse experiences, health, mental health, well-being, and utilization of resources” (Tutty, Radtke, & Nixon, 2009, p. 5), under the auspices of RESOLVE (Research and Education for Solutions to Violence and Abuse), one of the five national family violence and violence research institutes.. Dr. Jane Ursel (University of Manitoba) was the principal investigator of the study, which consisted of an academic team from nine different universities and colleges across the prairie provinces (Manitoba, Saskatchewan, and Alberta), as well as partners from community agencies such as VAW shelters. The lead academic researchers from RESOLVE Alberta, RESOLVE Manitoba and RESOLVE Saskatchewan ensured the study received ethics approval from their respective universities.

Tutty and colleagues (2009) noted that women were recruited from various geographic locations in each province. Additionally, they “purposely recruited participants from diverse backgrounds, including Indigenous women, immigrant/refugee women, women with disabilities, senior women, and lesbian/bisexual women. These participants represent marginalized groups that have typically been underrepresented in family violence programming, policy and research”

(p. 11). Potential participants were recruited from agencies across Manitoba, Saskatchewan, and Alberta that “provide services to abused women including services/programs that serve Aboriginal women, immigrant women, and disabled women ... over a six-month period” (p. 6).

Tutty and colleagues (2009) described their sampling criteria as the following:

The inclusion criteria for all participants are women who: (1) are 18 years of age or older; (2) have experienced intimate partner violence in January 2000 or more recently; (3) are not suffering from a major mental health problem that would impair their comprehension or memory; and (4) are not in crisis. We adopted these criteria in order to avoid the prohibitive costs associated with getting family consent for girls, the legal and safety issues associated with periods of crisis, and reporting inaccuracies related to retrospective memories or mental health problems. (p. 6)

In total, 665 women, approximately 200 from each province, participated in the study, which included quantitative and qualitative portions (Tutty, Radtke, & Nixon, 2009). The longitudinal quantitative component included in-depth surveys and self-report instruments “designed to assess (1) general wellbeing and functioning, (2) re-victimization, (3) parenting/child issues, and (4) health” (p. 7). Trained interviewers conducted these surveys with participants every six months over 3½ years.

#### ***Standardized measures.***

The standardized measures completed by the respondents were the Composite Abuse Scale (CAS), Symptom Checklist-10 (SCL-10), Center for Epidemiologic Studies Depression Scale 10 (CESD-10) and the PTSD Checklist. The measures and their psychometric properties are described below.

Although the Composite Abuse Scale (CAS) (Hegarty, Bush & Sheehan, 2005; Hegarty & Valpied, 2013) was designed to screen for intimate partner abuse, the primary study used it to assess the types, frequency, and severity of abuse that the participants experienced from their partners. The CAS is a self-report measure with four subscales: Severe Combined Abuse, Emotional Abuse, Physical Abuse, and Harassment as well as a Total CAS score. The measure consists of 30 items in which participants identify whether their partner took certain actions in the past 12 months, and the frequency of such actions in a six-point format of never (0), only once, several times, once per month, once per week, to daily (5) for a total possible score of 150 (Hegarty, Bush & Sheehan, 2005; Hegarty & Valpied, 2013). To minimize false positives, clinical cut-off for the entire scale is 3 - 7 (Hegarty, Bush & Sheehan, 2005; Hegarty & Valpied, 2013). The CAS has strong criterion and construct validity, as well as internal reliability ( $\alpha = 0.85$ ); the subscales also have a Cronbach's alpha of 0.85 or above (Hegarty, Bush & Sheehan, 2005; Hegarty & Valpied, 2013).

As discussed by Hegarty and Valpied (2013), each of the subscales examines a particular aspect of intimate partner abuse. The Severe Combined Abuse subscale consists of eight items that represent severe physical abuse (i.e., partner used a weapon), all sexual abuse items, and physical confinement (which is a facet of emotional abuse). Possible scores for the Severe Combined Abuse subscale range from 0-40, with a cut-off of 1. The Physical Abuse subscale has seven items examining less severe forms of physical abuse (possible score 0-35; cut-off of 1); while the Emotional Abuse subscale consists of 11 items with a possible score of 0-55 and a cut-off of 3; and the Harassment subscale consists of four items with a possible score of 0-20 and a cut-off of 2. "If a participant's score is equal to or greater than the cut-off score, they are determined to have experienced that type of abuse" (Hegarty & Valpied, 2013, p. 9).

The Symptom Checklist-10 (SCL-10) was developed by Nguyen, Attkisson and Stegner (1983) as a short form of the SCL-90 which assesses mental health and distress. The 10 items of the SCL-10 ask participants to rate their level of distress in the past week on a Likert scale from never (0) to extremely (4) on six depression items, two somatization items and two phobic/anxiety items. Published clinical cut-off scores for this version are not available. However, Müller and colleagues (2010) analyzed short versions of the Symptom Checklists, suggesting a clinical-cut off of 14.2 for the SCL-10. This measure has strong validity (Müller, Postert, Beyer, Furniss, & Achtergarde, 2010) and reliability (Müller et al., 2010; Nguyen et al., 1983).

The Center for Epidemiologic Studies Depression Scale 10 (CESD-10) is a 10-item scale, which was used to measure participants' level of depression. This scale was originally designed as a 20-item scale by the Centre for Epidemiologic Studies, but as noted by Andresen, Malmgren, Carter and Patrick (1994), researchers and clinicians objected to the length, thus the short form was developed. The CESD-10 has shown to have good reliability and validity (Andresen et al., 1994). Respondents rated how each of the 10 items influenced them in the past week using a 4-point Likert scale from rarely (0) to most of the time (3) with a possible score range of 0 to 30, in which higher scores indicate increased depression symptoms (Andresen et al, 1994). There has been debate in the literature about the appropriate clinical cut-off for the CESD-10. While Andresen and colleagues (1994) suggest a clinical cut-off of 10; Björgvinsson, Kertz, Bigda-Peyton, McCoy, and Aderka (2013) suggest a higher cut-off score of 15 to increase sensitivity and specificity, while Weis Aderka, Lee, Beard and Björgvinsson (2015) suggest a cut-off of 16.

As Blanchard, Jones-Alexander, Buckley, & Forneris (1996) discussed, the PTSD Checklist (PCL) was designed to screen for post-traumatic stress disorder (PTSD). It consists of 17 items, five of which address re-experiencing symptoms, three items regarding avoidance or numbing, and two items that examine hyperarousal. Participants rate on a Likert scale how much they have been bothered in the past month by that particular symptom, from not at all (0) to extremely (4). The PTSD Checklist has demonstrated to be valid and reliable (Blanchard et al., 1996; Wilkins, Lang, & Norman, 2011). Blanchard and colleagues suggest a cut-off score of 44. A more recent study by Ruggiero, Ben, Scotti and Rabalais, (2003) supports this cut-off score.

### ***The qualitative interview schedule.***

The qualitative semi-structured interviews (Appendix A) were designed by a subset of Healing Journey team members, allowing the primary researchers to gain additional depth and context to the respondents' experiences of intimate partner abuse and their healing journeys; 91 women (31 women from Manitoba, 31 from Saskatchewan, 30 from Alberta) participated in the qualitative component. It was decided that the research assistant who was interviewing a woman for the surveys would be the person who interviewed her for the qualitative component. In the qualitative interviews, each participant was asked about her relationship with her abusive partner, how she coped, whether she had any support, and the impact on her children. In addition, the interviewer asked what her life is like now and what she envisioned for her life in the next five years. Specific probes were created for women who may be marginalized by the dominant society. The interviewers would only use these probes if the participant had not already discussed her experiences as a member of a marginalized group in the interview.

### **Secondary Analysis of the Primary Research Study**

Based on the criteria described by Heaton (2008), Parry and Mauthner (2005) access to

the qualitative interviews for this study was gained through the willingness of the primary researchers of the *Healing Journey* to share their data with respect to the 40 Indigenous women who participated in the semi-structured qualitative interviews. Formal permission to use the data, including demographic information, standardized mental health measures, and qualitative interview transcripts was obtained from RESOLVE. I obtained ethical approval for this study from the Conjoint Faculties Research Ethics Board at the University of Calgary.

By analyzing the data, I hoped to gain a contextual understanding of the issues, concerns, and formal support systems for abused Indigenous women living in the prairie provinces. My initial research questions asked if colonialism influenced respondents' ability to access or use formal services, if traditional cultural values and beliefs were important to the women's healing, and how support system responses could become more sensitive to the needs of Indigenous women.

There appeared to be a good data fit between the primary study and my dissertation study because my focus consisted of an in-depth analysis of data collected in the original study. The questions asked with respect to the current study seem aligned with those asked in the original. The difference is that the current analysis focuses solely on the issues, concerns, and support systems of Indigenous women abused by intimate partners, with particular attention paid to colonialism and resilience. By re-using the interviews, I hoped to explore the issues raised by the respondents "without further intrusion" (Irwin & Winterton, 2011, p. 3).

### **Pragmatism**

Just as other researchers undertaking a study, I made decisions about the appropriate research design: whether I should align with a specific theoretical research approach or choose pragmatism. Careful consideration of how to best answer my research questions in a qualitative secondary analysis determined the best approach.

Smith and colleagues (2011) state that theoretical qualitative approaches “can be divided into three broad groups: understanding the use and meaning language; describing and interpreting participants’ views; and developing theory” (p. 42). The first category allows researchers to gain an understanding of language through discourse or conversational analysis. Since the focus of this study was not on language, these approaches were not appropriate.

Both narrative research and phenomenology fall in the second group of theoretical qualitative approaches that describe and interpret respondents’ views. Narrative research seeks to understand individual lives by analyzing the data to create stories about participants’ lives; those stories are then often placed in a chronological framework (Creswell, 2007). This study was not seeking to create a story; thus, this approach was not deemed appropriate. Nor was phenomenology a viable option because this approach seeks to gain insight into a phenomenon (Creswell, 2007; Smith et al., 2011). I am not seeking to understand the meaning of domestic violence or the process by which women sought assistance or services.

The final category is that of theory development through grounded theory (Smith et al., 2011). Although, this study seeks to interpret clients’ descriptions into theory to gain a more in-depth understanding of Indigenous women’s experience of IPV, grounded theory relies on theoretical sampling, which collects and analyzes data simultaneously (Charmaz, 2006; Coyne, 1997; Creswell, 2006). Based on emerging theory, grounded theorists may return to previous participants with new questions, change the questions that they ask new participants, or change recruitment strategies (Charmaz, 2006; Coyne, 1997, Creswell, 2006). Since this study was a secondary analysis, theoretical sampling was not possible.

Since the above theoretical approaches seem inappropriate, I used pragmatism, meaning that I combined a variety of qualitative research methods (Berg, 1995; Creswell, 2007; Glesne &

Peshkin, 1992; Marshall & Rossman, 1995; Padgett, 1998; Patton, 2002). Patton (2002) contends that researchers using qualitative research methods need not place their study in a specific theoretical framework. “Pragmatic and utilitarian frameworks can guide qualitative inquiry on their practical and applied underpinnings without having to be attached to or derived from a theoretical tradition” (Patton, 2002, p. 145; Sandelowski, 2000, 2010; Smith et al., 2011).

Some scholars contend that pragmatism is a theoretical stance that, “accepts, philosophically, that there are singular and multiple realities that are open to empirical inquiry and orients itself toward solving practical problems” (Feilzer, 2010, p. 8; Evans, Coon, & Ume, 2011; Morgan 2007). Morgan (2007) states that a pragmatic approach accepts the importance epistemology but that it does not place philosophical issues above methods. He argues that “purely epistemological issues ... [are] the province of philosophers” (p. 68) not researchers. Yet, he also states that researchers need to pay attention to the interconnections between methodology, epistemology, and methods “with issues in research design, rather than separating our thoughts about the nature of knowledge from our efforts to produce it” (p. 68).

While scholars’ debate whether a pragmatism is a distinct theoretical approach, “pragmatists agree that research always occur in social, historical, political, and other contexts” (Creswell, 2007, p. 23). Researcher’s worldviews are reflected in the research they do; therefore, reflexivity is an important aspect of pragmatism (Evans et al., 2011; Feilzer, 2010; Morgan, 2007). Research questions are not inherently “important,” and methods are not automatically “appropriate.” Instead, it is we ourselves who make the choices about what is important and what is appropriate, and those choices inevitably involve aspects of our personal history, social background, and cultural assumptions ... It is important to note that these aspects of our worldviews as researchers involve essentially ethical and moral issues. (Morgan, 2007, p. 69)

Moreover, pragmatists note that, regardless of the theoretical orientation to which a researcher may ascribe, qualitative researchers tend to use similar methods (Creswell, 2007; Padgett, 1998; Patton, 2002; Sandelowski, 2000, 2010; Smith et al., 2011). Therefore, pragmatism is advantageous in that it allows researchers to concentrate on the methods best suited to answering their research questions rather than focusing on epistemology (Creswell, 2007; Feilzer, 2010; Patton, 2002). Hence, a pragmatic approach can be used with qualitative or quantitative methods (Creswell, 2007; Feilzer, 2010; Evans et al., 2011; Morgan, 2007; Patton, 2002).

Pragmatism also permits greater flexibility by allowing researchers to revise the research design as well as the strategies for data collection and analysis as the study evolves (Marshall & Rossman, 1995; Feilzer, 2010). This flexibility is one of the strengths of a pragmatic approach to research because unanticipated issues are sure to arise and, thus, the research design can be modified (Marshall & Rossman, 1995; Feilzer, 2010).

The flexibility and reflexivity afforded by a pragmatic approach is important in this study. Awareness of my own worldview, as well as the worldviews of the participants, the historical and political contexts in which we live were essential in conducting this research. As a Western white woman exploring the issues with abused Indigenous women, the reflexivity and flexibility of pragmatism helped ensure that I remained focused on the views of the participants and allowed me to address research issues and modify my approach as needed.

While this study is based on a qualitative methodology, I am also being pragmatic by doing mixed methods research. To help me have the best possible understanding of the women's experiences, RESOLVE granted me access not only to the qualitative interview transcripts, but also to the CAS and mental health measures. As Hesse-Biber (2010) points out, mixed method

research “uses both quantitative and qualitative data to answer a particular question or sets of questions” (p. 26; see also Bergman, 2011; Doyle, Brady, & Byrne, 2009, 2019; Johnson, Onwuegbuzie, & Turner, 2007; Sandelowski, 2014).

### **The Researcher’s Role**

To conduct the analysis, I was informed by intersectional feminism, postcolonial, and Indigenous research theories. I also used an ecological framework to help me understand the complexities of the respondents’ lives. As a person, I am a social constructionist in that I believe in multiple realities (Payne, 2005). I have a strong sense of social justice and identify myself as an intersectional feminist. However, I cannot speak in first voice regarding abuse against Indigenous women because I am a white Western woman. Given the nature of this study, intersectionality presents an important theoretical lens because Indigenous women are often dealing with multiple forms of oppression and discrimination. Intersectionality seeks to:

understand what is created and experienced at the intersection of two or more axes of oppression. In so doing, it recognizes the multidimensional and relational nature of social locations and places lived experiences, social forces, and overlapping systems of discrimination and subordination at the centre of analysis. (Hankivsky et al., 2010 p. 3; Cunningham, 2006)

Further, being informed by postcolonial and Indigenous research theory also helped enhance my sensitivity to the issues.

Yet, reading about postcolonial theory, and Indigenous research theory raised ethical dilemmas and concerns for me. I certainly do not want to my actions to contribute to further oppression. As a White woman, by definition, I could not use these methodologies without the guidance and support of Indigenous researchers. However, dissertations cannot be written as

team projects. Being informed by postcolonial theory and Indigenous research theory means that I am striving to be aware, sensitive, and respectful of historical and current colonialism, injustice and oppression; to be aware, sensitive and respectful of differences in culture and worldviews.

Therefore, reflexivity was a key aspect for me in completing this research. Patton (2002) states that “reflexivity reminds the qualitative inquirer to be attentive to and conscious of the cultural, political, social, linguistic, and ideological origins of one’s own perspective and voice as well as the perspective and voices of those one interviews” (p. 65). Further, reflexivity “calls forth an awareness of power imbalances between the researcher and the researched, the need to be mindful of the research concepts used within a given study, and the importance of listening throughout the research process” (Hesse-Biber, 2010, p. 131).

I brought other strengths to the research process. Padgett (1998) notes that many attributes influence researcher-respondent dyads that are not based on demographic sameness, but rather on the knowledge and skills of the researcher. While she is speaking of the interview process, I believe that this standpoint also applies to data analysis. I am passionate about issues related to domestic violence and have spent over 30 years of my life as a clinician working with people regarding issues of abuse, both childhood and intimate partner abuse. Further, I have worked for over fifteen years as a research assistant regarding intimate partner abuse. Many of the people with whom I worked on a daily basis have been othered by the dominant culture. In order to do the best clinical work that I can, and be the best possible researcher, I must be sensitive, aware and respectful. My job is not to make people understand my worldview, but to understand their worldview as fully as possible.

## **Data Collection**

Work on this study began only after I have received ethical approval from the University of Calgary Conjoint Faculties Research Ethics Board. I used the purposeful sampling strategy identified by Patton (2002) as criterion sampling, which means that the selected participants “meet some predetermined criterion of importance” (p. 238). Given that this study is a qualitative secondary analysis, I obviously used the original participant criteria from the Healing Journey longitudinal study with the added stipulation that the respondents identified themselves as Indigenous. Since women self-identified as Indigenous, the participants in this study represented a diverse group, including women who were First Nation, non-registered, and Métis. The sample size included the 40 women who identified themselves as Indigenous in the qualitative interviews.

Because the qualitative interviews were only one piece of the larger study, demographic information was not collected from the women who participated in the qualitative interviews. The primary researchers collected this information in other aspects of the longitudinal study. Therefore, I formally requested demographic information (such as ethnicity, marital status, age, number of children, education) regarding the participants in the study, as well as the demographic information related to their partners.

The original study used semi-structured interviews or the general interview guide approach which “provides topics or subject areas within which the interviewer is free to explore, probe, and ask questions that will elucidate and illuminate that particular subject” (Patton, 2002, p. 343). A limitation of a general interview guide approach is that interviewers are usually required to stay within the established framework (Patton, 2002). However, qualitative interview approaches may be blended (Patton, 2002).

The primary researchers did, indeed, blend the semi-structured interview format with strategies from the informal conversational interview. The primary researchers did not wish to limit participants scope in discussing what was meaningful to them. Therefore, the interviewers could follow the women's conversations into unanticipated directions. The primary researchers' intent was to provide a framework, but also allow the "flexibility, spontaneity, and responsiveness" (Patton, 2002, p. 343) of the informal conversational interview.

The interview guide in the primary research asked women about their experiences of intimate partner abuse and their healing journey. Each participant was asked about her relationship with her abusive partner, how she coped, whether she had any support, and the impact on her children. In addition, the interview guide asked what her life is like now and what she envisioned for her life in the next five years. Specific probes were created for women who may be marginalized by the dominant society. Interviewers would only use these probes if the participant had not already discussed her experiences as a marginalized person in the interview.

### **Ethical Issues**

The ethical issues that arise in a secondary analysis are different from those in primary research because most of the ethical issues related to working with participants do not apply. For example, in secondary analysis, there are no risks or benefits to participants since one is working with transcripts not people (Thorne, 1998). However, in secondary analysis, informed consent and confidentiality must still be addressed.

The participants signed informed consent for the original study, not the secondary analysis. The debate in the literature focused on "whether the re-use of data violates the contract made between the participants" (Long-Suthehall et al., 2011, p. 339; Heaton, 2008; Hinds et al., 1997; Whiteside et al., 2012). Much of the debate seems centred on the issues related to

qualitative data that is housed in public and institutional archives (Heaton, 2008; Long-Sutehall et al., 2011). However, when data is shared by the original researchers, scholars seem to agree that the informed consent from the primary study is only violated if the re-use changes “the focus of the initial intention of the research” (Long-Sutehall et al., 2011, p. 339; Thorne, 1998; Whiteside et al., 2012). Since I conducted an in-depth analysis from the RESOLVE interviews, and the study is aligned with the intention of the original research, the original informed consent form stands.

Overall, when working with anonymous transcripts, issues of confidentiality are lessened. However, as Patton (2002) points out, confidentiality and anonymity are not the same. Thorne (1997) states that, in secondary analysis, one potential risk for confidentiality is related to the fact that researcher is working with an anonymous data set. She stated that primary researchers, by virtue of their direct contact with participants, have a greater awareness when a particular respondent may be more identifiable within their community; yet, this may not be as readily apparent to a secondary researcher working with anonymous transcripts. Her concern is that a secondary researcher could inadvertently breach confidentiality. Therefore, when direct quotes were cited in the current study, any identifying information (such as names or locations) in the transcript were eliminated. When it was not possible to eliminate name, pseudonyms were used to help protect confidentiality. Further, the demographic information was only reported in aggregate.

Notes and paper files are stored in my home office and kept in a locked filing cabinet. Information stored electronically on my computer is password protected.

### **Data Analysis**

According to Patton (2002), one of the many challenges of qualitative analysis is that

there are no absolute rules, only guidelines. To analyze the data, qualitative researchers must understand what their data actually reveals. Patton identifies description of the data as the first task of qualitative analysis and interpreting the data as the second task of data analysis. These two tasks are similar to the processes called first-level coding and second-level coding by Coleman and Unrau (1996). I used NVivo 11 to manage the data throughout the analytic process.

Coleman and Unrau (1996) suggest that qualitative researchers begin first-level coding by previewing the data to determine what needs to be described. This previewing process involves immersing oneself in the data by reading and rereading the interviews to avoid prematurely imposing codes. Once thoroughly immersed in the data, the researcher begins to detect recurring ideas, topics, and patterns emerging from the data (Patton, 2002). At this point, the researcher is ready to begin organizing these topics into discrete groups in the coding process (Patton, 2002). Many qualitative researchers suggest initially looking at small units of information, then sorting these units into categories; then identifying similarities and differences between these categories; and only then slowly move to more broadly to formulate sub-themes and themes (Coleman & Unrau, 1996; Lincoln & Guba, 1985; Padgett, 1998). Yet, Coleman and Unrau also suggest the opposite procedure of beginning analysis by looking for broad themes and then refining the analysis into sub-themes and categories as these distinctions emerge from the data.

For me, beginning with broad themes and then funneling the data into finer distinctions was a better approach. Beginning with broad themes helped me keep the participants comments in context, which help me avoid misinterpretation and the potential of researcher bias. According to Padgett (1998) researcher bias occurs when researchers have intentionally or unintentionally distorted the findings through their preconceptions and opinions.

To describe the data, I used inductive analysis to create the themes. Hence, “findings emerge

out of the data, through the analyst's interactions with the data, in contrast to deductive analysis where the data are analyzed according to an existing framework" (Patton, 2002, p. 453).

Qualitative researchers work back and forth between their data and their coding systems to ensure that the codes are meaningful and accurate (Patton, 1990). They, then, test that the coding set is complete by checking that the information within each code is consistent. When one looks at the entire set of codes, they should present an overall view of the data.

Once, I described the data set, the second task of qualitative analysis is interpreting the meaning of the data: to explain the findings, to examine the implications of specific results (Patton, 1990). Qualitative researchers interpret the data to build theory with the goal of enhancing the understanding of the respondents' experiences (Glesne & Peshkin, 1992; Lincoln & Guba, 1985).

I used the literature to help me understand unanticipated findings, as well as to compare study findings with those of other researchers. I used aspects of what some pragmatists' call abductive reasoning, the process by which a researcher "moves back and forth between induction and deduction" (Morgan, 2007, p. 71; Evans et al., 2010; Feilzer, 2010). While this approach is common in mixed methods research when researchers are actively combining quantitative and qualitative methods in their study, I found this process useful in analyzing the data.

The distinction between induction and deduction shows up in almost every methods textbook as one of the key features that distinguishes Qualitative and Quantitative Research. Such a sharp separation between these two ways of connecting theory and data is undoubtedly useful for teaching beginning students about the most basic options in making decisions about the kind of research they will do. Yet any experienced researcher knows that the actual process of moving between theory and data never operates in only

one direction. Outside of introductory textbooks, the only time that we pretend that research can be either purely inductive or deductive is when we write up our work for publication. During the actual design, collection and analysis of data, however it is impossible ... A far more interesting option is to explore the potential for working back and forth between the kinds of knowledge we have already produced under the separate banners of Qualitative and Quantitative Research ... Rather than each camp dismissing the others' work as based on wholly incompatible assumptions, our goal would be to search for useful points of connection. (Morgan, 2007, pp. 70-71)

I used inductive reasoning to compare study findings with those of other researchers; but I also used the reasoning of other researchers deductively to enhance my understanding of the findings within my study (whether their research methodology was quantitative or qualitative).

### **Assessing Trustworthiness**

As previously mentioned, given the nature of secondary analysis, verification of the study or establishment of trustworthiness is even more critical. As I am new to qualitative secondary analysis, I followed Heaton's (2008) suggestion and used the procedures outlined by Lincoln and Guba (1985) to establish trustworthiness. Trustworthiness means that one can be confident that the study was conducted ethically and fairly; that the findings accurately represent the respondents' experiences, and the researcher's interpretations are credible (Padgett, 1998). Trustworthiness is judged on four criteria: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). This section looks at each of these four criteria, in turn, and examines the specific techniques used to address each criterion to establish trustworthiness.

#### **Credibility.**

Credibility is a term that refers to why others should believe one's findings and

interpretations (Lincoln & Guba, 1985). Patton (2002) notes that others' perceptions of a researcher's credibility affect the overall view of the qualitative study's worth. Therefore, information about the researcher that may affect data collection, analysis or interpretation must be documented (Patton, 2002). Yet, Patton suggests that what truly establishes a study's credibility is not the personal characteristics of an individual researcher, but the investigator's ability to demonstrate that the findings are valid because the researcher used rigorous methods and techniques throughout data collection and analysis (see also Marshall & Rossman, 1995). The techniques used to establish the credibility are thick description, triangulation, peer debriefing, negative case analysis, audit trail, and member checking (Lincoln & Guba, 1985).

***Thick description.***

Thick description is the process of providing enough quotes, detail, and context in the results that others can understand the respondents' experiences and form their own opinions regarding the meaning of those experiences (Lincoln & Guba, 1985; Patton, 1990). Marshall and Rossman (1995) propose that this level of detail demonstrates that the findings must be believed. For this study, thick description is provided in the results chapters and the interpretations of these findings are presented in the discussion chapter.

***Triangulation.***

Triangulation means that a researcher has used multiple perspectives to gain a comprehensive view of an issue (Coleman & Unrau, 1996; Padgett, 1998). In this study, I used three different types of triangulation: source, analyst, and theory/perspective.

Triangulation by source means that the researcher has used a single method to collect the data but accessed more than one respondent (Patton, 1990). In this study, I used the data from 40 semi-structured interviews. This enhances credibility because the findings demonstrate that more

than one person reported similar experiences.

Analyst triangulation means that more than one analyst has reviewed the researcher's findings (Patton, 1990). In this study, a peer independently coded portions of the transcripts. Her application of these coding rules established that she made similar decisions regarding the data. She also reviewed and critiqued my interpretations of the data, helping to establish that the findings are credible by safeguarding against researcher bias (Lincoln & Guba, 1985; Padgett, 1998).

Finally, theory or perspective triangulation means that the researcher has used multiple perspectives to interpret the data (Patton, 1990). Reviewing the literature and comparing the findings in the literature with the current findings helps establish credibility (Strauss & Corbin, 1998). In this study, the comparison of data to the literature is contained in the discussion chapter.

### ***Peer debriefing.***

The term peer debriefing refers to the qualitative researcher's use of peers to examine, question, and probe the researcher's thinking, provide feedback and constructive criticism to ensure the researcher's focus has emerged from the data and not from personal biases (Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Padgett, 1998). Lincoln and Guba emphasize that the person in this role must truly be a peer—neither senior nor junior to the researcher. If the person is senior, or in a position of authority, then the researcher may be reluctant to voice some of her/his views; and if the person is junior, then the researcher may disregard the person's comments. In this study, I accessed friends and colleagues who were willing to take on this role. As suggested by Lincoln and Guba, peers checked my assumptions, challenged my thinking, and provided reflective feedback. Using peers for debriefing enhances a study's credibility by

safeguarding against researcher bias (Lincoln & Guba, 1985; Padgett, 1998).

***Negative case analysis.***

Negative case analysis is the process qualitative researchers use to test their interpretations by searching for evidence to refute the interpretation (Padgett, 1998). Use of this technique indicates that the researcher is willing to search for alternate explanations for their interpretations (Marshall & Rossman, 1995). An interpretation that applies to a reasonable number of respondents is evidence that the interpretation is valid (Lincoln & Guba, 1985). Negative case analysis also safeguards against researcher bias (Padgett, 1998). I used this technique in the data analysis to enhance the credibility of the findings.

***Audit trail.***

An audit trail entails researchers documenting and maintaining records of every step of the research process through data collection and analysis (Coleman & Unrau, 1996; Lincoln & Guba, 1985; Padgett, 1998). Documenting the procedures and the rationale for each decision helps provide evidence that the researcher's work is believable (Coleman & Unrau, 1996). The detail provided in the methods chapter of the processes followed in study design, data collection and analysis helps to establish this study's credibility.

***Member checking.***

Member checking refers to the ability of the researcher to ask participants to confirm or refute the researcher's interpretations (Coleman & Unrau, 1996). This technique enhances credibility because it verifies the findings and safeguards against researcher bias (Padgett, 1998). As a secondary analysis, member checking was not possible.

***Transferability.***

Transferability refers to the extent that the findings of a study can be applied to other

respondents or other contexts (Lincoln & Guba, 1985). The decision to apply the findings of one study to another is not determined by the original researcher, but by future researchers that may wish to transfer the findings to other respondents or contexts (Lincoln & Guba). It is the responsibility of the original researcher to provide enough thick description to allow future researchers to decide if the study findings can be applied to other situations (Lincoln & Guba). As a reminder, thick description ensures that enough detail has been provided that others can form their own opinions regarding the meaning of respondents' experiences (Lincoln & Guba, 1985; Patton, 2002). Marshall and Rossman (1995) propose that this level of detail demonstrates that the findings must be believed. By providing the detailed information regarding the findings in the results and discussion chapters of this study, I believe that future researchers could determine if the findings from this study could be applied to other inquiries.

### **Dependability.**

In qualitative research, dependability is also called consistency (Coleman & Unrau, 1996). These synonymous terms refer to the ability of a similar study with similar respondents in similar contexts to have similar findings (Lincoln & Guba, 1985). Padgett (1998) notes that among qualitative researchers, replication of a study is generally not a goal because it is not considered feasible to repeat the original conditions of a study. She states that qualitative researchers are more concerned with establishing an understanding of the respondents' experiences. Indeed, most of the techniques qualitative researchers use to establish dependability focus on establishing that their study findings are reliable. Qualitative researchers establish dependability by using analyst triangulation, inquiry audit, and member checking (Coleman & Unrau, 1996; Lincoln & Guba, 1985; McClelland & Austin, 1996).

Although triangulation is a technique that qualitative researchers use to establish

credibility, it is also used to establish dependability because one cannot have valid findings without having reliable findings (Lincoln & Guba, 1985). In this study, I used the technique of analyst triangulation when a peer coded portions of the transcripts. Her coding helped establish dependability because her coding schemes were similar to mine, and this indicated that the coding rules and procedures were consistently applied.

An inquiry audit means that an external person has examined the data, findings, and interpretations made by the qualitative researcher and has drawn similar conclusions (Lincoln & Guba, 1985). This external person is called an auditor (Lincoln & Guba, 1985). The auditor would follow the researcher's process through the study by following the documentation provided in the audit trail (Lincoln & Guba, 1985). This helps establish dependability because the similarity between the researcher's and the auditor's conclusions provides evidence that the decisions and procedures throughout the study were consistently applied (Coleman & Unrau, 1996; McClelland & Austin, 1996). I did not ask anyone to formally conduct an inquiry audit because of the time commitment it would have required from the auditor. However, I did use peers throughout the study to monitor the process of data collection and analysis.

The final technique that qualitative researchers use to establish dependability is member checking. Checking with the respondents helps establish that the findings and interpretations are consistent with their experiences (Coleman & Unrau, 1996; Lincoln & Guba, 1985). As previously mentioned, member checking is not possible in a secondary analysis.

### **Confirmability.**

The term confirmability refers to the degree to which the findings are derived from the process of qualitative inquiry and not researcher bias (Lincoln & Guba, 1985; Padgett, 1998). Researcher bias means that researchers have intentionally or unintentionally distorted the

findings through their preconceptions and opinions (Padgett, 1998). This is one of the reasons that information regarding the researcher and potential biases that can affect a study are delineated (Patton, 2002). Given that intimate partner abuse is a sensitive topic, the historic and current oppression of Indigenous women in dominant Canadian society and the fact that I conducted a secondary analysis it seems crucial that I clearly established confirmability. Again, the need for me to be reflexive is highlighted.

Other techniques that qualitative researchers use to establish confirmability are peer debriefing, member checking, negative case analysis, triangulation, and audit trail (Lincoln & Guba, 1985; Padgett, 1998). Again, member checking is not possible in a secondary analysis. However, I used peer debriefing to help establish that the findings emerged from the data and not from my biases by establishing that peers supported the viewpoints I expressed in the results and discussion chapters. In this study, negative case analysis also helped establish confirmability by providing evidence that I considered viewpoints and explanations other than my own.

Triangulation also helps safeguard against researcher bias by providing evidence that I used multiple perspectives to gain a comprehensive view of issues. As mentioned above, because of the time commitment required for a formal inquiry audit, I did not ask anyone to perform the role of auditor. However, peers informally monitored the data collection and analysis; their feedback indicated that my decisions were objective and not based on my biases. I also used the literature to ensure that I was accessing and considering multiple perspectives.

### **Limitations and Strengths of the Methodology**

Heaton (2008) identified a limitation to qualitative secondary analysis as that of data fit and whether the data collected in one study has the information necessary to complete the study of the second (Hammersley, 2010; Heaton, 2008; Hinds et al., 1997; Long-Sutehall et al., 2011).

As mentioned previously, scholars have proposed that problems of data fit can be addressed by conducting an in-depth analysis on specific aspects or issues that were contained in the original data but were not primary thrust of the original study (Heaton, 2008; Hinds et al., 1997; Irwin & Winterton, 2011; Long-Sutehall et al., 2011; Szabo & Strang, 1997). So, in the current study, the limitation is minimized because I conducted an in-depth analysis of the primary research, focusing specifically on the issues, needs and concerns of Indigenous women whose partners abused them.

As discussed, when re-using data, the limitations of the primary research also exist in the secondary study (Whiteside et al., 2012). Therefore, the more information available to the secondary researcher regarding the original data set is helpful (Whiteside, 2012). In this case, I was involved as a research assistant in the *Healing Journey* longitudinal project. I conducted some of the survey interviews. I was involved in training researchers from the three provinces regarding the semi-structured qualitative interviews, as well as conducting some of these interviews, although none with Indigenous respondents. Moreover, I completed first level coding of the qualitative interviews in the primary data set. In this regard, I was well immersed in the data; I had a good understanding of the aims of the original qualitative research, and access to the primary qualitative researcher regarding the qualitative data sets.

However, there were some limitations related to re-using the qualitative interviews. Some of the interviewers appeared to be inexperienced, treating the qualitative interviews as if they were a survey interview, thus the interviewers could miss opportunities to follow-up with probes or ask participants to expand on ideas when the women made intriguing comments.

Another concern is that I cannot speak with first voice. However, there are other strengths that I brought to the research process including my experience in the field of intimate partner

abuse, my involvement as a research assistant in the original study, and my willingness to be reflexive, sensitive, and respectful of differences in cultures and worldviews.

As mentioned, in secondary analysis, the researcher cannot have a relationship with the participants (Hammersley, 2010; Heaton, 2008). The concern is that, as a secondary analyst, I could miss context and thus be insensitive to the issues raised by participants. As mentioned, I was involved as a research assistant in some aspects of the original study, which serves to increase my sensitivity. By being reflexive, I reduced the risks of this limitation. Further, using a pragmatic approach helped me maintain reflexivity. As member checking was not possible, I was vigilant in establishing trustworthiness of the study by using the other procedures and techniques described by Lincoln and Guba (1985).

In summary, this chapter has provided a detailed examination of what it means to complete a qualitative secondary analysis. By re-using data, Indigenous women who were abused by their intimate partners were not asked to re-tell their stories; rather, it allowed for an in-depth analysis of their experiences and healing journeys as already related to researchers. The chapter further discussed how trustworthiness was established, as well as the limitations and strengths associated with qualitative secondary methodology.

### Chapter Three: Introducing the Women

This chapter introduces the 40 Indigenous women (14 from Manitoba; 18 from Saskatchewan; 8 from Alberta) who participated in this study by providing an overview of their backgrounds and the nature of their partner’s abusive behaviour. It first describes the demographic information that the women provided in Wave 1 of the primary study, with respect to their ages, sexual orientation, partner status, education, and income. The results from the standardized measures collected in Wave 1 regarding the abuse they experienced using the Composite Abuse Scale (CAS), as well as their mental health using the Symptom Checklist-10 (SCL-10), Center for Epidemiologic Studies Depression Scale 10 (CESD-10) and the PTSD Checklist are documented. Finally, the chapter presents the qualitative analysis of the women’s interviews focusing on the nature of the intimate partner violence.

#### Demographics and Measures

The Wave 1 demographic information describing the forty women respondents is presented in Table 1.

Table 1: *Women’s Demographic Profile*

Variable	Categories	Means/Frequency
Age (N=40)		37.7 ( <i>SD</i> = 11.5)
Sexual Orientation (N=40)	Heterosexual	35 (87.5%)
	Bisexual	1 (2.5%)
	Lesbian	2 (5%)
	Two-Spirit	2 (5%)
Current Partner Relationship (N=40)	No longer together	25 (62.5%)
	Together	15 (37.5%)
Length of Relationship in years (N=40)		7.74 ( <i>SD</i> = 8.0)
Children? (N=40)	Yes	34 (85%)
	No	6 ( 15%)
Age of oldest child (N=34)	Children under 18	20 (58.8%)
	Adult children	14 (41.2%)
Total Income in Past Year (N=35)		\$25,353.89 ( <i>SD</i> = \$25,389.81)
Highest Education (N=40)	Not completed HS	14 (35%)
	Completed HS or GED	8 (20%)

Variable	Categories	Means/Frequency
	Post secondary: tech	5 (12.5%)
	Post sec-university	13 (32.5%)
Currently Working (N=40)	Full-time	13 (32.5%)
	Part-time/Casual	6 (15%)
	Not working	21 (52.5%)
Location <sup>1</sup> (N=40)	Rural (less than 999)	2 (5%)
	Small (1000-29,999)	11 (27.5%)
	Medium (30K-99999)	5 (12.5%)
	Large (100,000+)	22 (55%)
Stayed in VAW Shelter as an Adult (N=40)	Yes	26 (65%)
	No	14 (35%)
Pregnancy Influenced by Abuse? (N=37)	Yes	19 (51.4%)
	No	18 (48.6%)
Where lived as a child? (N=40)	Biological parents/ relatives	29 (72.5%)
	Child welfare/ institutions/ adoption	11 (27.5%)
Child Abuse History (N=40)	No abuse	4 (10%)
	Sexual abuse	27 (67.5%)
	Physical Abuse	25 (62.5%)
	Emotional Abuse	30 (75%)
	Neglect	18 (45%)
	Exposure to IPV	28 (70%)
Stayed in VAW Shelter as a Child (N=40)	Yes	7 (17.5%)
	No	33 (82.5%)
Mental Health Difficulties and/or Illness (N=39)	Yes	22 (56.4%)
	No	17 (43.6%)
Disability (limited activity/employment) (N=39)	Yes	25 (64.1%)
	No	14 (35.9%)
Type of Disability (N=39)	No disability	25 (64.1%)
	Physical	5 (12.8%)
	Mental health	1 (2.6%)
	Physical & mental health	8 (20.5%)
Disability from Abuse? (N=22)	No/unsure	7 (31.8%)
	Childhood abuse	1 (4.5%)
	Partner abuse	5 (22.7%)
	Both child & partner	9 (40.9%)

The women ranged in age from 20 to 78 with a mean age of 37.7 years. Most (35 or 87.5%) self-identified as heterosexual, while five women (12.5%) self-identified as members of

<sup>1</sup> Population centres defined at: <http://www.statcan.gc.ca/eng/subjects/standard/sgc/notice/sgc-06>

the LGBTQ (Gay Lesbian, Gay, Bisexual, Transgender, Queer/Questioning) community or as Two-Spirit. Ristock and colleagues (2019) observe that there are differing definitions for Two-Spirit; some use the term to simply identify Indigenous people who are part of the LGBTQ community, others use the term to “reconnect with specific Indigenous traditions related to sexual and gender identity; to move beyond Eurocentric binary categories of sex and gender; to state the fluidity and non-linear nature of identity processes” (p. 768; see also Wilson, A., 2008). Thirty-four women (85%) had children, with the number ranging from one to nine children. Among the women with children, 20 (58.8%) had children under the age of 18, whereas the children of the other 14 respondents (41.2%) were adults.

Twenty-five women (62.5%) were no longer living with their abusive partners: three had separated, two were divorced, 11 had left common-law relationships, and nine had left girlfriends/boyfriends. Approximately, one-third of the women still resided with partners (15 or 37.5%): four were married, seven were in common-law relationships, and four were dating. The length of relationships with the abusive partners ranged from six months to 41 years, with a mean length of 7.7 years. In dealing with their partners’ abusive behaviours, 26 of the respondents (65%) had accessed VAW shelters, while 14 (35%) had not.

The women’s highest level of education varied widely; 35% (14) had not completed high school, while 32.5% (13) had attended university. Of the 35 women who reported their income in the past year, their incomes ranged from \$451.00 to \$100,000.00 with a mean income of \$25,353.89. It should be noted that slightly over half of the women (21 or 52.5%) were not currently working.

All 40 women lived in the prairie provinces (eight in Alberta, 18 in Saskatchewan and 14 in Manitoba) in diverse locations of various sizes. When interviewed, only two participants lived

rurally. The other 38 lived in urban areas: 11 (27.5%) women lived in small population centres of 1000-29,999 people; five (12.5%) lived in medium sized population centres (30,000-99,999), while slightly over half, (22 or 55%) lived in large population centres of 100,000 people or more.

With regard to their experiences in childhood, almost three-quarters (72.6%) had resided with their nuclear families (26) or with relatives (3). The other 11 women had lived elsewhere as children: seven women (17.5%) were involved with the child protection system, foster care and/or the criminal justice system; one (2.5%) was adopted; and three (7.5%) had attended residential schools. Only four women had not experienced any childhood abuse, thus 90% had been abused as children. Of the 36 women who disclosed childhood maltreatment, 27 (67.5%) had been sexually abused, 25 (62.5%) experienced physical abuse, 30 (75%) experienced emotional abuse, and 18 (45%) were neglected. In addition, 28 (70%) women had been exposed to intimate partner abuse against their mothers, with seven women reporting that they had stayed in VAW shelters during childhood.

A little over half of the women (22 or 56.4%) had medical conditions and/or long-term illnesses. Moreover, many were dealing with multiple conditions. The participants' self-reported physical illnesses included chronic pain/broken bones (8 or 20%), hearing impairment (2 or 5%), Irritable Bowel Syndrome (2 or 5%), anemia (2 or 5%), Hepatitis C (1 or 2.5%), brain injury (1 or 2.5%), sleep apnea (1 or 2.5%), osteoporosis (1 or 2.5%), and epilepsy (1 or 2.5%). Three women (7.5%) reported being diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or learning disabilities. In terms of mental health, nine women (22.5%) self-reported depression as a concern, and four (10%) were dealing with PTSD and/or anxiety disorders. Seven women (17.5%) identified addiction as an issue in their lives.

As previously mentioned, the primary study identified respondents "as having a disability

if their physical or mental health conditions affected employability or other activities” (Tutty et al., 2017, p. 7). Based on this definition, 14 of the 40 women (35%) in this secondary analysis were identified as dealing with mental health and/or physical disabilities. Five of the 14 (35.7%) described their disability as being a result of their partner’s abusive behaviour, while the other nine women (64.3%) saw it as result of both partner and childhood abuse.

In addition, as part of the primary study, the women completed standardized mental health measures in Wave 1. They explored the types and severity of the intimate partner abuse using the Composite Abuse Scale (CAS), as well as possible impacts of their partner’s behaviour on the women’s mental health using the Symptom Checklist-10 (SCL-10), Center for Epidemiologic Studies Depression Scale 10 (CESD-10) and the PTSD Checklist (see Table 2).

Table 2: *Women’s Scores on Abuse and Mental Health Indices*

Scale	Mean Score
CAS Severe Combined (N=40)	8.4 ( <i>SD</i> = 7.7)
CAS Emotional Abuse (N=40)	26.1 ( <i>SD</i> = 15.0)
CAS Physical Abuse (N=40)	14.5 ( <i>SD</i> = 9.5)
CAS Harassment (N=40)	7.8 ( <i>SD</i> = 5.9)
CAS Total Score (N=40)	56.7 ( <i>SD</i> = 34.7)
SCL-10 Total Score (N=40)	11.4 ( <i>SD</i> = 9.6)
CES-D Total score (N=40)	11.5 ( <i>SD</i> = 7.5)
PTSD Checklist (N=39)	27.0 ( <i>SD</i> = 15.3)

The women’s scores on the Composite Abuse Scale (CAS) and the subscales reflect that they had experienced considerable intimate partner violence including physical abuse, emotional abuse and harassment, as well as severe forms of sexual, emotional and physical abuse (all above the clinical cut-off scores). As mentioned, a published clinical cut-off score for the Symptom Checklist 10 was not found, thus this study used Müller and colleagues (2010) suggested clinical cut-off of 14.2. The respondent’s mean score of 11.4 (*SD* = 9.6) on the Symptom Checklist-10 (SCL-10) suggests that, on average, the respondents were not experiencing psychological

distress. Further, in examining the CESD-10, Björgvinsson, Kertz, Bigda-Peyton, McCoy, and Aderka (2013) suggested of a clinical cut-off of 15 to increase sensitivity and specificity. The women’s mean score of 11.5 ( $SD = 7.5$ ) on the CESD-10, indicates that, on average, the women were not experiencing clinically significant depressive symptoms. Finally, the women’s average scores on the PTSD Checklist of 27.0 ( $SD = 15.3$ ) were not in the clinical range.

Lastly, the 40 study participants provided demographic information about their most recent abusive partner (see Table 3). Thirty-eight of the abusive partners were male, and two were female. As the women relied on what their partners told them, and many (25 or 62.5%) no longer lived with them, the accuracy of some of this information cannot be confirmed.

Table 3: *Abusive Partner/Ex-Partner Demographic Profile*

Variable	Categories	Partner/Ex-Partner Frequency
Ethnic/Racial Group (N=40)	Indigenous	22 (55%)
	White	18 (45%)
Age (N=39)		38.9 ( $SD = 11.40$ )
Highest Education (N=36)	Not completed HS	20 (55.6%)
	Completed HS or GED	11 (30.6%)
	Post secondary: technical	1 (2.8%)
	Post secondary: university	4 (11%)
Currently Working (N=36)	Yes	24 (66.7%)
	No	12 (33.3%)
Emotional and/or Mental Health Issues (N=38)	Yes	23 (60.5%)
	No	15 (39.5%)
Disability and/or Physical Health issues (N=40)	Yes	11 (27.5%)
	No	29 (72.5%)

The women’s partners ranged in age from 21 to 72, with a mean age of 38.9 years. Interestingly, 22 of the women’s partners (55%) were Indigenous, while 18 (45%) were White. With respect to the partner’s level of education (N = 36), over half had not completed high school (20 or 55.6%). However, over two-thirds of partners were currently working (24 or 66.7%). Thirty-eight women commented on their partner’s emotional or mental health, with

women identifying 23 of their partners (60.5%) as having emotional and/or mental health issues. Another 11 of the partners (27.5%) were thought to have a disability or physical health issue.

In summary, this section introduced the respondents through demographic and descriptive characteristics, as well as through mental health measures. Not surprisingly, the results on the CAS confirmed that the women had endured severe forms of emotional, sexual, and physical abuse intimate partner abuse. In spite of the severe partner violence, it is noteworthy that the mental health measures indicated that, on average, the women were not experiencing symptoms of psychological distress, depression or PTSD.

### **Qualitative Interview Results**

All 40 women recounted their stories of intimate partner abuse in the qualitative interviews. Some women faced abusive behaviour from multiple partners. Further, two women experienced abuse from female partners and 38 from male intimate partners. The female partners' abusive behaviours are first explored. The chapter then describes the male partners' abusive behaviour beginning with a detailed discussion of the various forms of emotional abuse: verbal/emotional abuse, control, financial abuse, spiritual abuse, partner's use of suicide threats and/or suicide attempts, and threats to kill the respondents. The partners' abusive behaviour is further explored with respect to their use of stalking, sexual coercion, sexual assault, and physical abuse, including severe assaults and/or homicidal acts in which the respondents believed they might die.

#### **Nature of the female partners' abusive behaviours.**

Both women with female partners described the initial relationship as non-abusive. It was only after the respondents made a commitment that their partners began acting abusively, which increased in severity and frequency over time.

*These individuals become master manipulators. When it comes to human behaviour, they become incredible at the art of studying it. They know what buttons to push. It went from yelling to putting me down to forcibly holding me down. (AB 3192-w)*

The women's partners were emotionally abusive and verbally abusive. One partner used her sexual orientation against her. *"I really wanted another child, and she'd accuse me of not being a lesbian. She always said if I had another child, she'd leave me"* (SK 2023-w). She also financially abused her. *"She wasn't buying a lot of groceries. All my money was going into the house and all of hers was going into drinking. I tapped into all my savings"* (SK 2023-w). Both women were controlled by their partners, who determined when and how they completed their daily activities and also isolated them.

*For three years, she accused me of having affairs. It turned out she was having one. She'd be screaming in my face about who I was with. She didn't trust me out by myself. I'd go home and have 50 calls on call display [from her] phoning every 10 minutes. She started telling my friends how I was abusive. (SK 2023-w)*

One woman was illegally confined by her partner:

*I was locked in my basement for days. It was utterly out of control. The more out of control and the worse the abuse, the further you go in the closet about it. You think, "This is so crazy. Who the hell am I going to tell? Who's going to believe this?" (AB 3192-w)*

Both women were physically abused by their partners.

*I never thought she'd hit me and she punched me in the eye. I scratched my cornea on her ring. I told everyone it was an allergic reaction because they were bloodshot. I broke some blood vessels. I was afraid of her after that. (SK 2023-w)*

One woman was sexually assaulted by her female partner.

*We'd got into a huge fight. She tried to rape me. She was drunk so I caved to her. We didn't speak for days but I didn't see any way out at that point. (SK 2023-w)*

She was also stalked by two different partners after their relationships ended; one for a few months, while the other stalked the respondent for *"quite a few years. She would call and show up at the house. I told her to get off my property or I'd call the police"* (SK 2023-w). In

response, her ex-partner started going to the house when the interviewee was not home. She also continued to phone the respondent. *“It was probably after her new girlfriend went to bed because it was after 2:00 in the morning. She would call every 15 minutes. My phone would be ringing and ringing until 5:00 in the morning when she gave up”* (SK 2023-w). Subsequently, the respondent was in a severe car accident, which had resulted in newspaper reports and pictures:

*She had my picture of me all bloody up in her room. That was really creepy. When I healed from that [accident], I wrote her a letter, “I’ve been documenting the times you’ve been contacting me since I asked you to stop. If you continue, I’ll go to the police, but I didn’t want to do that because it will jeopardize your position at work.” So, it stopped.* (SK 2023-w)

In summary, these women’s female partners committed acts of emotional abuse (including control, financial abuse, using the respondent’s sexual orientation against her, illegal confinement), sexual assault, physical assault and stalking.

### **Nature of the male partner’s abusive behaviours.**

Although all 38 of the respondents’ male partners ultimately abused them, 28 women (73.68%) described their partners as initially treating them well.

*They paint this pretty picture. They lead you to believe that they are this kind of person. You get in and they aren’t like that at all.* (SK 2129-i)

*When I was going out with him, he was very attentive. He took care of me. He did all the cooking and cleaning. I never had to do anything until I married him and then it was like the rug was pulled from under me.* (SK 2121)

It was only after these 28 respondents committed to the relationships that their partner’s abusive behaviours began gradually, with more subtle acts of emotional, verbal, and/or controlling behaviour. These escalated not only to encompassing other forms of abuse, but also in frequency and severity. The 38 women described the abuse as emotional/psychological (38 or 100%), stalking (19 or 50%), sexual (18 or 47.4%), and physical (36 or 94.7%) abuse.

***Emotional/psychological abuse.***

As mentioned, all 38 women disclosed that they had been emotionally abused by their male partners. Their narratives encompassed a wide variety of abusive behaviours including verbal abuse (38 or 100%), controlling behaviours (31 or 81.6%), financial abuse (23 or 60.5%), spiritual abuse (5 or 13.2%), having their partners threaten suicide (3 or 7.9%) and/or threatening to kill them (16, or 42.1%).

***Emotional/verbal abuse.***

All 38 partners verbally abused the respondents. Twenty-one women (55.3%) discussed the verbal abuse in detail, highlighting their partners' demeaning and insulting remarks about the respondent's appearance (12 of 21, or 57.1%), their intelligence and/or abilities (15 of 21, or 71.4%).

*The emotional abuse that I suffered, that was the main thing. If I gained some weight, he'll call me fat and ugly. No man's ever going to want me, I'm lucky to have him. I don't know if it's just control; it was training to brainwash somebody. Sometimes it's hard not to believe it. You begin to think I'm ugly, nobody's ever going to want me, so I might as well just stay and take this. (SK 2121-i)*

*The belittling, the mimicking, and the petty things were daily. He called me fat, stupid; nothing I could do was right. I was clumsy, I was sloppy, I was dirty. There was always something wrong with me. My ears are crooked. I was deformed. I was paranoid that somebody was going to figure out that I had these major flaws. The longer we were together, the more my self-esteem was totally eroded by believing that I smelled funny, or I was fat, or stupid. (MB 1263-w)*

*I've been peed on. In every single way I've been degraded, shamed. (SK 1002-w)*

*I used to confide in him. I was molested by my sister growing up and it made me feel really wrong. I told him, "I struggle. My sister used to do these things to us and make us do this to her. It grosses me out." He started calling me a lesbian because I wouldn't have sex. He'd say, "Do you want your sister to come over so you can fuck her?" (SK 2027-w)*

*He started with insults, hurtful things. He was good at that. I was at the point where I wished he would hit me. It would be quick and easy, hit me walk away, but when he'd talk it hurt so bad, every part of me hurt, really bad. (SK 2244-w).*

Two of the White partners (9.5%) made explicit racist remarks against the respondents.

For example, while she was in university, one woman had an issue with her assignments:

*I remember saying, "I don't know how to prioritize [mispronounced] these things." He says, "Prioritize. What kind of fucking university are you going to? You don't even know the word prioritize? You're fucking stupid, just like the rest of the Indians in your family. You guys are all fucking stupid." (MB 1263-w)*

Thirteen of 21 women (61.9%) spoke of their partners' attempts to manipulate them.

*He's like a snake. He's got that silver tongue; he'd say anything and make you believe it. (AB 3050-i).*

*He is so manipulative. He's such a trickster. You meet him and he's the funniest, most outgoing, good-looking guy. I thought I was a good judge of character, but no. He tricks everybody. That's part of his control. He'll always win because people won't believe me and I'm psycho and they'll all believe him. (SK 2004-w)*

Six of 21 women (28.6%) discussed their partners lying to them in order to do what they wanted, or to avoid accountability.

*He has lied. He's not at work when he says he is. The secretary tells me he's on holidays when he tells me he's at work. He says he does those things because I push his buttons, but I have to push his buttons. I have to challenge stuff he tells me. I'd be a zombie if I didn't think there was anything wrong. (SK 2027-w).*

Another two men continued denying that they were having affairs, even after their mistresses had spoken to the respondents.

Three of 21 partners (14.3%) threatened to leave the women as inducements to behave the way the men wanted.

*I noticed at a fairly early stage, he was willing to participate in mind games. He was manipulative; like we were going to break up because things weren't on his terms. We had an argument, and his power thing was, "I'm leaving," all the time, "I'm leaving." Even the smallest thing, "I'm walking out the door." He knew that affected me because my whole life people were leaving. I was raised in foster homes, so he used that. That's an example of his manipulation. He wasn't leaving because he had to; he was leaving to show me who was in control. (MB 1002-w)*

Another six men (28.6%) used threats of physical violence as a means to compel the women to comply with their wishes. *“He would raise his hand to make that he was going to [hit me], to control me”* (AB 3050-i).

Moreover, 27 partners (71.1%) used unwarranted jealousy to control and undermine the women.

*If anybody paid any attention to me, even in a minute way, he would fly into this rage. He’d punch a hole in the wall, “How dare you make a fool of me. You’re fucking him! I know you are.” He’d sit me on the couch and would pace in front of me. I was a dirty whore. The only reason that he was keeping me was because of his children. I was lucky that I still had a roof over my head. He wouldn’t allow me to get up. He would rant and rave. If I needed to go [to the bathroom], I wasn’t allowed to. If I was tired and wanted to sleep, I wasn’t allowed to. Sometimes he’d make me stand. I found it so hard. It was just this constant state of terror. After, he’d get really passionate, “I’m sorry, I love you with all of my life.” There’s such inconsistency in the messages: “you’re fat, you’re ugly, you stink, I won’t sleep with you, but I love you and I don’t ever want to lose you.” Really confusing.* (MB 1263-w).

*When I was talking to guys, or to girls, even if they were my own cousins, he would get jealous. Maybe that’s one of the reasons I was scared to show my true self to him. One time I was standing with my best friend and we were talking to my cousin who is a guy. I said, “This is my sister” and we were hugging. Just a friendly gesture. My partner comes up and starts giving my friend shit. He grabs her by the throat and slams her on the ground. I’m trying to stop him. He and my cousin ended up getting into a fight over this.* (SK 2123-i)

*I had to keep my eyes down. Even his uncles, his cousins, my cousins – everyone. A lot of people I met and didn’t know how they looked. If I looked once, [he’d say], “I saw you looking at him” and there goes another fight.* (MB 1009-i)

*Sometimes I still find myself looking down instead of looking up. I’m looking down all the time, because he made [me]. If I left his side, he would squeeze my hands really, hard. I’d have to be looking at him or else at the ground. When I went to the store, I was timed. If I was 30 seconds late, I was off sleeping with somebody in that minute and I got a slap.* (MB 1118-i)

### **Control.**

Thirty-three women (82.5%) described strategies that their partners used to control them.

Twenty-three of the 33 (69.7%) partners controlled all aspects of the women's daily activities, including running the household.

*[He said] "The man is the Man of the house. He's in control of everything and your place as a woman is to take care of the kids, do your responsibilities at home and to clean. This is just how life is." (AB 3028-w)*

*I was scared to do anything. I had to be home at a certain time and make sure that supper was cooked. I had to have breakfast ready when he was going to work, if he had a job; make sure everything was done. He was out drinking all the time. He'd get mad at me if I wouldn't let him party at the house. (MB1051-i)*

*We couldn't eat until he ate. I was only allowed to make so much. Most of the time, I'd do without, because I'd give my share to the kids. But he was strong, and he ate a lot. (MB 1118-i)*

*His demands were getting mean: "Do this now," and "Don't look at that," and "What are you doing?" Always saying, "You don't know how to do this." Everything in the house had to be clean, and perfect. He was on me all the time for everything. I'd be thinking, "Holy cow! There's just three of us. We're not going to make much of a mess, and if there is, who cares? I don't have to listen." But I did. I'd be getting a smack if it's not clean. (MB 1052-i)*

*I didn't know how to use a bank when I first left my marriage. I didn't even know how to check my mail. I didn't know how to shop. It was usually my husband telling me what to buy, following me around telling me what to put in the cart. I was a puppet (laughs), "I didn't know anything. I was so stupid." (SK 2121-i)*

One-third (11 of 33, or 33.3%) of the women described their partners as controlling their personhood. The strategies these men used ranged broadly from controlling the women's appearances, meaningful personal activities, as well as their ability to pursue their dreams for school/career.

*When I start having his babies, I wasn't allowed to go get my hair done. I had to cut it myself. I used to wear makeup; that was thrown in the garbage. When I met him, I was wearing skirts, blouses, high-heeled shoes. I have no idea where all that went. It slowly worked its way out of my wardrobe. When I'd ask, nobody would know where they went. Sometimes when functions would happen, I'd go to my closet and I had nothing to wear:*

*just sweatpants, t-shirts. We'd go and I'd sit there embarrassed because everybody was all dressed up. It got so that I didn't want to go out with him anymore. (SK 2124-i)*

*He would convince me not to do what I needed to do. Before, I would go jogging every morning. It was too dangerous. I quit doing that. He sucked the life right out of me. Everything that meant something to me; it was like closing the door on it. (SK 2031-w)*

*I had decided to go back to school. He was against it, of course. But, I went against him. He didn't want me to go to high school because I was going to get too educated and leave him. I told him, "That's not the reason why I would leave you. Your character, it's twisted" (laughs). I told him, "The only way you're going to stop me is by killing me because I'm determined. I am going to school." When he saw I wasn't going to back down he said, "Okay, you can go as long as you can keep up with your work at home." So, I did it. It was a hard year. He gave me five minutes to get home from school. If I was even a minute late, he'd start accusing me of fucking the teachers. I couldn't go to the library because he wouldn't allow me. (SK 2121-i)*

Four of the 11 men (36.4%) used reproductive coercion to stop the women from accessing birth control.

*I told him, "I'm going to go on birth control because I can't handle more [children] right now." He said, "No you're not. What the fuck do you need to go on birth control for? Are you going to be with somebody else?!" (AB 3161-i)*

Another woman's doctor told her that, because of her health issues, she should not get pregnant and recommended that she use birth control. Her partner's response was to "Scream, 'Any married women that doesn't want a baby is nothing but a whore!' We'd been married one month" (SK 2047-w).

#### *Control through Isolation.*

Twenty-seven women (71.1%) reported on strategies their partners used to control them through isolation. Many spoke of how their partners isolated them from friends (21 of 27, or 77.8%) and family (8 of 27, or 29.6%).

*It was gradual. We became isolated, even from my family. (MB 1002-w)*

*He knew I was lonely. I couldn't talk to women my age. [I could] not to talk to my parents. If I did, I'd hear, "They don't want you to be happy." I believed him. He always*

*said, "You have to consider everything about your relationship FIRST before you think about yourself." I believed that for a long time. (MB 1055-i)*

*He started locking the doors. When my friends came, he wouldn't allow me to open the door. I settled into a life in prison (laughs). I was young, I was 15, (SK 2121-i)*

*He wanted me in a little box. He alienated me from my family. One time my friend came over and we were having a nice time. She said, "You never return my calls." Whenever I did, he would get mad. He came home, saw her, threw down the stuff he had, went into the bedroom and slammed the door. He would freak out because she was there. (SK 2004-w)*

Five (18.5%) women who lived in rural communities described strategies that their partners used to control their access to the car and/or their ability to drive.

*We were not allowed to be off the yard. We lived in the country so he would check for tracks to make sure that nobody had come in the yard. If my vehicle had moved, I'd have to answer for that. Even if I just moved it over, I would be reprimanded. (AB 3092-w)*

One man changed the registration on the respondent's car to his name.

*When my licence came up, I didn't get my notice. I wasn't allowed to have my mail either. He kept the mail and read it. I mentioned it two or three times. I said, "Funny my licence notice hasn't come." He went to the truck and came in with the registration, and it was in his name. I said, "How'd this get in your name?" [He said,] "Well it's mine." I said, "How did it get to be yours? Are you paying for it?" [He said], "Well no, but it's mine." I said, "It's not. I wanted a car all my life. I am paying for it, and it's my car." (SK 2047-w)*

Another eight of the 27 men (29.6%) moved the interviewees to more isolated rural or remote communities. One woman mentioned that, if her partner was treating her disrespectfully, she would make him leave the house. When he was treating her better, she would allow him to return, but when he returned to disrespectful/abusive behaviour, she would again make him leave. He then moved them to the reserve, "*He thought, 'I have my own house, on the reserve, she can't kick me out'*" (1290-i).

*He wanted to leave [my home community] because they [community members] wouldn't let him be aggressive towards me. He moved [us] far down south. I felt very isolated, I didn't know anybody. I had nowhere to run. (MB 1052-i)*

*He'd put a bid into a lake [property] and never told me. He comes home and said, "We're moving to the lake." I was secluded in this little area where it takes two hours to get the RCMP there. Instead of me saying, "I'm afraid not. I have a job here," we moved. I was quite sure he would kill me. I cracked up. I just couldn't deal with it. I was lonely. (SK 2047-w)*

*I was stuck way up north with him. It would be like me dropping you off in China. It was totally different culture, language. It was before there were any roads; you had to fly in, fly out. There was no running water. We had no heat. I had to learn to chuck wood. I had to learn everything. I had to learn the language, so I speak Dene, pretty good. I had no choice. (SK 2125-i)*

Five of the 27 interviewees (18.5%) reported incidents in which they were illegally confined by their partners.

*He took the phone away, so if he went out to work, I didn't have a phone. The door locked from the outside. It was a deadbolt and I didn't have a key so I couldn't get out of the house. The stupid thing is, I thought it was okay because if I abided by his rules, one day he would see that I'm not doing anything wrong and he will let me have the phone back, I'll get my privileges once he saw I was abiding by his rules. But that day never came. Never. Got worse. (SK 2244-w)*

Finally, while they were still together, six women (22.2%) described their partners as stalking them. Besides driving them to work, being there at their lunch breaks and picking them up after work or school, their partners would watch them. *"He would sit there the whole time. I was working at a little cafe. He would sit there, [or] have somebody sit there and watch me"* (AB 3050-i).

*When I went back to school, he got worse. He would peek into my classroom, and my stomach would flip. I was thinking, "Oh my God, who was I looking at? How long has he been there?" The other side of me is saying, "Don't worry, you didn't do anything so he didn't see anything." (SK 2244-w)*

### ***Financial abuse.***

Nearly three-quarters (23 of 38, or 73.7%) of the men were financially abusive:

*If I asked for \$5 he wouldn't give it to me, because he had control. He would make me feel really low. (MB 1053-w)*

*I had to budget for clothes. I had to know almost to the penny how much I would need for food. He would look at the list and I could only get what's on the list. There was a budget for clothing, but it wasn't enough. I had four children. It was enough to clothe them. I started not dressing properly and not looking after myself. (SK 2124-i)*

*He comes home one day and said, "I sold the house." I said, "How can you sell the house when it's in my name too?" [He said,] "Well, I sold the house and we're moving out to a farm." There was no house out there. (MB 1051-i).*

Fourteen of the 23 men (60.9%) also took the respondent's money, for example, by taking the women's pay cheques. "*He took the money I was working for. It was pathetic [having] to ask if I could buy myself a pair of jeans*" (MB 1055-i). "*He'd take all my money. When I had to pay a bill, friends would lend me money*" (SK 2123-i). They also took money from the women's bank accounts, and financial settlements.

*He'd steal money out of my account. I was going to school full-time; I was pregnant and working full-time. I was paying my mortgage on my house, his mortgage and his vehicle payments. I went to the bank; he had taken the money. He took my money and he had his own. I found a bank statement and he had \$800 in his account. (SK 2004-w)*

*He controlled the finances. When I had my accident, he spent my injury money and none of it benefited me. He tried to start his own company, so he needed money for that. We bought a small property. I didn't want to waste my money on that [property]. If you're going to do that, then buy the property and a decent house. But instead, we were stuck in a 24' by 24' cabin and having to haul water and wood. (AB 3028-w)*

Nine of the 23 men (39.1%) used the money for their addictions to alcohol, drugs, and/or gambling.

*I was so naïve, I'd given him my bankcard to pay the phone bill, rent. I found out he was taking that money and using it for crack. And not paying the bills. One month before Christmas, he took my bankcard, and took off. I was left with no rent; the hydro got cut off. (AB 3232-i)*

*We were going to go shopping, but he started drinking and he wanted his money. I wouldn't give it to him. With steel-toed boots, he literally kicked me in my private parts, where I dropped, I was out. (SK 2124-i)*

### ***Spiritual abuse.***

Five men (13.2%) used spirituality as a means to manipulate or denigrate the interviewees. One woman's partner used her unfamiliarity with his people's Indigenous spirituality to control her, stating that it was unacceptable for her to kiss or hug a friend — particularly a male friend. He told her that how she dressed was culturally inappropriate. Four partners used Christianity to control the women's behaviour and enforce gender roles:

*Part of my job, being his wife, was to be obedient. My husband was very good at "The Bible says this, you should call me Lord," and sleep at his feet when he was angry. (AB 3092-w)*

### ***Suicide threats/attempts.***

As a means to control the respondents, three men (7.9%) threatened suicide. "*He said he's going to kill himself, and I'm going to have to live with it. The kids [are] going to blame me*" (MB 1344-i). One woman had gone to a violence against woman shelter; however, her teenaged children chose to stay in the family home with their dad rather than accompany her.

*My son phoned me, "Mom, you have to come home or Dad is going to kill himself." In the background, I heard him [partner] say, "Tell her I have a gun to my head." My son said, "Dad has a gun to his head." The woman from the shelter phoned the cops to go and check. They did and they said everything was normal. (SK 2121-i)*

Two of these men (5.3%) actually attempted suicide. One man attempted to take his life after he had been verbally abusive to the respondent and had physically assaulted both her friend and her cousin:

*He went to my apartment, he smashed up my dishes. I'm like, "My God, what happened?" In the bathroom, I noticed blood drops on the sink and all over the floor. My razors were torn apart and some were in the garbage. My clothes were ripped up in the bath and in the bedroom; thrown all over the place. He tried suicide. He said, "You really hurt me." I was, "How did I hurt you? I was talking with my best friend and my cousin, I didn't hurt you in any way." I said, "If anybody hurt you, you did it to yourself." (SK 2123-i)*

### ***Threats to kill.***

Sixteen partners (42.1%) threatened to kill the women, both indirectly (6 of 16, or 37.5%) and directly (12 of 16, or 75%). Indirect threats included vague comments that none-the-less implied real threats, such as one man stating, “*They’ll never find the body. No body. No crime.*” (SK 2004-w). Another man told his wife, “*If I wasn’t with him, I wouldn’t be with anybody*” (SK 2244-w). Yet another man commented to his partner:

*Do you remember Brian Jack?” [former Winnipeg Blue Bomber accused of killing his wife, whose body has not been found.] I said, “Yeah” and he said, “That could happen to you. Don’t think about it too much, but that could happen to you, I could make sure of that.” (MB 1263-w)*

In other incidents, the partners clearly threatened to murder the respondents. One woman was out of town with women classmates when her husband phoned. She told him she would phone him back. However, when she tried to return his call, she was unable to reach him.

*He never phoned back until 1:00 in the morning. The phone woke me up. He was mad. I could feel his anger. He threatened, “I have a closet full of guns. I’m going to kill you and your classmates.” I stayed up all night trembling, waiting for him to come and shoot me. Now thinking back, oh my God, how stupid. Why didn’t I phone the shelter instead of sitting there waiting for him to walk through that door and shoot me? (SK 2121-i)*

Seven of the 16 men (43.75%) directly threatened the women with weapons: three with knives. One respondent told her partner that she was leaving him. They talked for some time. He was trying to convince her to stay.

*We sat down on different couches. This could be a stranger talking to me. I feel absolutely nothing and such clarity in the next things I would be doing. When he knew that I wasn’t being moved, he started crying and pleading. Nothing. I finally said, “I need to go to sleep.” (MB 1107-i)*

She went into the children’s room to sleep. She laid down next to one of her children:

*I remember looking in the mirror. His hands were above his head. All I see in the mirror is the glistening of this knife! I thought, “I’m going to die in front (crying) of the children.” There was nothing, I could do. Worse than any scare you could ever have. I turned my head and looked at him. I think, because I did that, he stopped. He put his*

*arms down [so] I wouldn't be able to see the knife. He put it along his forearm. He walked out and I see him at the van, and he had a knife. He stabbed the tires, all four of them. (MB 1107-i)*

Another four men pointed firearms at the women during incidents in which their lives were in significant danger.

*He said, "We're going fishing and Grandma's going to watch the baby." We got onto this dirt road. There's nothing around. He stopped the vehicle. He said, "Get out." I thought, 'He's joking. What's going on?' He barked at me, "Get the fuck out of the truck before I fucking drag you out." He called me all kinds of names. He said, "Start walking." I started walking. He had a gun pointing toward me. He said, "Keep fucking walking, and don't look back." I thought, 'it's just a scare tactic. It's all going to be fine.' Every time I would look back, he would scream something at me, like "Keep walking," or "I fucking told you." I thought, 'I'm going to die.' Suddenly, I stopped. I refused to move. I thought, 'If you're going to blow me away, then damn well blow me away right here.' I just stood there. I crossed my arms, and I was waiting for it. I was wondering what it was going to feel like. Is he going to hit me in the back or in the head? I stood there. Eventually I looked back. He was sitting in the driver's seat, crying. I started walking back. He carried on after that, like nothing happened. (MB 1263-w)*

*The last day, he pushed me all over the place. The only place I wasn't bruised was my hands, my face and my neck. Hair torn out of my crotch, torn out of my head. He took his gun off the shelf and he pointed at me. If I had said, "Don't shoot," he probably would have shot me. He was totally drunk. Finally, I nailed him under the chin. I knocked him off his feet. He fell on the bed and fell asleep for a while. I grabbed my dog's leash and my keys. I couldn't get my truck because his was [blocking] my truck. My dog went downstairs, so I went downstairs. We hid and I heard him walking around. I'm thinking, "I don't have a phone. He's going to kill me." But the leash and my keys were gone so he thought I was out for a walk. He got into his vehicle [and left]. I got in my truck. The only thing I did was pray, "Please God, don't let him see me." I was shaking and a mess, looking around, wondering where he is. I went to the RCMP. (SK 2031-w)*

After the relationships ended, four of the 16 men (25%) continued threatening to murder the respondent.

*He has threatened my life so many times. I'm still scared. I think about it at least a couple times a day. I have a hard time sleeping. When I hear stuff at night, I think it's him. People might say, "You're overreacting." I'm not. I always have a phone near me. If someone comes, I hit the button on my van so that it will go beep, beep, beep. I've told my neighbours, 'He threatened [to kill] me a couple of months ago.' (SK 2004-w)*

In summary, this section has highlighted the myriad of strategies male partners used to emotionally, verbally abuse, and control their partners.

### **Stalking.**

After the respondents left, 19 women (50%) were stalked by their former partners. In their narratives, nine of the 19 women (47.4%) disclosed that their former partners had stalked them for years; two for two years; another for three years. The other women did not specify timelines. However, for all 19 women their former partner's stalking was disturbing and disruptive to their lives.

*He was stalking us. We were in a long-term shelter, but every time we'd go to get groceries, we were exposed. It was terrifying. I had calls from the school saying, "We think he's across the street." I'd have to pull the kids out. They were the weirdos that got pulled out of school because their dad's a nut. (AB 3092-w)*

*It was very scary stalking. It wasn't just a drive down the street. It was there 24/7. He would have a buddy find out where I was. The phone calls never stopped. They [police] put a trace on my phone. In a 72-hour period over 500 phone calls were traced. This wonderful man from SaskTel Security calls me, "What is going on?" I said, "It's a domestic violence situation." Every day, he [SaskTel Security] would fax the police the 24-hour report. He's [SaskTel Security] never had to do that before, but the amount of phone calls was unreal. He would fax it every morning. (SK 2244-w)*

*He was constantly following me, showing up. I was trying to go to school; he would show up at school. He would show up at the house, "I want the kids for visitation." It was constant stress. I couldn't get through school because I couldn't concentrate. He was constantly in my face, cruising around and phoning. I don't know how many times he's broke into the house. (AB 3028-w)*

Approximately one-quarter of the stalkers (5 of 19, or 26.3%) also physically assaulted their partners.

*We weren't together but for three years he controlled me. If I went out, he, would say, "Who said you could go out? Why aren't you looking after our kids?" If I was talking to some guys, he'll say, "How can you be cheating on me?" I would get another beating. Meanwhile he's there with another girl. (MB 1009-i)*

*He broke into the house; he was drunk. My son was just over a year and tried to protect me. My husband hit him; my son [went] flying and I caught him. But my son lost his teeth and I ended up breaking my neck. (AB 3050-i)*

Five women (26.3%) spoke of various strategies that they used in attempting to end their partner's stalking. Two women went into hiding. One thought she might be harder to trace if she did not have a permanent address, so she lived in her vehicle. However, he continued to find her.

*"My vehicle was vandalized 10 times, to the point where insurance finally wrote it off"* (MB 1344-i). Three women (15.8%) tried moving.

*I wanted to start over, to be happy again, so we moved. The police caught him numerous times outside my house. He stalked me so badly that he was charged with harassment, stalking, utterance of death threats, assault causing bodily harm, and unlawful confinement. He was sentenced to five years (SK 2047-w)*

One woman moved off reserve in an attempt to escape her former partner; another woman moved to a different province. However, three months later, *"I got a call from my [former] partner, and he was a block away from my house. He found me. He asked me to go meet him"* (SK 2025-w). After finding her, he again stalked her.

Thus, it's clear that for half the women, leaving their partners did not end the abuse.

### **Sexual coercion and sexual assaults.**

In exploring the women's experiences of sexual coercion and sexual assault from their partners, the definitions established by Bagwell-Grey, Messing, and Baldwin-White (2015) were used. These authors define intimate partner sexual coercion as men using control, and manipulation (including intimidation, and threats) to force the women into unwanted sex. They define intimate partner sexual assault as "the use of physical violence or the threat of physical violence to obtain, or attempt to obtain, unwanted oral, vaginal, or anal intercourse, including forced penetration and sexual assault with objects" (p. 324).

Almost half of the men (18 of 40, or 47.4%) used sexually coercive strategies and/or sexually assaulted the women. Eleven men (11 of 18, or 61.1%) used sexual coercion, and 11 men (61.1%) sexually assaulted their partners.

In discussing these issues, five women (27.8%) expressed confusion regarding the concepts of sexual coercion and marital rape.

*In a sense, I felt like an ornament on a shelf. When he'd come home, [he'd] use me for his sexual needs. Let him have his thing then he'll pass out. Many times I don't know even to this day, if I call it abuse. I was told, that's my job; submit and keep my mouth shut. When you lie there and just allow them, is it really abuse? I only considered it abuse if I was saying, no. Absolutely not. (AB 3028-w)*

Yet, they were clear that their partner's behaviour was not acceptable, that it was hurtful, degrading and, “*Your skin crawled every time he touched you. But you did it because you knew what would happen if you didn't*” (AB 3050-i). Another respondent commented “*From coming to school. I know now [that] he sexually abused me. I know that because I didn't consent. (MB 1055-i)*

While 11 men were sexually coercive, approximately one-quarter of the men (5 of 18, or 27.8%) also took photographs, and/or made them participate in sexual acts with multiple partners. The women spoke of how upsetting and confusing they found this. “*What he did to me hurt. [It] made me feel dirty. Sometimes I'd feel nauseous; I'd want to throw up.*” (MB 1290-i)

*I was just this kid. I didn't have much knowledge, and he seemed into a lot of really strange things. I was coerced into things that I wasn't comfortable with. But I didn't feel like I had the right to say no. I felt like it was my obligation that he was my partner, but [I] felt degraded, and humiliated. It never came to [physical] violence, but emotionally, he was pretty damaging. (MB 1263-w)*

For example, he and his friend took sexual photographs without her permission.

*He got me really drunk. Then he and his friend had me smoke some marijuana. I didn't know what was going on. At one point, I remember having someone pull my jacket off saying, “We're going to put you to bed, sweetie.” They brought me into the bedroom, undressed me, and took pictures of me. I don't remember if anything more than that*

*happened. But it was humiliating. The next morning, I remembered the little camera that he had brought out, and I remember his friend being in the room, and I kept thinking “Oh no.” (MB 1263-w)*

Her partner did not speak to her of this particular incident. However, after they separated, she ran into him:

*He came up and whispered in my ear, “I have your pictures I jack off to them every night.” I thought “You dirty whatever. It’s like blackmail. He’s holding this over my head. He kept talking about what I looked like and what he wanted to do to me. I was furious about how I ever let that happen. (MB 1263-w).*

Another partner set up the respondent to be gang-raped, then spoke to her as if she were a willing participant; using the rape as the basis to coerce her into sexual acts with multiple partners.

*He invited people back to our place. I woke up to somebody having sex with me; it was one of his buddies. I remember thinking, “Oh my God, what is going on?” I went to get off the bed, and he [partner] was sitting on the bed watching. His other buddy was on the other side watching. There were other nights like that. He would bring other girls, other guys home. He used to tell me that it would help us. Our sex life was lacking. It was okay because he said it was okay. Not by my doing or my choice. I guess it was my choice ultimately because I could’ve left after the first time it happened. I didn’t like it. (SK 2244-w)*

#### *Sexual assault.*

Eleven men (66.1%) also sexually assaulted their partners.

*My husband would rape me, force himself on me. It was painful. I never wanted him in a sexual way. I don’t know how somebody can want somebody in a sexual way when they’re being abused by that person. (SK 2121-i)*

*Our sex life changed to being on demand. To not involving me. He started to get really aggressive. He was always in a rush. It was forceful and mean. It was happening nightly. One night he came home from the bar, and I was sleeping. He got up on my neck and shoved his penis in my mouth; I couldn’t breathe. I thought, if I just got this over he would get off. I got him off, in my mouth. I rolled over and threw up all over the floor. (SK 2244-w)*

*When I was 18, I got raped. I told my partner all about this guy with a gun; [who] held me for nine hours. My partner basically did the same thing, except no gun, but my*

*partner was slapping me around. That night, he made me go with him into the basement. He made me lay with him until he passed out. (SK 2025-w)*

*He had me strip down naked in front of my children, looking for needle marks. He had it in his head that I was doing needles. My sister does needles and some of his friends, but he knew I never did drugs. I cried. I told my children “Don’t look.” I had to strip down while he checked me over. Then he raped me right there, with my children in the room. It was then I knew I had to get out. (SK 2124-i)*

Three of the eighteen men (16.7%) used extreme violence and/or weapons while sexually assaulting the respondents.

*I got pregnant. I was so excited to tell him. I said, “We’re going to have a baby.” He smacked me across the face and said, “Whose is it?” I was shocked. I was horrified. I heard the door slam. About half an hour later he came back. He had a door lock and he put it on the bedroom [door] so that he could lock it from the outside. He put me in the bedroom and told me I could come out when I told him the truth. I had no way to get out. I kept begging him to believe me. That night he came to bed and raped me to the point that I was bleeding. In the morning, I was rushed to the hospital; I was haemorrhaging, and I lost the baby. (SK 2244-w)*

*He had his whole hand up my vagina and he had a fork at the end of it. I remember lying in the hallway, wrapped up in a sheet covered in blood. (pause). Next thing I know, I’m in the hospital. (MB 1118-i)*

In summary, almost half the men used sexually coercive strategies against the women, and 11 men sexually assaulted their partners. Three men used extreme violence in their sexual assaults during which one woman miscarried and the other two could have been killed.

### **Physical abuse.**

Thirty-six of the 38 men (94.7%) physically assaulted their partners. Two of the 36 men (5.5%) purposefully assaulted the respondents in places where their injuries would not show.

*“He’d purposefully hit me in spots that would be covered; no one else would see. I used to just wear sweaters. I wouldn’t wear shorts either” (1051-i).* The 36 women described their partner’s physically abusive behaviour:

*I was abused once a week for 10 years. It was normal for me to have a black eye on one side that was going away and a black eye on the other side. (SK 2035-i)*

*He'd hold me up by my neck against the wall. He'd shove me. If we were at my family's [house] for dinner, he would pinch me under the table and he'd be smiling, talking to people. He'd just hurt me for the control. (SK 2004-w)*

*He smashed me into the door; spit in my face. He gets right in my face, pulls his tongue out and licks me all the way up my face. It's so degrading. Last time when he called me fatso and a cunt, he elbowed me in the face. He grabbed my arm and gave me a big scrape. I had a big bruise along my whole arm. But he has no remorse; zero. One time he tackled me and I had a black eye. He didn't even give a shit. (SK 2027-w)*

*He started drinking and our daughter was crying. He was pissed off; telling me to keep her quiet. I wasn't fast enough so he started hitting me, saying that he didn't want his baby crying like that. He started throwing me around. I was telling him, "I was trying to warm up her bottle. She's a baby, she's going to cry, that's what babies do." He threw me and I hit my head on the wall; my head started bleeding. He was like, "Go fucking take a shower and wash that blood off." After I took a shower and I came out, he was feeding the baby. He put her to sleep. (AB 3161-i)*

*We had a wood stove. One time he threw me into that; I [got a] great big bruise because it was hot. That bruise is going to show up more because of the heat, burst all into bubbles. Skin got burnt. (AB 3050-i)*

Almost one-third of the 36 men (11, or 30.6%) broke or threw objects at the women.

*He had thrown something and hit me on the head. His brothers said, "You don't know how lucky you are; some women get their noses or arms broken and you just get thwacked on the head." I said, "I don't know if that makes a difference because inside it just hurts as much." (MB 1290-i)*

*He spilled boiling water on me, He said he was aiming for my face, but just burnt my shoulders. I'm glad he didn't get to my face. (SK 2246-i)*

Seven men (19.4%) assaulted their partners with heavy objects such as telephone books, books, telephones, glassware, mugs, an iron, a hammer, alcohol bottles, and/or brass knuckles.

Further, over one-quarter (10 of 36, or 27.7%) of the women clarified that the physical assaults escalated in frequency and severity when their partners were drinking.

*It went from forcibly holding me down, to punches. He pushed me down the stairs once. I could have broken my neck. It's always involved with alcohol. (AB 3232-i)*

*I'm scared if he goes out and drinks. I have a built-in alarm when 3:00 a.m. comes. That's what time the bars close. I wake up ready for a fight. It's just awful. I got 25 lickings in 25 days. He was drunk every day. (SK 2125-i)*

Over three-quarters of the men (29 of 36, or 80.6%) physically assaulted their partners so severely that the women were physically injured and could perhaps have died from the assaults. Thirteen of the 29 women (44.8%) disclosed injuries that ranged from broken noses, fingers, wrists, jaws, ribs, to dislocated or fractured vertebrae, and/or required hospitalization. The men also used weapons against them, not merely threatening their use as was noted previously. Three men used knives against the respondents. One man attempted to stab his partner but missed because she was running away. Two other men stabbed the respondents. *"It's my legs because I'm kicking him and fighting, trying to get away from him. It hits muscle, I can't walk"* (MB 1367-i).

Three-quarters of the women (22 of 29, or 75.9%) believed that their partners were going to kill them.

*I was sure he would kill me. He had tried several times. I'd only been working 10 days when he smashed my face, screaming, "I'll smash your face until nobody will stand the sight of you." He dislocated my jaw. I was a mess. I said, "I'm not living with you anymore; I'm not putting up with your beatings." He said, "I don't beat you!" I said, "How did all these bones get broken?" I've had my ribs broken, my wrist broken, my collarbone broken, my fingers broken, my leg slashed, my dislocated vertebrae that still show from his violence. I said, "How did all these bones get broken?" He said, "They break so easy." (SK 2047-w)*

*He dragged me upstairs by the hair; there was a baseball bat in our bedroom, and he broke all the bones in my face. I had a crushed-in forehead. I was [hurt], practically top to bottom. He's kneeing me in the back, kicking me. I could barely walk for two days. He wouldn't let me go to the doctor. He busted my eardrum once when he hit me in the side of the head with a hammer. (MB 1118-i)*

Another woman described an incident in which her former partner convinced her that it would be safe for her to join his house party because he was not drinking. However, she woke up in hospital three days later:

*I didn't know what was going on because I had tubes in my throat, I had things in my arms, I was tied to the bed. What am I doing in the hospital? (SK 2266-i)*

The police told her that she had been given Rohypnol, “*Some kind of date rape drug. I was beaten with a crowbar and left in the snow.*” She remembers “*getting nervous because it's all guys [at the party] and I am afraid of guys. [I thought] I'm just going to handle it because nothing's going to happen. My mom only lives three blocks away. It's not hard to run that far.*” Men at the party kept encouraging her to drink, even though she did not want to. Eventually, “*I took a shot of this guy's beer. I just wanted a mouthful, just to get my mouth wet, and he kept tilting it. I had some and then the rest spilled on me.*” She then got up to go to the bathroom.

*I don't remember leaving the bathroom, lying on his bed, being raped. From what the police gathered, he [former partner] left with his bros. He comes back and one of his bros was raping me. He flipped out on that person and started beating me with a blue crowbar. The police didn't believe me until they'd seen the imprint of the crowbar in the wall. The next morning my mom went back to the house; the front door was open and there's investigators. There's blood all over the floor, in the kitchen, the living room. In the bathroom, there was water and blood mixed in the tub. The shower curtains were broken. Bedroom window was broken and a body print in the snow outside the window. The police think my [former] partner, had thrown me out the window. I'd landed in the snow. They probably brought a sheet because I was naked. They put my underwear on; wrapped me in the sheet and threw me in the neighbour's yard. I wasn't found for four and a half hours. The neighbour lady found me. I had frostbite on my arms; I still have the scars. I had 52 stitches and 62 staples all on the back of my head. I had a broken jaw, my whole collarbone's a metal rod. I had a pin in my knee and my ankle's broken. It was really rough. (SK 2266-i)*

Nine of 29 men (31%) strangled their partners. It must be noted that strangulation is particularly dangerous since it can so easily result in the victim's death. In addition to using their hands to strangle the women, one-third of the men (3 of 9 or 33.3%) men also used objects such as an alarm clock cord, a seatbelt, and pieces of clothing. Moreover, while strangling, two men (22.2%) also smothered their partners.

*I thought I was going to die because he'd take my son's sleepers and choke me until I blacked out. That happened three times. (AB 3161-i)*

*I was breast feeding my baby. He started touching me. I said, "Get away." He persisted, to the point where I slapped his hand away. That got him real angry. Then, next thing he was choking me—one of his hands around my throat and his other was on my mouth and nose. He wasn't allowing me to breathe. I started to panic. I couldn't fight him because my baby was still feeding. I didn't want to disrupt her. Eventually, I dug my nails into his arm and he let me go. Then he got in front and started raping me. My boys were in the other room, I couldn't scream, couldn't fight, because I didn't want them to see. My daughter was sitting there watching her father. After it was over, it's like nothing happened. For him it was nothing. I went and took a shower. I needed to feel clean. (SK 2121-i)*

While this section highlights the many forms of physical violence used against the women, the severity of this abuse must be emphasized. Over three-quarters of the men (29 of 36, or 80.6%) physically assaulted their partners so severely that the women were physically injured and could perhaps have died from the assaults. Three-quarters of the women also believed that their partners were capable of killing them.

## **Conclusion**

This chapter introduced the respondents through their demographic and descriptive characteristics, as well as their responses to standardized IPV and mental health measures. Not surprisingly, the results on the Composite Abuse Scale indicated that the women had experienced intimate partner abuse, including severe forms of emotional, sexual, and physical abuse. The qualitative interviews further explored the nature of the abuse from both female and male partners. Of note, 55% of the male partners were Indigenous, and 45% were White. While this study did not analyse possible differences between the abuses perpetrated by these partners, there are indications that some of the White partners used racism as one additional strategy to harm their partners.

In spite of the severity of the abuse that many women experienced, it is noteworthy that on the mental health measures, on average, the women did not report severe symptoms of

psychological distress, depression, or PTSD. Not only did many of the women experience severe abuse and violence from their partners, 90% of the women had been abused as children.

The nature of the intimate partner abuse was explored through the qualitative interviews with the women. For clarity, the various forms of abuse are categorized and highlighted separately; yet for the women these various forms were being used by their partners simultaneously. The women's experiences seem to identify similar patterns in their partners' behaviour (whether male or female). Their partners initially treated the women well; it was only after they made emotional commitments that their partners began acting abusively. Female partners committed acts of emotional abuse (including control, financial abuse, using the respondent's sexual orientation against her, illegal confinement), sexual assault, physical assaults and stalking.

All 38 men were emotionally and verbally abusive. Approximately one-third of the men controlled the respondents' daily activities and their personhood (including the women's appearance, their personal activities, and used reproductive coercive strategies against them). Over three-quarters isolated the women from their friends and family. Some even moved the women to more isolated rural or remoted communities. Moreover, some men took even more extreme measures by illegally confining the respondents; close to one-quarter stalked the women while they were still together, made suicide threats and/or suicide attempts as a means to control the respondents. Finally, 42.1% of the men made either indirect or direct threats to kill the respondents.

The general public often assumes that if women leave their abusive partners, they will be free of abuse. Yet, it's clear that leaving their partners did not end the abuse for half the women;

over half of the men stalked their partners after they left. Moreover, almost half disclosed that their former partners had stalked them for years.

This chapter further highlighted the fact that almost half the men used sexually coercive strategies and 11 men sexually assaulted their partners. Additionally, over one-quarter of the women who experienced sexual coercion and/or sexual assault expressed confusion regarding these concepts, struggling with patriarchal views that it is a woman's duty to have sex with her partner whenever he wants it. Three men used extreme violence during their sexual assaults in which one woman miscarried and the other two could have died.

Finally, the severity of the men's physical abuse must be emphasized. Over three-quarters of the men (29 of 36, or 80.6%) physically assaulted their partners so severely that the women were physically injured and could perhaps have died from the assaults. Three-quarters of the women believed that their partners were capable of killing them.

## Chapter Four: The Context of the Lives of Indigenous Women

This chapter contextualizes the 40 respondent's lives as Canadian Indigenous women who have experienced intimate partner abuse. It highlights the impact of colonization including residential schools and its influence on Indigenous cultures, their families, the respondents' childhoods, and the women's children. The second section contextualizes the women's current life circumstances, exploring how colonization, racism and systemic oppression has influenced their daily adult lives.

### Impacts of Colonization

This section first explores the legacy of colonization, racism, and systemic oppression, including the impacts of residential school on the respondents and their families. It explores the women's childhoods, highlighting their exposure to intimate partner abuse, neglect and abuse, as well as their experiences with child protection systems (CPS). It, then, examines the community violence to which the women were exposed as children. Finally, it highlights the women's concerns regarding the impact of colonization and intimate partner abuse on their children.

Thirty-two (80%) women drew links between colonization, intergenerational abuse, and the intimate abuse by their partners.

*My parents were taught a certain way, and their parents were taught a certain way, and I was taught a certain way ... They say we're the highest stats [for violence from intimate partners]. I do see it. As Aboriginal people, there's a lot of anger, a lot of self-degradation by our own, by the White people. The Canadian government ignores us. [The] residential school system [taught us to] not be proud of our identity as a Native person. They've tried to wipe that out. It's your language, your customs, forcing my kids to conform to being White. (AB 3232-i)*

Two women commented on the impact of learning about Indigenous history:

*At one time, a prime minister said, "A good Indian is a dead Indian." At one point in this continent, they wanted to annihilate the First Nations people and then they realized how many there were, they couldn't. That's what we have beating on the soil under our feet. When they couldn't annihilate us, they assimilated, and the residential schools that my*

*parents, my grandparents went through. All this abuse has come out from it. You don't have to think less than two seconds to know that's the truth.* (MB 1344-i)

Another woman stated that, once she began learning about Indigenous history, her views toward her parents changed; *"I used to be angry towards my parents because I didn't understand why they were so angry. Bitter. Now I do."* (MB 1055-i).

### **Residential school experiences.**

The women further detailed the impact of residential schools; six of the 40 women (15%) had lived in residential schools, and another seven (17.5%) highlighted how it had impacted their parents and/or grandparents. Of the six women (15%) who lived in residential schools; two began attending in elementary, two in high school, and two did not disclose when they attended. One woman lived in what most of dominant society would not identify as a conventional residential school. When she began high school, she and other youth were sent from their home communities to live in dormitory style residences while attending the town school.

Three women disclosed how difficult it had been to adjust to life without their family; *"I had no family members. I was gone away from my family, and I didn't like the way I was being treated at the school."* (MB 1051-i). *"It was a lonely part of your life because you were alone. I was the only one of my family there.* (MB 1290-i).

Two respondents recounted supportive experiences with residential school workers. One woman had an extended family member working in her dormitory. Another discussed support from caregivers in the residence:

*There was this little old lady. She was very strict but kind-hearted. She was good with us. We had a housekeeper who was Aboriginal ... She and her daughter used to play piano, and they were very nice. She used to do the cooking and cleaning.* (MB 1290-i)

However, this was not the experience of four others. One woman described children, including herself, being treated abusively by a staff member, *"She was a childcare worker and*

was abusing little girls that were there” (SK 2035-i). Another disclosed her sexual abuse by the religious staff:

*I experienced that abuse when I was in the boarding school for those six years by the nuns and the preachers. That really is something, I have a hard time talking about [it] because I don't like thinking about it. I don't really talk about that sexual abuse. It hurts too much.* (SK 2246-i)

One interviewee felt targeted by perpetrators because she is two-spirited.

Three women spoke of the racism that they experienced at residential school. “A woman told me, ‘You're ugly, you'll never get anywhere, you'll never be anything in your life’” (SK 2035-i). Another reported “We went to school with town kids. If there were anything stolen, police would come and look through our residence ... So there was that to contend with; being different” (MB 1290-i).

Five women described how they had coped with residential school:

*What helped me was that I was always physically active. I played sports in the school, and I got interested in art. I made this vase, and it sold for \$60; that was a lot of money for me then.* (MB 1290-i)

Two women ran away; while another two began using drugs and alcohol. Another discussed the long-term influence of residential school on her sense of wellbeing:

*I don't care about myself anymore, after the sexual abuse. I hate being Native because the people that abused me were mostly Aboriginal. I don't care about Aboriginal people. I just wish I was White.* (SK 2246-i)

Seven (17.5%) women discussed the intergenerational impact of residential school, commenting that it impacted their parents' ability to parent and, in turn, how it impacted the respondent's ability to parent.

*I got to understand the residential school experience. I used to wonder ‘Why is my mom like that?’ She's so shut-off. I thought there was something wrong with me. My mother was never hands-on, never smiled; she was very emotionally flat because of the experiences she had as a child. Being removed and not having a lot of nurturing, she*

*didn't know what to do—she didn't have anybody to model it. So how could she really give it? So, I was just mimicking what I had from my mom. (MB 1263-w)*

Two women disclosed that both their parents and grandparents were survivors of residential schools:

*My parents, my grandparents went through residential school, and all this abuse has come out from it. ... My mom met my dad in residential school so they had no parenting themselves. Probably long before any of us kids were born there was already chaos going on in the home. I came from an alcoholic family. Oh, all forms of abuse: sexual, physical, mental, spiritual. (SK 2025-w)*

Another three commented about how various generations attempted to protect their children from residential schooling. One woman's father refused to give his permission for her to attend; *"He went to residential school and that's the reason why he didn't want me to go there"* (SK 2121-i). Another woman's grandparents kept her father from attending:

*When the people would come to gather up the children, they would hide him. So, he had no schooling. He only went to Grade 4, so he was illiterate. They didn't want him to go to residential school. He was my grandmother's favourite, "Send the rest of them. But keep my boy!" She didn't know how to parent. My grandfather, I hear, was the soul of kindness. He was the complete opposite. (MB 1107-i)*

One woman recounted how her son had ran away from residential school. He had been there for about a week when, *"Somebody woke him up with a pail of cold water. He started walking back [home]. His grandma had to go pick him up"* (MB 1290-i). As the respondent and her parents had also attended residential schools, they supported his decision to not return.

Two women spoke specifically of the legacy from residential school:

*I am second generation residential school. My father, my mother, they didn't have parenting skills, because their mothers and their fathers were in residential school. This is the legacy that follows residential school. Our time will come for our accountability, for the wrongs that were done to us. (MB1107-i)*

This legacy impacted their parent's ability to parent. The following section explores the respondents' experiences of childhood abuse.

### **Respondents' experiences of childhood abuse.**

Thirty-two women discussed their childhood maltreatment. Twenty-four of the 32 women (75%) had been exposed to intimate partner abuse; 10 (31.25%) were neglected; 17 (53.13%) experienced emotional abuse; 12 (37.5%) were physically abused and 14 (43.75%) were sexually abused. Nine respondents (28.13%) mentioned having been apprehended by child protection authorities. Finally, nine women (28.13%) discussed the violence that they saw or experienced in their communities.

#### ***Exposure to intimate partner abuse.***

As mentioned, three-quarters of the women (24 of 32, or 75%) had been exposed to the intimate partner abuse primarily of their mothers by their fathers. One woman discussed the emotional abuse and control that her father exerted.

*My dad was the boss. What he said was the law. He made the decisions. My dad used to say he looks after his car better than his wife, "If you look after your car it's going to serve you well."* (MB 1290-i).

Other women highlighted their fathers' physically abusive behaviours. *"I didn't see my dad and my mom fight, but I HEARD and I saw the aftermath the next day"* (MB 1052-i). In contrast, other respondents did see. *"All memories of my childhood are violent. My father was very abusive towards my mother. Everybody was afraid of him"* (MB 1107-i).

One-quarter of the respondents' mothers (6 of 24, or 25%) were severely physically injured by the IPV. One woman's mother used to fight back, because *"It hurts to be abused and hit and kicked. I think women can get more hurt when they're strong like my mom. She lost her spleen"* (AB 3137-w). Another woman's mother went through numerous incidents of severe violence and the respondent believes that her father ultimately murdered her mother.

*My dad picked up one of those old irons that you put on top of the stove and he put it on her back ... My mom had epilepsy, therefore, she would go into convulsions, and he would pour boiling hot water on her. He would do other things. I've stopped trying to remember. But I remember the ambulance coming when I was about 4. She was only 27, and she was taken to the hospital. She died as a combination of things. She had pneumonia. He forced one of those big bottles of vodka on her and she was not a drinker. She never drank. Some people say that he killed her. They said that he stabbed her. Well, that probably is true. They did the autopsy, they found stab wounds. They said, I think, 17 times. Now, that's pretty violent. That's what I saw. (MB 1107-i)*

Four women spoke of how they reacted to their father's abusive behaviour, one by keeping silent; while three others responded by intervening to protect their mothers, including calling the police (2), or taking direct action themselves (2).

*My mom was in such an ugly situation, I ended up jumping on her, to protect her from everybody. (SK 2025-w)*

*He was drinking and he started raising hell. He was really hitting my mom. I grabbed a broom and started hitting him. The next day, he was sober and I felt bad for what I did, so I told him, "Dad, I'm so sorry. I just wanted you to stop hitting Mom." I said, "She already had two black eyes. I don't like walking around with her looking like that because people look at us, and people are talking." I said, "I feel shy when I go to school because my friends talk." He went to a Catholic priest and he made a pledge for five years. He was so hungover that he wanted to have another drink. But when he saw us, he realized that's not the life he wants for us, me and my brothers. He wants us to have a good life. He's never drank since; never hit my mom. (AB 3161-i)*

Five of the women's mothers left the respondent's fathers on various occasions. Three mothers would stay with relatives, sometimes taking the respondent with them; other times leaving them with their fathers. One woman noted that her mother was unable to access a VAW shelter because there were not any in their community or in surrounding communities. Two respondents did stay in VAW shelters with their mothers, but, "*we only stayed overnight; my mom didn't want to stay in there* (AB 3161-w). The other woman's mother began drinking so the respondent and her siblings were apprehended by child protective services from the VAW shelter.

## **Childhood abuse.**

Besides witnessing the intimate partner abuse, the women were also directly abused and/or neglected; 10 (31.3%) experienced neglect from their parents. *I grew way too fast; my parents were not there for me. I was on my own*" (AB 3137-w). Six women disclosed that their basic needs were often unmet.

*With the drinking and the fighting, being so transient, and never having any money, and always having to worry about making do between welfare cheques, we had very little for furniture. We had very little for bedding and towels. The three of us sisters had to sleep in the same bed. People would come in and drink with my mom and dad. Everybody would just eat everything up. So we were always left without food.* (SK 2025-w)

Nine of the 10 women (90%) disclosed that their supervision and safety needs were not being met.

*They'd go sit in the bar and we'd wait for them. One night after the bar closed, my mom was walking by and she saw these kids sleeping on this old car seat. She calls to my dad, "Look at those kids, they must be cold." She came and was going to ask where the parents were and it was her own kids.* (SK 2025-w)

*We were in an apartment by ourselves. All the time.* (MB 1053-w).

Half of the women (5 of 10, or 50%) were given adult responsibilities, including cleaning the house and cooking. Three of these were also responsible for parenting younger siblings.

*My mom had another baby when I was 10. I ended up raising her; making Carnation milk, Pacific milk, any milk that we had. I remember this child getting sick and almost dying on me.* (MB 1053-w)

*The time that most impacted me was my sister's death. She was 10 months old. I was 11 or 12, and we were left alone for about a week. It was the middle of winter; it got cold in the house. I know now that she died of pneumonia. I remember her puking on me. I didn't know what to do. There were no adults. My aunties and uncles didn't ever come and check up on us. During the funeral my Auntie told me [she died] because of my stupidity: It was my fault.* (MB 1055-i)

Two women were unable to complete school. For one, the chaos and transience in her parents' lives meant that she did not attend school after Grade 7. The other had moved from her

home community to attend residential school. Her mother phoned on numerous occasions, “Saying, your brothers are not being looked after ... because she was out drinking. I dropped out of school. I went back to the community” (MB 1055-i).

Eight women (80%) linked their parents’ neglectful behaviour to their addiction issues.

*We were always scared. There was a lot of alcohol, all the time. On the good days, my mom and dad were sober. That’s when everything was loving and normal and so happy (laughs slightly). We knew it was short-lived because the cheques would come, and everybody was drinking again. On the good days though, the sun seemed to shine, and the kids were all playing. Feeling safe because they were sober and there was food. As soon as they’d start drinking, the world turned upside down. Everything went grey, it was like the sun went away. The world turned ugly.* (SK 2025-w)

Another woman believed that her mother was neglectful, “because of her experience in residential school. She never had the concept of family” (MB 1053-w).

### ***Emotional abuse.***

Slightly over half of the respondents (17 of 32 or 53.13%) experienced emotional abuse. While only some of the women identified which parent was emotionally abusive to them, eight disclosed being abused by their mothers, 11 by their fathers and five by both parents.

*My mother was very mean to us.* (SK 2027-w)

*My parents were just not there for me. We were never allowed to make a mistake.* (AB 3137-w)

*My mom told me that she finally decided to leave my dad. I was sitting at the dining room table and my dad came home. I tried to get up and he made me sit back down. He tried to convince me that my mom’s choice to leave was my fault. If I wasn’t such a horrible child, Dad wouldn’t have had to get mad at Mom and they wouldn’t have to fight. Everything was my fault.* (SK 2244-w)

One-third of the women (6 of 17, or 35.29%) were verbally abused, and a two-spirit woman was also verbally abused by extended family members (including aunts and cousins) who called her a “fag” (SK 1341-w). Two were rejected by their fathers and treated with disdain because they were not his biological children.

Half of the women (9 of 17, or 52.94%) felt controlled by their parents. At times, the women disclosed more subtle forms of control, in that their parents' actions were not directly aimed at the respondent. For example, after watching her father physically abuse her other siblings, one respondent was careful to do as father wished in order to avoid the possibility of his physical violence. Yet, the control also occurred directly against them. Sometimes, it was in the minutia of daily living; "*I was so controlled by my mom, we couldn't even get a glass of water without asking*" (SK 2027-w), at other times, it was extreme. One father found the 9-year-old respondent after she ran away. Even though it was winter, he made her strip naked before confining her in their dirt basement.

*The only warm place was this crawlspace under the stove. It was warm, but there were rats. If my father opened the [basement] door and if he did not see me at the bottom of the steps, he would tell my brother and my sister to pull me from that crawl space. Then he'd throw water on me. After a couple days, he opened the door and said, "Come on up." I couldn't walk. I had to crawl up the steps. Once I got up there, I looked at him, my legs—they were just huge bubbles. Bubbles on the bottom of my feet, between my toes. I had frostbite. He popped the bubbles. After a couple days, they got infected.* (MB 1107-i)

Nine (or 52.94%) women discussed how their parents' emotional abuse influenced their behaviour. "*I was told not to think about it, just do it. I was taught not to feel. I didn't know how to speak. I didn't know how to use words*" (MB 1055-i). Two women believed that they were never good enough. Four women were always afraid. Three women tried coping by running away.

*I got hit by a car because I was trying to run away from my mom. I started seeing perfection in the hospital. The nurses would say, "Oh you're so cute!" and "You're so pretty." I started getting self-esteem from these nurses. I remember them giving me baths. I really liked that feeling. I told the nurse "I want to be a nurse too; I want to make the bed with you." When I went home, I stopped eating. I got so sick. I practically starved myself to death. I was saying [to myself], "I want to teach my mom what not to do;" she can't do this, because I'm going to end up in the hospital all the time.* (MB 1053-w)

Three women explicitly stated that they used drugs and alcohol to cope with their parents' emotionally abusive behaviour. For one woman, it was the only way "to take that pain away" (SK 1341-w). Another disclosed:

*I remember just feeling empty. There was nothing left to do, nothing left to work for. I could never be good enough. I could never satisfy my dad, so there was just no point in trying anymore. I might as well live up to his expectations and drop out of school and be the bad kid.* (SK 2244-w)

### ***Physical abuse.***

Approximately one-third of the women (12 of 32, or 37.5%) were physically abused by their parents. Although not all of the respondents disclosed who had physically abused them, six women were physically abused by their mothers or stepmothers, five by their fathers. Of these women, two were physically abused by both parents.

*There were times when I would ask my mom for something. I was probably a pushy teenager, but her response was to punch me in the face. If I didn't put makeup on the bruises, she wouldn't hit me again.* (SK 2023-w)

*I started off being abused by my parents. I usually got beaten to go to bed or beaten for coming home late. I drank most of my life because I was always scared. I always had to hide.* (SK 1341-w)

*My dad set the knife down on the table, and he cut my hand open, so that I had a real reason to cry* (SK 2244-w)

### ***Sexual abuse.***

Fourteen of the 32 women (43.75%) had been sexually abused as children. Not all of the women disclosed who abused them, but for those who did, over half (8 of 14, or 57.14%) were sexually abused by multiple perpetrators. Five of the 14 (35.71%) were abused by their fathers or stepfathers; five (35.71%) were abused by various relatives, such as older siblings, cousins, or grandfathers. Five (35.71%) were abused by friends of their parents, while four (28.57%) were

abused by individuals in the community (such as neighbours, teachers, and a friend's older brother). One woman remembered the first time she was sexually abused:

*I was 3 or 4 years old. A party broke out at my house and I got sexually abused. It was a total nightmare. I managed to get up. I put on my pants, but someone they wouldn't let me open the door. I couldn't talk very well so I couldn't even tell anybody what happened. I shut down. There was no emotion, no feelings going on inside. (MB 1053-w)*

Parties were often a dangerous time for the respondents. Two women tried various strategies to protect themselves and their siblings from being sexually abused during parties.

*My parents would bring parties home from the bar. People would creep into our rooms, and there'd be men touching us. I remember pushing the dresser up against the door—wedged in such a way that you couldn't open the door if you were beyond a certain size. I'd always make sure that my sisters were in the room with me, because for some reason, I didn't think that anything bad could happen to boys. I spent a lot of the younger years worried about what was going to happen when a big party happened. (MB 1263-w)*

When the second woman could not stop the people from coming in, she would try protecting her brother and sister by ensuring that the people sexually abused her rather than her siblings.

Three women attempted to tell others about the sexual abuse but were not believed. One woman disclosed to her mother that her stepfather and three of his friends were sexually abusing her,

*I was about 8, and she pushed me away. She knew about it, and I had to keep taking those men abusing me until I was 13 [and ran away]. My heart really went hard towards her. I really hated her. I really, really did hate her. (MB 1107-i)*

### **Child protection services intervention.**

Given the respondents' childhood experiences, it is perhaps unsurprising that nine of the 32 women (28.13%) were involved with the Child Protection System (CPS). When one woman's mother "went to jail for nine days, somebody told Indian Affairs that my dad wasn't a fit father, so Child Protection came to take us away." To avoid the children's apprehension, her dad took

her and her siblings into the bush. “We lived in the bush until my mom came out and everything was all right” (SK 2035-i).

However, the other eight women had been apprehended by CPS authorities. After being apprehended, one woman was sent to an orphanage and was subsequently adopted by a family in the United States.

*I was adopted out of my reserve when I was 9. However, I believed the lie that was told to me by my adoptive parents, “You were adopted because no one wanted you.” [Interviewer: How did that make you feel as a child?] Rejected. It set the pace for [my life]; I’ve always been alone and could only depend on myself. (MB 1107-i).*

She remembered when she first arrived at her adoptive home.

*I’d hide bread underneath my pillow thinking that I wasn’t going to be able to eat. Then the sexual abuse started. I asked my adoptive mother for help one day. I said, “He comes at night and touches me where he shouldn’t.” She said, “Go back to bed, you’re having a nightmare.” (crying). It made me feel like no one could help me. They sent me to a psychiatrist. Being a child of abuse, I didn’t say much. My adoptive mother would go in afterwards and on the way home, “He told me everything you said.” Well, I’m not going to ask him for help. They were about to adopt another girl. I was 14, and she was 7. Within two weeks, she would come to our home. I thought, “I can’t let that happen. No one is going to help her.” I went to my guidance counsellor and told her what was going on. I said, “I’ll never step foot in that house again.” I was removed and put into foster care. The adoption of that girl was cancelled. (MB 1107-i)*

All eight women who were apprehended experienced the foster care system; six disclosed living with multiple foster families.

*The first foster home I went to knew my dad. My dad taught guitar and one of their children took lessons. I phoned my worker, “You have to get me out of here, they know my dad.” He said, “We’ll need time to switch homes.” So, I ran away. I got put in another foster home. I was their first foster kid ever; a mom and a dad, four kids. They were the nicest people. It was very strange. I hated it, I was on edge all the time, waiting for that happy storybook smile to end; waiting for somebody to snap. Because nobody’s that nice. But it went on and on. I went to school, started to build up a bit of self-confidence, getting a bit of myself back. I was getting good grades. Then the trial came. I had to tell people those horrible things my dad did to me, my whole life. (SK 2244-i)*

She ran out of the courtroom, running away from this foster home, and subsequently lived in multiple other foster homes.

While the other women provided few details about their experiences in foster care, two disclosed having been sexual abused. Another lived in a foster home in which she was not sexually abused, but another foster child was being sexually abused by their foster father. She devised a plan to protect this child.

*I said, "Where does he usually take you? She said, in the front room because he needs to be able to see the front door. They had just gotten a video recorder. So, I set it up in a certain location. I said to him [the foster father], "We're going to go to church now, but Sally's staying home, she doesn't feel well." We went down the road, and when we were around the corner, I said, "I forgot something, I have to go back." I snuck in the door that was open. I turned the VCR on and left. When I came back, she [foster sister] had a certain look on her face. We did it! We got out of there, and no one was allowed there every again. I wonder, where the hell are those people? I hope to God that they got charged. (MB 1107-i)*

### **Community violence.**

Finally, nine respondents (28.13% of 32) not only dealt with abuse within their families, but also observed violence from other individuals around them; sometimes people that their parents had invited into their home, or from neighbours, or while they were out in the community. The women seldom identified where they were living at the time of these incidents (whether it was on reserve, rurally, in town, or a city), but it was clear that, for over one-quarter of the respondents, their surrounding environment was not safe. Four women associated the violence they saw with drinking,

*I [remember] hearing music playing, smelling cigarette smoke; everybody roared with laughter. But it was like a schedule, someone would start raising their voice and be angry. One night when there was a lot of fighting you could hear things breaking and smashing. I peeked down the stairs and somebody had been stabbed. There was blood all over the kitchen, there was glass, and cigarette butts, and the table was broken. It was so surreal. This man was bleeding from his stomach, and they were still yelling and screaming. Now, as an adult, I probably should've been horrified at seeing somebody with their intestines hanging out. But, as a 12-year old kid, watching and thinking 'What a goddamn mess I'm going to have to clean up in the morning.' (MB 1263-w)*

Five women spoke of the intimate partner abuse that they observed in their communities.

*It was normal on our reserve for women to have black eyes all the time. My uncle used to beat up his wife badly in front of us. My older sister went to help her one time, and he stabbed her in the leg with a fork. He [eventually] ended up killing his wife and he never served any time. The abuse kept on going. When I was 14, I moved to get away from my reserve. My mom never looked for me because she said I need to take care of myself. I babysat for my cousins, sort of like a maid, but there was food, a clean bed. They'd go out and drink and they'd come home and he'd beat up his wife but they were quiet about it. I'd just have the kids sleep with me. That was the way we lived, you'd grab all the kids and go stay in another room. (SK 2035-i)*

*In the wintertime, my auntie ran away from her husband, my uncle, because he was abusive to her, and she ended up freezing [to death]. (SK 2246-i)*

*I remember when our neighbour was angry at his wife and he had a gun. The people were all scared. My dad went over to talk to him, and our neighbour actually put his gun away. (MB 1290-i)*

*Our neighbour's boyfriend was really violent. One night, out of the window, I saw some orangey light. I thought maybe the house was on fire. I heard this huge scream. I ran down the stairs with my blanket around me. All I could see was fire and I couldn't figure out what was going on. My dad was right behind me; he threw the door open. This woman was out there and she was on fire. It was our neighbour. Her boyfriend doused her with lighter fluid. Then set her on fire. There was this gust of wind, and her hair went pfft. Like straight up. My dad grabbed my blanket and threw it on top of her to douse the flames. Then he pulled the blanket off and—it was horrible. (MB 1290-i)*

In exploring the women's childhood experiences of abuse, for many there was no safe place. Yet, as discussed in the next section, the respondents wanted their children to have better childhoods.

### **Colonization, intimate partner abuse, and parenting.**

Of the 34 women with children, 26 (76.5%) raised concerns about the history of intergenerational abuse through colonization and abuse from their partners. They were determined to protect their children and to ensure that their parenting did not continue the same legacy for their children.

Fourteen women tied their parenting to the intergenerational transmission of abuse through colonization. *“My parents were taught a certain way and their parents were taught a*

*certain way*” (AB 3028-w). Not surprising, as mentioned above, the women linked intergenerational transmission of abuse, with residential school. Several women disclosed how generations of their partner’s family, their partners, as well as their parents, and themselves had all attended residential school:

*That was our legacy in terms of being parents with our boys. Although we tried very hard to do the best we could with what we knew. I think where we failed our boys in a lot of ways ... It was sort of like—your life is predestined. (MB 1290-i)*

*In the North, there’s so much control. My mom was very controlled by my father; abused by my dad. Then I led a similar life to my mother. There’s just so many controlling men in the North; they’re raising controlling men, and the moms are raising submissive daughters. I’m guilty of that. (SK 2121-i)*

Twenty-three respondents of the 34 women with children (67.6%) were concerned that their partners’ abusive behaviour was impacting their children, thus leading to transmission of abuse to another generation.

*My kids were the ones getting hurt. Even though they weren’t getting abused, they were seeing it happen. I didn’t want them to grow up in that [environment]. I wanted to break the chains. I don’t want my daughter to go through [abuse] and I don’t want my sons to think it’s okay to hit a woman. (AB 3161-i)*

*I look at the way my kids sometimes play, things that they mimic; things that they heard him say. My kids are hitting each other. That’s from what they saw. I don’t want my kids to see this. I saw it when I was growing up, not just within my community and I don’t want my kids to see that. I don’t want my daughter growing up thinking that it’s all right for her to be beat up. I don’t want my son thinking that he can beat on his woman because she didn’t cook pancakes the right way. A lot of girls are thinking that it’s their fault because their boyfriend doesn’t like them or that they got hit for whatever. ... I’m trying to better my life for myself, for my kids. (SK 2266-i)*

*I absolutely do not want my girls growing up thinking that their husband or boyfriend comes home and is pissed off at the world, it’s your fault. That you should put your chin up a little higher so that he can get your face or that your kids should grow up like this ... And my son, God help me, if he ever treats any human being like this. (AB 3092-w)*

Even though some women found it challenging, all 26 wanted to parent their children differently. They wanted to be patient with their children, to treat them with respect and dignity,

to give them peaceful childhoods. They wanted to teach their children to also treat others with respect and dignity. The respondents wanted their children to have childhoods in which they could be children,

In summary, this section highlighted the historic impact of colonization, racism, and systemic oppression on the respondents, their families, and their communities. It explored not the women's own childhoods, but the legacy through generations, including the impact on their own children.

### **Contextualizing Current Life Circumstances**

This section contextualizes the respondents' current life circumstances. It highlights that their partners' abusive behaviour was only a piece of the abuse, oppression, and violence the women faced in their adult lives. This section explores the women's adult experiences of living on reserve (10, or 40%), living in northern or rural communities (17, or 17.5%) and the community violence they experienced while living in towns or cities (11, or 27.5%). Lastly, it examines their experiences of dealing with the justice system (33, or 82.5%) and the child protection system (12, or 30%).

#### **Living on reserve.**

Ten (40%) women discussed living on reserve as adults. While one woman highlighted the importance of being connected to the land; all ten focused on the challenges they faced while living on reserve. One woman spoke of the environmental challenges associated with living in a fly-in community without access to running water or other amenities, including their reliance on wood heating. Her partner's expectation was that she chop and stack wood for the coming winter.

All ten also discussed the social challenges they faced in living on reserve. Eight women were disturbed about the amount of drinking and drug addiction. *“I don’t like seeing my people kill themselves with alcohol”* (SK 2123-i). One woman lost her sobriety when she returned to reserve. Four women highlighted the extent of violence on their reserves—raising concerns about the intimate partner abuse, abuse against children, and community violence.

Four women (40%) were concerned about the lack of education and employment opportunities on their reserves.

*In my husband’s family, one person graduated; a lot of them dropped out by Grade 6, Grade 7, Grade 8. Where we come from a lot of the students graduate, but then they don’t do anything. There’s a lot of lost people out there. I don’t want to see that for my kids. I want to get them on the right page.* (MB 1009-i)

Two women noted that their bands would pay for advanced education. However, one woman commented that it is a competitive process and the Band determined who would be sponsored.

Four women’s partners (40%) also used living on the reserve as a way to tighten their control, as, for example, the geographic location of a fly-in community made it more difficult for the respondent to leave. Another woman noted that, by living on reserve, her partner was the only one allowed to own a home. When they lived in the city, if his behaviour deteriorated, she would *“kick him out”* (MB 1290-i) but once they moved to reserve, his view was *“I have my own house. You can’t kick me out”* (MB 1290-i).

Six women (60%) felt watched and judged within the community. Two partners used their relatives to watch the women and report on their activities. One woman faced additional dilemmas, because not only were his relatives watching her, they also had status in the community. *“His family has a lot of power. His mom is the local Medicine woman”* (AB 3050-i). Another woman discussed losing her identity. *“I had no name, I had no identity. I was the drug dealer’s wife and people didn’t know me.* (SK 2124-i). She stated that she had to leave. *“I needed*

*to heal not only within [myself], but within the community too. I had to make my own mark”* (SK 2124-i). Further, both of the two-spirit women felt so judged and misunderstood that they left their home reserves.

Yet with all the challenges and hardship, accessing formal support services was also difficult. Two women highlighted that many workers appeared uncaring; *“A lot of them were there for the money and not there for the person”* (MB 1009-i). She also noted that confidentiality was not respected. *“You go see [someone] to get some help, and then you hear about it somewhere else. That’s why I had to leave [the community]”* (MB 1009-i). However, one woman noted that her Band offered cultural teachings and traditional healing—which she and her family found helpful.

### **Living in northern or rural communities.**

Seven (17.5%) women highlighted unique aspects of living in a variety of northern communities, including four who lived on northern reserves; four who lived in northern towns, and one who lived rurally. Four women discussed their love for living in the north.

*I am lucky that I’m from the North, a small community, because I wasn’t exposed to too much corruption. I’m a better person today because of it. I can’t begin to imagine what my life would have been if I was born and raised in the city. I hear so much about what happens in the city that I don’t even listen to the news because it pains me.* (SK 2121-i)

*I love the lakes, I love the land, and the people here when you’re needing help. In the city, I was surrounded by people, yet I didn’t even know my neighbour. I need to stay in the north, I’m definitely not a city person.* (SK 2124-i)

However, all seven also discussed challenges with living in northern or rural communities. Five women raised concerns about the isolation.

*There’s hardly anybody around or you’re too shy to get out, you don’t know anybody. When you don’t feel good about yourself, it’s hard to get to know people because you withdraw from the world.* (AB 3028-w)

In addition, two women noted the impact of having to meet basic needs by hauling water and gathering and chopping wood.

*I was so busy with my kids, hauling water and having to get wood for heat. You're so busy. I had to haul water ... dump it into a tank underneath the house for water inside the house, but it's a 24 by 24 cabin. There's five of us living in it. Winters were hard. It's like you're suffocating. You have no space to yourself. In winter it's even worse because you can't go outside. At least in the summer, I was able to get outside more often, even though it was work. [It] kept my mind occupied because I had so much work to do. Got to do this, got to do that, prepare for the winter. There's no life for yourself, it's work, work, work. You can't even enjoy your life with your kids. Everything is just work. (AB 3028-w)*

Three raised concerns about the amount of violence, community gossip, and addiction.

*[His abuse] escalated here. He was around his family. It's the way he grew up; his uncles, everybody. He was living the life he was used to. I see it a lot in friends. (SK 2124-i)*

*It's a small community and he had a lot of friends. I have family members here too, but I don't really talk to them. He was always out drinking with his friends and some of my family. He'd tell them stories of who I was to him. That's how they looked at me. It affected me. Only my friends know who I was and what I was doing. Living in a small community there's so many rumours and gossip, you don't know what's real and what's not. Everybody talks and they don't get all the facts straight. They assume too much; they judge a person before they know that person. (SK 2123-i)*

Six women spoke of the lack or limited resources available to them. While this has been previously discussed, it worth again highlighting. There was no, or limited access to counselling or other professional supports such as VAW shelters.

### **Community violence.**

While the previous two subsections highlighted violence women experienced or witnessed on their reserves, in rural or remote communities, one-quarter of the women (11 of 40, or 27.5%) women spoke of violence while living in towns or cities. Five of the 11 women (45.5%) were exposed to the violence that their neighbours, friends and/or family members experienced.

*I have my neighbours, they're always drinking and I always hear them fighting. It wakes me up. I don't like the way it makes me feel. (MB 1051-i)*

*I attended three funerals. This one man had an argument with his woman and he walked away and hung himself. This other woman found out her spouse was running around on her. She hung herself on the porch. The other one went into the bushes and hung himself because they argued about affairs. (SK 2035-i)*

*I'm still having a hard time. A couple months ago, my brother ended up getting burnt up. Some guys threw lacquer on him and set him on fire, but he lived. He has bad scars all over his body. Sometimes, I don't even recognize him; he looks so different. (SK 2246-i)*

One woman's partner was murdered:

*Someone ended up killing him. I found the knife under my couch. I'm scared to live here, because I put that guy in jail for quite a while. He said he'd get somebody to kill me if I testified against him. I'm scared because I'm not ready to die yet. I have to get away from him before he gets out of jail. (SK 2246-i)*

Five (45.5%) women also identified parties as a potential source of danger. Two women witnessed friends being physically assaulted, three women were physically assaulted, and two were sexually assaulted.

*One of the people I met at that party said he would give me a ride home. He raped me in the car. I remember going home and crying. I never ever told anybody. It's an ugly secret. It seemed like it was my fault because I should never have gotten in a car with a man I had just met. I always sort of blamed myself. (1290-i)*

Another three women (27.3%) were sexually assaulted by strangers or men that they thought were their friends.

*I got raped by this guy with a gun and he held me for nine hours, (SK 2025-w)*

One woman had made it clear to a male friend that she was not attracted to him, but “That seemed fine. We would play cards, watch movies” (MB 1263-w). However, one night he came to her house drunk, yelling, ““Open the door, you’– he kept calling me the C word, saying that I used him and I was a bitch. (MB 1263-w).” He left after she threatened to call the police. However, upon reflection she did not feel safe; thus, she packed a bag for herself and her son.

*I got outside, and the truck pulled up a second time and he jumped out and shoved me against the car, screaming. He took my keys. His face was beat red and his hair was flying all over the place. He took my keys and he threw them and they went into the eavestrough of one of my neighbour's houses. My neighbour was screaming out the window "I phoned the police and you're going to get it Mister!" He squealed out of there in his truck and the police came. I felt like such an idiot. I thought 'how do I attract this?' He'd never shown any inkling of behaviour like that previously. A short time later, the police were gone. Suddenly he's banging on the door, saying "I love you." Then he kicked the door, and the door fell on me, and he's inside jumping on the door, and I'm underneath the door. It was the most hideous experience. He had me up against the wall, and his face is purple, and he's like looking at me like he wants me dead. The next thing I remember was being flat on my face on the floor. He was pulled my pants down from behind. I was screaming, "no, no, no!" He's raping me. The police came running in. I'm bleeding from my butt, He served about three or four months. As soon as he got out, he called me. My mind was totally reeling. How do I get out of here? I need to leave the city. I need to disappear somehow because this guy is crazy. Then there's a big splash in the newspaper about a caretaker bludgeoned to death in a robbery attempt. A couple days later they had a suspect in custody for the murder. It was this fellow. He bludgeoned the guy to death with a pipe wrench. (MB 1263-w)*

Finally, five women (45.5%) spoke of how their substance use intersected with violence, either through being sex workers (3 of 5, or 60%) or through gang involvement (2 of 5, or 40%).

*I got beaten by one of the johns with a golf club; he broke my ribs. I've seen people OD (overdose). I had a friend get gutted after I worked with her. She took some drugs to her man. I see a bunch of cop cars go by and stop at her place. I went running. There was her boyfriend, all bloody and handcuffed. (SK 1341-w)*

*I was in my friend's house. She was dating one guy [in a gang]. We thought we were cool. I remember getting high at her house and her boyfriend was there. He had a couple friends. My friend said, "Let's go downstairs," and she led me by the hand. We were in the basement. Her boyfriend had enticed this guy to come to the house. He shorted them on some drugs or something. They questioned and questioned him again. He still wouldn't own up, so eventually they tied him to a chair. They blow-torched the bottoms of his feet. We were in the basement! We could hear this going on. (MB 1263-w)*

Given the extent and intensity of violence in their lives, not only from their partners, but also their surrounding environments, it is perhaps understandable that many of the respondents dealt with both the justice and the child protection systems.

### **Dealing with the justice system.**

Thirty-three women (82.5%) spoke of their experiences with the criminal justice system; 32 regarding their interaction with various police forces, including the RCMP; 15 regarding the court system. Of the 32 women who had contact with police (including the RCMP), over half (19 of 32, or 59.4%) identified negative interactions with officers.

Six of the 19 women (31.5%) commented that when they went to the police, the officers were suspicious of their stories and/or blamed them for their partner's abusive behaviour.

*He [partner] flipped out and started punching me in the face, grabbed me by the throat, shook me, slapped me. He was yelling that he was going to kill me. [When the police arrived] they were very suspicious that I hit him, he hit me back and so forth. But I said, "No, that didn't happen." They wouldn't let me go to the hospital until [they finished questioning me]. They were here for about two hours questioning me, accusing me of instigating it: "What did I do to instigate it? Did I push his buttons? What did I say? What did I do?" I felt very guilty. (AB 3133-w)*

*I had to call the RCMP and they made it sound like I'm the one. They didn't take him away or anything! I'm standing there all bruised up, black eyes and they wouldn't take him! He had come over to my place. They said, "Why did you invite him into your place?" They didn't press charges. (MB 1051-i)*

One-third of the respondents (7 of 19, or 36.8%) were not taken seriously by officers. For example, police officers ceased to take one woman's statement when they learned of her partner was a firefighter. *"It's like, oh, he's one of us. They back each other up"* (MB 1107-i). After leaving her partner, another respondent was stalked. *"He would come around, ranting and raving at me. It was a small town; I couldn't hide. The RCMP didn't do anything. I don't know why"* (MB 1051-i). Moreover, a two-spirit woman called the police on numerous occasions, but they consistently refused to act. *"There's a lot of police that don't really like me. The police know me because when I was a kid, I used to work the streets"* (SK 2246-i).

Further, it appeared to seven women (36.8%) that, rather than protecting them, the police priority was to lay charges.

*He had his whole hand up my vagina, and he had a fork at the end of it I remember lying in the hallway, wrapped up in a sheet covered in blood. Next thing I know, I'm in the hospital. I could hear these voices. "Well, she's not going to sign these papers, so we might as well let him loose." I'm just out of the operating room. My eyes aren't even open yet. I could hear them, but I couldn't see them. I knew they were detectives. I couldn't even lift my hand, let alone sign a piece of paper. I was thinking "Wait, wait, please!" I would've signed them. He almost killed me! They were going to charge him with attempted murder. When I did wake up, my partner is just sitting there [by my hospital bed], all drunk. I was so upset. They [police] gave up on me, so I gave up on myself. (MB 1118-i)*

*I called the cops on him a few times, but he would not leave marks on me. The cops would say, "We don't see any visible [marks] and there's no witnesses." Just me and the kids. Nothing they could do. (MB 1051-i)*

*I'd call the police and they'd say, "Are you going to press charges?" I'd say, "I don't know" and they'd say, "There's nothing we can do." I didn't charge him because I was scared that if I did, my kids may grow up without a mom. I wrote a 7-page victim statement. I said, "I want this on file so if he kills me, you guys have this. The police wouldn't let me drop it off unless I charged [him]. How stupid is that? (SK 2004-w)*

Thirteen of the 19 women (68.4%) commented that they did not feel safer after having contacted the police. When one partner heard the steps of the police, he told the respondent to get in the shower to clean the blood off her body.

*He said, "Make it look like nothing's happening." The situation was very tense. There were three cops: two male cops and a woman cop. The woman cop started interrogating me in the bathroom. They made me feel like I was the criminal. They had him in the bedroom, where he could see me and they were asking me what's going on. I couldn't say anything because he [partner] was there. They should have removed him altogether so they could question me alone. But they didn't. They left him there. (MB 1002-w)*

Three (15.8%) women described being treated unfairly by the police. One woman experienced explicit racism. She had been out with a friend watching her brother's band perform. They were walking home, when a group of men and women attacked the respondent.

*I got badly beaten. I had about five drinks. I was just really happy; I wasn't intoxicated. My friend wasn't drinking. The cops thought I was intoxicated, but I got smashed with beer bottles over and over. The cops tried to take ME in because I was arguing with my friend. She watched the whole thing. She WATCHED me get a licking--stomped by guys and girls. She didn't do anything. I threw the phone at her. I said, "Why didn't you call*

*the cops?” I was yelling at her, and the cops came to arrest me, because she looks like a White woman. They thought I was beating HER up. (MB 1367-i)*

Another woman described being assaulted by her partner. When she fought back, the police charged her with assault.

Two of the 19 women (10.5%) identified gaps in services. One woman’s partner assaulted her so severely that *“I couldn’t close my mouth”* (SK 2047-w). She wanted to show the police her injury before she went to hospital. She went to the rural police station, but no one was there. *“I stood there for half an hour or more. The place was open, but I guess they were out on another call because they never showed up. Finally, I left.”* (SK 2047-w). Thus, she never spoke to the police.

*There are gaps in the system when the police come to domestic violence situations. The worst is when the dust settles. Your husband’s off to jail, the kids are sleeping, and you sit there. There were many nights like that. I was alone; I didn’t know who to call. The next morning when your husband gets let out of jail and comes back to the house, you don’t have to be there. There’s places to go. (SK 2244-w).*

Fifteen women discussed their interactions with the court system; 11 in regard to protection orders (restraining orders and/or no contact orders); and seven regarding their experiences when testifying against their partners in criminal court proceedings. When obtaining protection orders, just under half (5 of 11, or 45.5%) had negative experiences. One woman could not get a restraining order because she was staying in a VAW shelter, thus, *“We were quote, safe”* (AB 3092-w). Even though her partner had acted dangerously toward their children, another respondent was unable to get the children named in the restraining order, *“Because they’re his children too”* (SK 2123-i).

Three women did not feel any safer because their partners ignored the protection orders and continued to come over; one man used access to the children as his excuse. Another woman

lived rurally; her partner was “*allowed to go back to the property anytime even though I lived there. ‘You can’t keep him off because owns it too.’*” (AB 3028-w).

Seven women testified in criminal proceedings against their partners; three of whom (3 of 7, or 42.9%) found that the proceedings increased their fear and sense of vulnerability. One woman was threatened in the court hallway by her partner’s sister.

*I had to go to the bathroom and his sister caught me in the hallway. She threatened me. She said she was going to kick my ass. She was going to be waiting for me outside. I believed her because she did it before.* (MB 1118-i)

Two women felt blamed by the court system and, in both cases, their partners were acquitted.

*He brutally raped me in front of my daughter. My boys were in the other room, I couldn’t scream, I couldn’t fight, because I didn’t want them to see. He (defense lawyer) was interrogating me. The judge told that lawyer to back off a bit and, took a recess because I broke down and I couldn’t go on. But, it never went anywhere. It was thrown out of court. I feel angry because I know what my husband did to me was wrong.* (SK 2121-i)

One man had illegally confined the respondent in their home, and so severely assaulted in her second trimester of pregnancy that she lost the baby.

*He got my diary from when I was younger. There’s entries when I was stoned out of my mind. Going through what happened with my dad, the trials with my dad, I documented everything. So, I had to sit in court and read my diary, how I had slept with this person with that person, and how I did cocaine and oil, and how I did acid. They were trying to pass it off as this is what was going on. He was helping me by locking me in the house. They highlighted passages in my diary and would make me read them. [My partner’s behaviour] was a one-time oops; he lost control.* (SK 2244-w)

In summary, the women raised concerns about how they were treated by both police officers and by the court system, including not being taken seriously, and being blamed. Rather than feeling protected, they felt even more fearful and vulnerable.

Yet, out of the 33 women who described their experiences with the police and court system, the interviewers only directly asked four respondents whether they thought that being Indigenous influenced how they were treated by the legal system. With regard to their

interactions with the police (including RCMP), three women identified no concerns about how they were treated by the police. The fourth woman stated, “*You get treated the way you treat people. With the police, when I was drunk, if I was rude, they would be rude to me. But they never caused me any problems*” (SK 2129-i). Only one woman mentioned her interactions with the court system, stating that when she testified against her partner, she dealt with a racist prosecutor, but did not provide any further details—nor did the interviewer follow up.

### **Dealing with the Child Protection System (CPS).**

Five of the 12 women (41.7%) who dealt with child protection system as adults with respect to their own children identified concerns. Two women linked colonization and racism as impacting the current policies and practices of the child protection system.

*Taking First Nation courses and Native studies [in university], learning where my people have been in this country, and what they’ve been through, I don’t believe in the system as it exists. To have this many children in care? 88% of children in care are First Nation children. That’s horrible!* (MB 1344-i)

Another commented that the system “*is just geared towards that adversarial way of dealing with things.*” (MB 1263-w).

Four women raised concerns about how they had been treated, questioning how decisions were made and wondering about fairness within the system. One woman lost custody of her severely autistic child when she had reached out to the child protection system. She began experiencing PTSD symptoms (including flashbacks, intrusive thoughts, sleeplessness) after her ex-partner broke into her home, physically and sexually assaulted her. Not only was she dealing with the memories of ex-partner’s abusive behaviour, it was also triggering memories of being sexually abused in childhood.

*I tried to get a respite worker for my son. When his behaviour started escalating, I couldn’t deal with it, I was exhausted. I would wake up in the night, reliving all the stuff that happened. My son wouldn’t sleep. He’d sleep for two hours; he’d be awake for two*

*hours. Sleep for two, awake for two. I was working full-time, trying to cope with the assault, trying to maintain picture-boards, routines, modified diets, and all this other stuff. They [CPS workers] did not get it. In the end, they said, "You have to make a choice. You can keep him at home and there's only so much we can do, or you can give him up, and let somebody take care of him that knows how to take care of him" It's negating everything [I did] ... I ended up putting him into foster care. (MB 1263-i)*

She felt judged by the child protection workers. She also questioned how CPS operates:

*The care providers get X number of dollars based on the level of care that he needs. It blew me away when they [CPS workers] figured that he's the highest level that there is. The home that he's in, they're not allowed to have any other foster children because his needs are so high. The stipulation is that both of the caregivers must be in the home, all the time, when he's at home. They're not allowed to work outside the home. So why can't I get that? Why can't they give me some kind of assistance so that I can stay home? Why does he have to be raised by strangers? Outside of his culture, outside of his family. If they would cover the costs of overhead for the home, I could work part-time. I could do it! But things are not set up that way. (MB 1263-i)*

Two other women also questioned how CPS policies were applied. One woman's children were apprehended for having been exposed to intimate partner abuse. Her partner was charged and a no contact order was put in place. He subsequently moved out of town. Their children's stay in foster care was extended three times. The worker maintained that she had breached the no contact order because her partner was dropping off money to help her cover expenses.

*I told my workers that he was coming into town and dropping off money for me. They used that against me next time we went to court. "They aren't following their no contact rule. We're not planning on giving the children back. They're not understanding that their kids are apprehended because of them being with each other." So he started going through my mom to drop off money. Me, being the dumb one, I told my workers. When they went back to court, they [CPS workers] said, "You guys aren't following your conditions; we're going to give you three more months." (SK 2266-i)*

The respondent emphasized that even though her partner had not attempted to contact her, did not have a note attached to the money, that this evidently constituted a breach. Indirect contact through family members was not allowed and her mother receiving the money was a

breach of the no contact order. After that, her partner began mailing her money orders. When they went back to court after another three months, the children's foster stay was again extended.

*My worker said, "You're not getting the kids back. You guys aren't following no contact order." My partner sending me money orders [was a breach]. She said, "In order for you to get money from your partner, it's got to go through the lawyer or me." There was no contact, it was just the money order in an envelope. I said, "Here's the envelope, here's the money order. There was no note; no directives on how to spend it." (SK 2266-i)*

Eventually, the respondent did begin home visits and overnights with the children. Her partner was also allowed to return home. One of the new conditions was that she attend a weekly outreach program for abused women and attend individual counselling. One such session was scheduled at the same time she had an overnight visit with her children. She called the outreach program and set up another day to attend. A few days later, she called her CPS worker to ask if they could have the children for Aboriginal Day (a festival they have attended yearly with the children). However, her worker said she might not allow the respondent to have the children since the respondent had missed one night of programming.

Another woman did not understand the implications when she signed a paper placing her children in permanent custody. Her children were apprehended because of her addiction issues. She believed that foster care was reasonable because she was not in a place to look after them:

*When the kids would visit me, the worker kept saying they needed a permanent home. I thought she meant the kids were being bounced around from foster home to foster home. I thought that they needed a permanent home, to be with somebody in one home. I wanted them in a stable home. I didn't understand that I was signing permanent custody for all their lives. I figured I'd be able to get them back later. (SK 2025-w)*

Two women commented that the child protection system offered little to no help for their partners. When one man contacted the system for assistance, he was denied.

*My partner wanted to have a worker; have somebody work with him, give him better knowledge of being a dad. They told him that he can't be the one with the worker, they only work with the mothers, totally disregarded him. It just totally sent him off the wrong way because he was looking for the help and they slapped him in the face. (SK 2266-i)*

In summary, the five women questioned how various child welfare policies and practices were developed and applied. One respondent worked within the child protection system. While she recognized that in some extreme circumstances an apprehension may be necessary to protect a child, for the majority of families, other options would be more appropriate.

*I believe that children need protection and that we should be working with families, but I don't believe in apprehensions. Families are in crisis, they're in trouble, hurting. I wish I could work with families in a different capacity. I would love to be part of a system that is affecting change. And healing. Working towards families staying together. Do I think the problems are going to be solved over night? Absolutely not! Like an old garden, you clean it up and all of a sudden there's flowers underneath that bunch of weeds. I think families are the same. I think society is the same. To perpetuate what's been done in the past will only cause the fabric to continue to suffer and be hurt. (MB 1344-i)*

## **Conclusion**

By exploring the respondents' lives in context from childhood through to their current circumstances, this chapter highlighted the impacts of colonization, racism, and systemic oppression. It emphasizes the destruction to individual lives and Indigenous communities. Further, it underscores that the partners' abusive behaviour was just one piece of the abuse and the violence that the women faced in their daily lives. The recurring themes of racism and systemic oppression were not necessarily overt; they were often subtly presented in how women were treated and, in the barriers, presented.

## **Chapter Five: Indigenous Women's Use of Violence Against Women Shelters, Mainstream Community Counselling and Traditional Healing**

This chapter first explores qualitative themes with respect to the women's experiences in violence against women (VAW) emergency shelters, second stage shelters and mainstream community counselling services. Secondly, the chapter documents the women's use of Indigenous traditional cultural teachings and ceremony in assisting their healing process.

Not all of the 40 Indigenous women interviewed had accessed the formal support offered through VAW shelters or community counselling agencies. A little more than half (22 or 55%) resided in emergency (VAW) shelters, three (7.5%) lived in second stage shelters, and 28 (70%) women accessed community counselling services. Interestingly, neither of the women with female partners nor the two-spirit respondents accessed VAW-specific services. Yet, all five of the women who identified as part of the LGBTQ community (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning) or as two-spirit accessed support from community counselling agencies. Finally, 17 women (42.5%) spoke of seeking traditional cultural teachings and ceremony to assist them to heal from their partners' abusive behaviours.

Over time, a number of women accessed more than one service, program, counsellor, Elder and/or other Indigenous healing practices. As their lives changed, they found that their needs changed; or, as they moved geographically, they accessed services and/or traditional approaches in their new locations.

### **Violence Against Women Shelters**

As previously stated, 22 (55%) women resided in emergency VAW shelters. Yet, it difficult for some to decide to access shelter services. Thirty of the 40 respondents (75%) debated whether to contact shelters, with one-third (10 of 30, or 33.3%) deciding against. Two of

these 10 women disclosed that they felt ashamed to go to a shelter. *“The irony is that the [VAW shelter] was just right across from the street from where we were living. I was too ashamed to go there”* (MB 1055-i). Another was unaware that shelters existed. Yet another woman commented that it had not occurred to her to search out a VAW shelter because her partner’s abusive behaviour reflected *“The way of life. It just seemed so normal”* (MB 1367-i).

Two women mentioned that going to shelter was not an option since they were employed in VAW shelters. One did not want her work colleagues to be aware of her partner’s abusive behaviour. The other stated, *“I’ve worked in them and I find [VAW shelters] ineffective. A lot of the women were frustrated; the women working there were frustrated”* (AB 3232-i).

For two other women, going to a VAW shelter was not an option because a member of their partner’s family, or someone closely connected to their partner’s family worked there. On arriving at a shelter, one woman saw a close friend of her partner’s family working at the front desk. She told the shelter staff member who had greeted her:

*“I really can’t be here. I don’t want anybody to know I was coming. I know the person at the receptionist desk so I have to leave.” I left and didn’t try that again.* (MB 1344-i)

Of the 10 women who initially chose not to access a VAW shelter, two later changed their minds and became residents.

Of the 22 VAW shelter residents, most did not identify how many times they had accessed VAW shelters. One woman mentioned residing in a VAW shelter once, while approximately one-quarter (6 of 22, or 27.3%) used VAW shelters three or more times.

The women’s narratives identified 13 different VAW shelters by name or by geographic location. Of these, only one described itself as an Indigenous shelter. An internet search of the other 12 VAW shelters was conducted to determine whether they offered culturally sensitive and/or culturally appropriate Indigenous services to residents (Alberta Council of Women’s

Shelters, n.d.; Manitoba Association of Women's Shelters, 2020; Provincial Association of Transition Houses and Services of Saskatchewan, 2020). Four did not indicate whether such services were available, while one stated that it offered no culturally appropriate Indigenous supports. Two other shelters clarified that referrals would be made to appropriate community services for Indigenous women seeking culturally appropriate services. Another three shelters noted that their staff had received specialized cultural sensitivity training. Four additional VAW shelters offered specialized programming and/or culturally appropriate services for Indigenous clients. Interestingly, none of the women who had resided in these shelters mentioned whether or not the counsellors seemed to have Indigenous cultural awareness.

Further, in the internet search only one mainstream shelter offered in-house access to Elders. Given these circumstances, it is understandable that only one respondent mentioned being able to access an Elder while she was residing in a VAW shelter. Over time, this woman stayed at both Indigenous VAW and mainstream shelters. What may be surprising is that it was while she was staying at a mainstream shelter that she spoke of accessing an Elder and of how meaningful it was to her to have the *“Wonderful ear of the Elder, and her wonderful input: her understanding of me and in such non-judgmental ways”* (MB 1107-i).

Six of the 22 women (27.3%) described how they had heard about the VAW shelters; four from other women in their lives, usually family members (a mother, a sister, a cousin). In one case, the partner's auntie told the respondent about the shelter and helped her access it. Professionals, such as a school counsellor, a teacher, and Royal Canadian Mounted Police (RCMP) informed two women of VAW shelters in their communities.

Eight women (36.4%) described the circumstances that brought them to the VAW shelter. Six of these eight women accessed the shelter after they had been physically injured by their

partners and/or were fearful for their lives and/or the lives of their children. One woman phoned her mother to pick the children up from daycare and take them to the VAW shelter. Her mother asked to see her first. *“She sees me and says, ‘You look really bad. Your babies don’t need to see you like this; I’ll keep them for this week’”* (SK 2266-i). Another woman went to the shelter because she thought her partner was going to kill her and her child. *“I thought, ‘We’re both going to die.’ I grabbed the keys, grabbed my daughter, bolted for the car, and thought, ‘I’m never coming back’”* (MB 1263-w). Another woman sought shelter because, *“I needed to get away so I could think because I couldn’t even think anymore”* (AB 2028-w). One respondent was unable to access help from friends or family; thus turned to a VAW shelter because *“I didn’t have anywhere else to go”* (MB 1107-i).

Accessing VAW shelters could be difficult; four of the 22 women (18.2%) had to travel from their rural or remote communities to access shelters in larger centres.

*When I was about 6 months pregnant, he beat the crap out of me. He threw me on the table. It broke and I fell. I ended up in hospital. I almost lost him [son]. I thought, “This is getting worse.” I got the cops to go and arrest him. I grabbed whatever I could [from home]. Then I’m hitchhiking to the city with two little kids. I remember going straight to the women’s shelter.* (SK 2175-i)

Notably, three of the 22 women (13.7%) were initially turned away from VAW shelters because no space was available.

The 22 women had diverse experiences residing at VAW shelters. Five (22.7%) respondents highlighted how helpful the shelters were for themselves and their children. *“[The VAW shelter] was amazing. When I talk to the kids, it was their favourite place. Out of any place we’ve lived, they always pick that shelter”* (AB 3092-w). Four of the 22 women (18.2%) noted how meaningful it was to have the physical safety safeguarded, not only by the shelter’s security

features, but also by the services. “*They had a teacher who taught my children so they didn’t have to go out. It was really safe.*” (AB 3092-w).

Five women (22.7%) highlighted the support and help offered by the VAW shelter counsellors.

*They help you look at the positive side and give ideas on things you can do, what’s available [for] help.* (AB 3028-w)

*I didn’t feel judged. They’re so good there. It really did give me hope that there was a life without [abuse]. There was a long time I didn’t think that there was a life without it. It’s really hopeful.* (AB 3137-w)

Shelter counsellors helped one woman cope with her partner’s arguments and threats to give him the children.

*I flat out refused. I had every counsellor in the shelter behind me saying, “You do not have to surrender those kids if you can prove that he is worse.” They took away my cell phone that he was calling on every day and locked it in the filing cabinet. I couldn’t do it if I had to get through that piece [alone], which was fantastic.* (AB 3092-w)

However, two women did not access any assistance from the counsellors while residing in the shelter.

*They always told me, “You need to talk,” but I have a hard time trusting. I’m scared; I don’t allow myself to get too close to a person because a lot of times in my past I was hurt from friends, from him. I have a big wall.* (MB 1009-i)

Another reflected on her decision to not speak to the counsellors:

*I could’ve used the support. I’d like to have someone to sit down with; try to figure out all the details, or talk about all the feelings, the stuff that was going on. It would’ve been so helpful. At that time, I wanted to get drunk, to get high. All I could think of is this poor baby that I’ve dragged along with me. That’s the only thing that kept me from going off the deep-end and deciding I’m going to put myself into oblivion and not worry about any of it.* (MB 1263-w)

Yet, when four of the 22 (18.2%) women decided to speak to VAW counsellors, they did not find the counsellor’s comments helpful. Rather than listening to the women, attempting to

explore or understand their circumstances, the counsellors were telling them what to do. Thus, the woman felt judged.

*They were always telling you, "leave the relationship," but that wasn't really helpful"* (AB 3137-w).

*They'd do my intake and that would be it. They were too busy to talk to anybody. It would help more if I was able to talk to somebody, not have them tell me, "You can do that," or "You should do this."* (MB 1052-i)

One of the women experienced overt racism.

*They treat Indian women completely different than White women. I made friends with this one White girl. I asked if I could make another sandwich for my son for lunch, and the staff person is like, "No, this kitchen's closed." Shuts the door. My friend goes asks and the staff said, "Yeah, sure! No problem." I never went back.* (MB 1367-i)

In contrast, about one-third of the women (8 of 22, or 36.4%) highlighted the support that they received from other shelter residents.

*I remember a lot of conversations with different clients and the things they've gone through. You begin to realize that you're not the only one.* (AB 3028-w)

*I was so ashamed to be in there. [But in] listening to what the other women were saying, I wasn't alone. It made a difference.* (MB 1055-i)

*When you hear it from another woman who's been abused, and when you feel that knowledge, and you learn it on your own, it's so profound.* (MB 1107-i)

One respondent mentioned that, after she left the shelter, she stayed in touch with several of the other residents.

Over three-quarters of the women (18 of 22, or 81.8%) discussed the programs and services offered by the VAW shelters, including practical help, individual and group counselling. However, the practical assistance offered by shelters ranged broadly from no additional support beyond that provided by women staying in the facility, to helping women find resources including permanent housing, enrolling their children in school, providing bus tickets to access appointments, connecting women with long-term mental health/counselling services and

advocacy. Seven (31.8%) commented on the practical help provided, however, more than one-third (3 of 7, or 42.9%) mentioned that they had stayed in shelters that offered no practical assistance.

*They plunked us in a room; gave us a meal schedule and cleaning duties. Nothing more. They don't realize how hard it is for women to get their own [place], or that they even have the strength to make the phone call, to book the appointment. It takes a lot out of you to phone, get your children ready, find a sitter. It takes a lot of energy out of somebody that's been physically, mentally, emotionally abused. (SK 2124-i).*

She contrasted this with the practical support offered by a different shelter:

*They [shelter workers] did help me to get my place. I'm blessed that I've been in this place. They helped with the phone calls, the running around. A lot of other places should take a look at [what they do]. (SK 2124-i)*

Another woman commented on how meaningful the practical supports were to her:

*I left everything behind. They [VAW shelter] helped me get into housing; helped me get my kids into school. They gave me three bags of clothes and some furniture. They gave me a good head start. (MB 1009-i)*

Eleven of the 22 women (50%) spoke of their experiences with individual counsellors.

One woman had stayed at a VAW shelter that did not offer counselling:

*There was no counselling. Basically, a place to eat and sleep. I could have done that at home. It would be nice to see shelters do in-house counselling. (SK 2124-i)*

Three women (13.6%) did not find the individual counselling helpful because the counsellors were telling them what to do, rather than letting the women decide what seemed best for their personal circumstances, or the respondents considered the counsellors inexperienced.

One respondent requested individual counselling at a shelter that relied on group counselling.

*I would be more comfortable with one-on-one counselling. But they wouldn't give that to me. I asked for it many times. Finally, they did and it was with a student. I felt as if she wanted to be anywhere but sitting listening to me. It was terrible. I went back once and it was just as bad. When I asked for someone else, they told me there was no-one. I felt very alone because I have no family here and I don't have a lot of friends. (AB 3133-w)*

Another woman noticed differences in the quality of the counselling between various VAW shelters with some staff members who “*weren’t very experienced in counselling*” (MB 1367-i), while other shelters had more skilled counselling staff.

Within the shelters, over one-third of the women (9 of 22, or 40.9%) highlighted positive experiences with individual counselling, and the opportunities it provided.

*It was the one-on-one counselling; knowing that my children were cared for while I was in counselling. It allowed me the opportunity to self-reflect.* (MB 1107-i)

*I don’t think I understood what abuse was, especially mental abuse. It took time to absorb and reflect on it* (AB 3028-w).

*I was focusing on what my grandmother went through. In her day, there was no help for women. I didn’t know any better. My counsellor started explaining that women should be treated with more respect instead of being knocked around and accused in jealousy. I started understanding.* (SK 2175-i)

Interestingly, one woman found it helpful that her counsellor provided EMDR (eye movement desensitization reprocessing); an intervention that assists women overcome traumatic experiences. Two women mentioned that it was important to learn about the cycle of abuse and the intergenerational cycle of abuse. Another found it valuable to continue individual counselling through the outreach support program she accessed after she left the VAW shelter.

Over one-third (9 of 22, or 40.9%) discussed their experiences with group counselling within the VAW shelter. The types of group treatment varied; they were most commonly support groups for abused women. One VAW shelter also offered parenting groups. One woman liked this group so much that she went through the program twice.

In describing their experiences with the support groups, one woman objected because attendance was mandatory; nor did she find group helpful. Yet, the other eight women (88.9%) found the groups useful.

*The counsellors were great. They really understood. One group [session] talked about feelings. I had never had feelings: Didn't know what they. It was weird because I had a little boy who was learning about and identifying feelings. I was learning along with him. That helped a lot. So did [learning about] violence in the family and intergenerational violence. I have all my binders and information because it was so good. (AB 3137-w)*

Two other women also mentioned that learning about the intergenerational transmission of abuse in group was invaluable. Two women emphasized the support that they received from other group members: being able to “*Talk to somebody that's been through the same thing, how they did the change or how they got out of the relationship*” (MB 1051-i). These respondents felt as though the other group members truly “*understood what I had been through*” (AB 3133-w)

One woman suggested that the groups continue after leaving the VAW shelter. “*I wish there was a group, like a check-in. There's always something that's going to come up*” (AB 3137-w).

Four of the 22 women spoke of the importance of VAW shelters offering support and counselling to their children.

*My daughter watched her father try to kill me and she screamed and screamed. She chose to quit speaking she was traumatized so much. Through the shelter and therapists, she's finally started to speak again. (SK 2124-i)*

In addition to providing support to children, one woman noted that providing support to the children is a potentially useful intervention to prevent the intergenerational transmission of abuse. She believed that by helping her sons process and deal with what they witnessed, they would be less likely to be “*treating women and girls like that when they grow up*” (MB 1051-i). However, she also mentioned that children's programs are not readily available through various shelters she had accessed. Another respondent discussed that, in the shelter in which she resided, support groups were available for children, but required the signatures from both parents. “*They*

wanted two signatures. I can't get a signature from him, so they didn't get counselling" (AB 3092-w).

VAW shelters are intended to provide emergency protection for women against intimate partner abuse. As indicated in the women's narratives, some shelters provided little more than physical safety, while others offered additional practical supports and counselling opportunities

### **Second Stage Shelters**

Second stage shelters are typically accessed after women have completed their stay at emergency VAW shelters; offering women the opportunity to have more independence as they live in their own apartments, while continuing to have the additional safety/security features installed in the buildings, as well as access to individual counselling. Notably, however, second stage shelters are not commonly available in Canada. Only three of the 40 women (7.5%) accessed second stage shelters; two of these women moved from their home communities to reside in a second stage shelter.

From their narratives, one of the second stage shelters was identified as Indigenous; offering clients both traditional healing and mainstream individual and group counselling (Indigenous Women's Healing Centre, n.d.). It is not clear whether the other two second stage shelters were mainstream or Indigenous but, given the lack of second stage shelters generally, it is more likely that they were mainstream. Further, it was not possible to determine whether the other second stage shelters offered culturally sensitive and/or culturally appropriate Indigenous services to residents, nor did the respondents comment about this.

The three women's experiences with the shelter staff and individual counselling varied. One woman had negative interactions with staff members working at the Indigenous second stage shelter. "*The organization has power and control. [They] don't do anything if they don't*

*like you. I guess, I just approached them wrong. I'm one they didn't like"* (MB1367-i). Another woman disclosed that, even though the second stage shelter had counsellors, she did not access them, continuing to access the counsellors with whom she had established relationships at the VAW shelter. *"I'd get flashbacks and I became all emotional again. They were only a phone call away. That's who I spoke with; I never did see a worker in [second stage shelter]"* (SK 2124-i).

The other woman stated that the rules at the second stage shelter were strict; residents were not allowed to work so that they would have the time to truly focus on their personal healing.

*You couldn't really run away from the crap. I didn't realize how numb I was. My counsellor came up [to my apartment]. I was in my bare feet and I said, "I can actually feel the carpet on my feet." I don't recall the last time I could actually physically feel something because I'd shut off so much, just to live* (AB 3092-w).

Two women spoke of their experiences with other second-stage shelter residents. They noted the challenges of living in a building with so many other women, including some with addiction issues. Yet, they also had support from the other residents. *"We called ourselves the black boot society. Stick a black boot in the door so it was ajar; that was [a signal]. Women would come by and coffee and hang out; kids would play* (AB 3092-i). This group stayed in touch over the years:

*[We're] determined to make a difference so that the next generation of women can get through this easier. The men are not changing. We decided that we weren't going to just be quiet and work with a broken system. We help each other. It's been amazing to see other women who have felt really tired say, "If I help you out, I stand straighter too."* (AB 3092-i)

In summary, the women's discussion of violence against women shelters and second stage shelters highlights the various barriers women can face including limited access, and/or having to leave their home communities. Their narratives also indicate how much the shelters varied, not only in the services offered, but whether the respondents had a choice in participating, and the quality of those services.

Further, access to culturally sensitive and/or culturally appropriate Indigenous services appeared limited. Within the mainstream VAW and second stage shelters, the respondents subtly raised issues of systemic oppression and racism in that they felt unheard and/or judged. Rather than listening to the women, attempting to explore or understand their circumstances, the counsellors were telling them what to do. Only one respondent explicitly identified her treatment within the shelter as racist. However, the website declaration that the VAW or second stage shelter was Indigenous did not necessarily enhance the respondents' sense of being heard or respected. Two women raised concerns about their confidentiality and/or anonymity, while another woman disclosed that the organization's staff used power and control tactics towards residents.

In summary, negative experiences in VAW and second stage shelters seemed related to rigid adherence to programming, feeling unheard and/or judged. In contrast, the women's positive experiences were related to feeling respected, heard, and supported through the complexity of their circumstances by staff and other residents.

### **Mainstream Community Counselling Services**

Twenty-nine women (72.9%) considered accessing support through various counselling services in the mainstream community, such as general or LGBTQ-specific counselling services. However, not all of these respondents had actually attended counselling. One woman made an appointment but cancelled it because she and her partner were in the midst of a custody dispute and she became concerned that her partner would use her decision to access mental health support against her. This was the only time she attempted to access counselling.

In total, 70% (28 of 40) of the respondents accessed support through community counselling services. All five women who identified as LGBTQ or two-spirit accessed community services, with two women accessing LGBTQ-specific services.

### **Generic community counselling services.**

The 26 women who accessed generic community counselling agencies commented on what they had hoped to gain, barriers that they faced in accessing the services, as well as their experiences with both group and individual counselling. It was not possible to determine whether the various agencies provided culturally sensitive or culturally appropriate services for Indigenous clients. Further, from the women's comments, only one agency was identified as having specific knowledge and understanding of intimate partner violence.

One-third of the women (9 of 26, or 34.6%) described what they had hoped to gain from counselling and/or the importance of attending counselling.

*I didn't want my son to think that I was a crazy woman staying home and not going outside. [I'd] like to have my son look up to me. (SK 2266-i)*

*We have the answers within ourselves. Sometimes, though, it takes therapy [to bring it out]. For myself, it's talk therapy. It's reflection. (MB 1107-i)*

*I needed help so I wasn't alone in what I was going through. (SK 2121-i)*

Six of the 26 women (23.1%) discussed barriers to accessing community counselling. Two women found access difficult because they believed that there are so many more people needing help than there are counsellors, “*For every 10 battered persons, there's one counsellor, which makes it very difficult for that person to help all of them. A lot of [people] give up, like me.*” (MB 1118-i). Another woman described the barriers presented because of living in the northern part of the province. For example, after being raped by her partner a woman

commented, “*It took many years to heal because the only therapist that specialized in rape came to our community once a month*” (SK 2121-i).

Three of these six women were concerned that they could not afford counselling since the agencies often required fees for service. One woman stated, “*I really would like counselling*” but that the fee expectations were tiered, and the agency she attempted to access did not take her circumstances (having a special-needs child) into account. Rather, “*You hit this mark and that’s it*” (AB 3050-i). Another respondent was concerned that when people do not have money to pay for service, they would be assigned counsellors who were less therapeutically skilled, “*because we are poor*” (AB 3137-w).

Finally, four of the six women were only able to access drop-in services or a limited number of sessions. These four women commented that would have preferred long term counselling with the same therapist across sessions.

*I tried a few places. None worked out. I could speak to somebody but next week there’s no guarantee the [same] person will be here. I’m not comfortable talking about my life over and over to different people. I pretty much cope by myself. I’d like to have somebody constant so that I can become comfortable.* (AB 3133-w)

*Every year, the company [benefits] allow me to have seven visits with a different worker. That doesn’t work for me. I need somebody I can work through the abuse and that takes time.* (AB 3050-i)

*I start to tell somebody; come out emotionally with all my feelings. I make another appointment and the next thing you know, they’re replaced by somebody else, or they moved on, and it’s a different person, so I have to start all over again. I don’t like doing that.* (MB 1118-i)

In contrast, two other respondents discussed how helpful it was to have access to longer-term counselling.

*Can you imagine seeing somebody for five years? In five years, I really began to feel safe; safer than I had ever felt—a mental safety. I began to really tell on him [partner].* (MB 1344-i)

*I found a therapist that was willing to work one-to-one. I saw her every week for 10 years. Went through why things happened, why I reacted the way I did, family of origin issues, addiction issue, and supports. I am First Nations and this is the history we come with. This is why my family are the way they are, and that impacts the way I live my life. That was a big part, when you talk about healing journey. (MB 1263-w)*

Twenty-three women discussed their experiences with individual counselling. About one-third (8 of 23 or 34.8%) did not find it helpful. Overwhelmingly, these women commented that their counsellors were not knowledgeable about intimate partner violence, and/or lacked the experience to help them.

*I went through all kinds of counselling: therapists, counsellors, psychologists, psychiatrists. I've talked to so many people about my relationships throughout the years. They were never helpful with information. (SK 2025-w)*

*I've done almost twenty years of therapy and it really wasn't helping. I tell them [about my life] and they had absolutely no idea what I was talking about. They just screwed around with me because they had no idea. (AB 3137-w)*

In contrast, 18 of the 23 women (78.3%) found individual counselling helpful.

*[I'm] trying to deal with my past. I find it hard, being a former drug addict, to open up. Realizing the abuse; to me, it's just normal. When I talk to other people, they're like, "You shouldn't put up with that." I talk to my therapist and bring my self-esteem to where I feel a little bit worthy. (AB 3232-i)*

*I started to re-evaluate how much I had taken other people's word rather than learning for myself. But I had so much trust for everybody. If you said that shirt is orange, it's orange. You have to believe what you believe for your own reasons. You might not make the other person happy by what you believe or what you think. (SK 2031-w)*

*I found the best counsellor in the whole world. He helped me get my power. He helped me stand on two feet; I was not going down this time. (SK 2244-w)*

*I couldn't trust anybody [in community] without them running to my husband. I had to trust somebody. Talking it out with her[counsellor] every week, it made me stronger, able to go on with my life. Over the years, [it] made me strong. It got me to where I am today. From there I was able to help myself, get my education and eventually leave my abusive relationship because I knew it wasn't right what my husband did to me. (SK 2121-i)*

Seven women described their experiences in treatment groups offered by community agencies. Two women felt pressured by counselling staff to attend groups and declined because

they were not comfortable with a group setting. However, five women (19.2%) did attend groups. Three of these simply stated that they had attended support groups but gave no further details. Interestingly, both women who gave positive feedback about attending a community support group had attended groups run by community domestic violence programs that were not connected with VAW shelters.

*The group sessions were definitely helpful. We went through different topics. Sometimes somebody's story really helped. They allowed you to discuss what you needed to and explore avenues that needed to be gone down. Because of them, I was able to get my self-esteem back to where it should be. [It] gave me confidence that I could make changes in my own life. They were a big factor. (SK 2221-i)*

### **Community LGBTQ counselling services.**

The two women who had accessed community LGBTQ counselling services had very different experiences. It was not possible to determine whether the counsellors had training or specialized knowledge about intimate partner violence, and/or partner abuse in the LGBTQ community. One woman worked with counsellors who seemed to understand issues pertaining to Indigenous people; the other woman did not comment about this one way or the other.

One woman had negative experiences with the two agencies that she used: one agency offered support, but its fee-for-service was beyond her financial reach. When she accessed the free help, her confidentiality was breached by “*some people were leaking things out*” (SK 2023-w) back to the LGBTQ community. “*It was a gossip mill. It's not somewhere I feel safe*” (SK 2023-w). The other agency she accessed, “*Was more of a pick-up place. They were nice if they thought they could get something, whether it was sex or drugs or information. But, when you didn't disclose that, you weren't of any use*” (SK 2023-w).

The second woman used a variety of LGBTQ services in both Manitoba and Saskatchewan, all of which she found helpful, describing them as, “*healing ... They educated me. They taught me my [Indigenous] culture and anger management*” (SK 1341-w). They helped her to understand her intense anger, how to manage it, and how to gain pride as a two-spirited person. After she completed a year-long program with one agency, they offered her the opportunity to be a peer counsellor with new clients. Her only criticism was that offering services for only one year was too short. “*It’s only a one-year program; after that you’re gone. I think these programs should be 1½ or two years*” (SK 1341-w). She credits these healing opportunities with her ability to support other two-spirit or transgendered persons, as well as imbuing her with the confidence and ability to organize a two-spirit gathering.

In summary, 28 women accessed community counselling through either generic agencies or LGBTQ-specific services. It was not possible to determine whether the agencies offered culturally sensitive or culturally appropriate services for Indigenous clients. Further, only one agency was identified as having specific knowledge of intimate partner abuse. Approximately, one-third of the women who accessed these services (9 of 24 or 27.5%) did not find them helpful. The most common issues included difficulty in accessing service, fees for service, limited number of sessions, and/or feeling pressured to attend groups. Moreover, some were concerned that their counsellors lacked the training and/or experience to understand their circumstances. One woman had her confidentiality breached. In contrast, 19 women (79.2%) described the counselling they received from generic or LGBTQ services as helpful, felt heard, respected and supported.

## Indigenous Healing Practices

Eighteen of the 40 women spoke about traditional cultures, teachings and ceremony. One woman had no interest in Indigenous practices, thus, it had no role in her healing. However, the other 17 (42.5%) saw traditional teachings as significant in their healing from various life experiences and, in particular, from intimate partner violence. For them, learning about Indigenous culture and healing practices were foundational, providing an overarching understanding of history, colonialism, oppression, as well as respect and dignity, giving them guidance in their personal lives and in their roles as mothers. One woman saw the relationship between colonialism and traditional healing as follows:

*Our religion wasn't good enough. As Native people, there's a lot of hurt, anger, bewilderment about how to conform in a White society. Even when you try, they still look down on you. No matter what. You feel that. We're not dumb. A lot of Native people are just starting to realize we don't need to be alcoholics. We can be proud of our language, our religion, our own identity. (AB 3232-i)*

Six women highlighted how knowledge of traditional culture and healing could break the cycle of intergenerational abuse:

*It is breaking that circle of abuse. I came from an abusive family; my mom came from an abusive family. It would have broken the chain long ago if I had been going to powwows, going to events that make Aboriginals proud. Maybe giving [the knowledge to] kids really young; teaching them self-worth, pride in who they are. Instead of alcohol, drugs. That's what I was shown so that's what I became; I didn't know any better. (AB 3232-i)*

*I'm Ojibway from Ontario; I learned the Plains Cree ceremony and culture. That's what gave me strength; where I learned who I was as an Aboriginal person. To parent differently than the way my parents parented me. (MB 1290-i)*

Thirteen women highlighted the importance of traditional healing/spirituality in their personal lives:

*Being Aboriginal, my spirituality helped get me through. My roots, your roots—it's the core of you. I have a profound respect for spirituality. This is something that is going to get you through at the end of the day. Your faith is what's going to get you through any experience. (MB 1002-w)*

*You have to heal, to find yourself, find your culture. I got to know my culture well; I found myself and how to respect myself. (SK 1341-w)*

One woman combined traditional teachings with the Western support group of Alcoholics Anonymous (AA).

*In all of the spiritual teachings, what you want, what you need and what you dream of, is God's love. I say on a daily basis, "Accept the things you cannot change, the courage to change things you can, and the wisdom to know the difference." Pray for them. That's AA. That's traditional teachings. Working on yourself is the hardest thing in my life. I'm coming up to 30 years sobriety! One day at a time. But the Alcoholics Anonymous program isolates alcoholism. There's other issues, that's why I say one day at a time. They [AA] also say that recovery is a lifetime process. That's missing in traditional teachings. So I prefer putting traditional teachings into AA. When I get up in the morning, I greet the sun and I get to bed when the sun goes down. I can't stay up past 9:30! (1267-w)*

To help their children heal from being exposed to intimate partner abuse, five women found opportunities to share traditional learnings:

*My children were hurting. That was why I did that [teach them about traditions], so that we would heal, get past that hurt. We'd be able to get on with our lives. In a good way. (MB 1290-i)*

Another commented that, while she gains healing through traditional teachings, it was important that her children find the spiritual foundations that fit them:

*My son asked me "Mom is it okay if I go to church?" I said, "If you want to go to church, go." I said, "You'll meet a lot of good people there." And he goes "Is it going to be okay?" I said, "Son, we all pray to the same person. We have different names like God, Creator, same person. Angels, grandfathers, same; people who watch over you." So he goes to church and my two daughters don't. But they go to ceremonies. My son goes to ceremonies, too, which is a good idea, I keep telling him "It's good." (MB 1009-i)*

### **Learning from Elders and healers.**

The 17 women who spoke about traditional culture, teachings and ceremony described how they had gained their understanding. Two women were raised traditionally; another 15 women learned about traditional values and ceremonies later in their lives. Nine women

mentioned the sources that facilitated this learning; seven were involved with community services or agencies with access to Indigenous programs and/or Elders; one woman took post-secondary classes; and one woman was provided opportunities by her partner's band.

*The band was very supportive, [provided] personal development courses. They were intensive, one week or two-week things, where you went every day from 8:30 to 4:30. They had one for the family, for all of us; the two boys came with us. They had camps every year, called Culture Camps. There I started going into Sweats, more ceremonies, Sun Dances. (MB 1290-i)*

Five women accessed Elders through friends or family, although three of the five mentioned challenges connecting with Elders. “Somebody was going to introduce me to an Elder but I never heard back from them” (MB 1118-i). One woman's natal family was not supportive. “My own parents never trusted the spiritual aspect of our culture because my father was a minister. They said it was of the devil” (1290-i). Another woman noted that, even after finding an Elder, maintaining contact was sometimes difficult. “She started becoming harder to get a hold of, because she got so busy, and I just stopped trying” (MB 1118-i).

A third woman met a man through friends who promoted himself as an Elder, but was not:

*I've always respected my culture and traditions. I didn't know anything. This older man [said], “I'll teach you the ways, I'm traditional” Meanwhile, he's planting a path down to my bedroom. He never touched me; I never allowed that. I was very naïve. People took advantage of that. Because of that, the only place I will turn to is my family, and who my family goes to. When you go into ceremonies, you need to trust who you go with. (MB 1107-i)*

However, she was hesitant to ask family for the name of an Elder or Healer to help her deal with her partner's abusive behaviour, “because if I asked for help during that time, my family would know what I was going through. I didn't want to worry them” (MB 1107-i).

Thirteen women commented on the importance of Elders and Healers in their lives. “*She would tell me the things that I needed to hear, and she was somebody I could trust*” (MB 1118-

i). Another spoke of the comfort an Elder gave her, using dreaming as an example.

*She asks, “What did you dream?” I would talk about my dream. She would help me interpret or pray for me or burn sweetgrass. Because she is an Elder, I would bring her presents of incense or tobacco. It was a give and take relationship.* (MB 1002-w)

One respondent worked with a pair of Elders who used combined traditional healing and Western counselling ideas.

*They do trauma [work]. Because they’re Aboriginal, they’ve learnt the traditional healing practices; they work in that. They use breathing as part of their healing. They use Healing Circles. Talking Circles, they use one-on-one.* (MB 1290-i)

One interviewee spoke to her Grandmother, an Elder, about her distress that her partner and his relatives not only verbally denigrated her, but, on occasion, were physically violent:

*They thought I was somebody to walk over. That’s what my grandma told me. She said, “You seem like you’re out of place, but you’re still part of our family. Maybe they think they can walk all over you because you’re so skinny. You got to start standing up for yourself.” Her words got to me. I realized that I did have to stop letting his family and him push me around. I never told him [partner] about what my grandma. Her words came back to me. She said them to me over again. When an Elder tells you something twice those words mean something. They mean it the first time, the second time you have to get it through your head.* (SK 2123-i)

Two woman’s experiences with Elders and Healers helped them both physically and spiritually.

*My chest has been hurting for one year now, and I went to the doctor, I got checked by a heart monitor. It’s not a heart attack, it’s not anxiety. It’s not my ulcer. What’s going on here?* (MB 1002-w)

She turned to an Elder for answers:

*She said, “Your heart’s opening.” Sometimes, in spirituality, you’re able to say – ‘okay, that’s why my chest hurts. It is my heart is opening for the first time.’ That stuck with me: my heart’s opening... What we think of ourselves, what we put out there, energy-wise, is what we get back. I haven’t been giving a lot out there, I haven’t been getting back. I’m not open yet. My Grandmother says I’m like a turtle. She even gave me a medicine bag*

*with a turtle on it. She says that I'm very much like a turtle; I pull in, and I protect when I need to. "Okay, this is my shell, nobody's getting in." I'm slow and gradual to get where I'm going. I'm not in too much of a rush to do it. (MB 1002-w)*

Another woman began having serious medical issues after leaving her partner. Her menstrual cycle would not stop, she was bleeding continuously; thus, she was receiving blood transfusions at hospital. She was scheduled for emergency surgery in a few days when a friend reached out to her:

*She said that she had a dream about me. In her dream, she was supposed to take me for a healing ceremony because what was wrong wasn't physical. It was something else. I believed her. I didn't have any fear. We go to see the Medicine Man, a traditional healer. He said "I'm just a human being! I just have a gift." I said, "I'm very nervous because I wasn't raised [traditionally]; I was raised Christian." He said, "There's nothing to be afraid of. We pray to the same God. We use Western medicine and traditional medicines." He was very calming. He said, "I knew you were coming here." (MB 1344-i)*

The Healer told her that she was ill because she had carried her partner for so long.

*"It's not meant to be that way. You're a woman first. The Creator has given the woman the gift of life to have children. A woman shares a life with a partner, and that partner shares the life with the woman. It's the children who are carried for a while. But, you put them down too. You let them hold your hand until they start to leave your hand. What he told me changed my whole—everything. I believed I was going to be healed. He gave me medicine and this tea. [He] told me how to mix, what to put in it, and how to drink it. I did everything he told me. Because who gets a dream to come and get a person and take them somewhere. (MB 1344-i)*

Their conversation gave her a new understanding. When she left her partner:

*It was like he had died. I had carried him for so long I had become a life support machine. But the life support machine got unplugged. That's what happened to me. (MB 1344-i)*

With the Healer's medicine and knowledge, she began to improve both physically and spiritually. Physically, the doctors, "never found anything wrong. I went right back to normal" (MB 1344-i). She did not require further Western medical intervention and began to heal spiritually; to "be well again as a woman, and as a person" (MB 1344-i).

## **Healing through traditional practices and ceremony.**

Fourteen women provided details about healing through traditional practices and ceremony. However, one noted that there is controversy in Indigenous communities about what can be shared with non-Indigenous peoples; some believe that traditional spirituality should not be shared, while others believe it should:

*Aboriginal people are reluctant to give away anything. Very few will keep an open mind and keep it open to all people. If you're truly in the spirituality of the Aboriginal community, you understand that Aboriginal people had been given a gift of vision or spirituality. But the other directions—I'm not going to say races, but we have to keep this open to have the balance. To gain knowledge, fully, you have to get it from the Black people, the White people and the other groups of people. (MB1267-w)*

In discussing Indigenous healing practices, three women spoke of the importance of the natural world. One woman travelled with her abusive partner through the United States. *"When I left here [Canada], I took a jar of dirt. It has to do with our tradition. It's about being grounded. You take it with you, and you put it somewhere safe. Wherever I travelled, I always picked up stones for my Auntie"* (MB1107-i). While on this trip, she made the decision to leave her partner:

*I picked up one stone. I put the stone in the car. I said goodbye to him and drove. I was driving and then all I felt was that stone. It's getting bigger and bigger; slowing me down. I had to pull over along the freeway! Find that damn little stone and throw it. It was pulling me back. If I kept that stone with me, I would have been buried. I had to throw it out. (MB1107-i)*

Yet, she struggled with her decision to end the relationship:

*I thought, "Keep going. Don't even think about turning around." It was so hard. I was going through so much emotion. All of the sudden, the car stopped. I pulled over. Oh shit (laughing)! Started calming down, and now what? I flagged someone down. They said, "There is a service station over there." I started the van. Thank God, it got there. I was at the service station for about three, four hours. The mechanic comes back, "There's nothing wrong with it." (MB1107-i)*

Her understanding is that her energy was transferred to the car.

*I believe that you can transfer your energy. I don't know much about my culture, but I respect it. Because I respect it, certain things happen. I had so much in me, when I put my*

*hand down, in anger, or frustration—I know that that sounds so bizarre. But I’ve seen bizarre and [seen] things we can’t explain. I have no idea, but I know that [incident] smartened me up. If I’m going to make it out of here, I’ve got to (sigh), just wait, and get home. (MB1107-i)*

Five women spoke about how spirits, visions, and dreams helped them heal:

*It’s no ordinary conversation; it’s very personal. I was fortunate to have even a small Aboriginal community. When I was speaking with them, I wasn’t crazy because I could talk about spirits, or events that I had. (MB 1002-w)*

One gained comfort from the spirits of her grandparents and father-in-law. She placed their pictures on the living room wall:

*I told my son, “Think of them being in the living room with you, sitting there.” That’s my comfort zone because, I’ll feel lonely and I’ll look at them. If I didn’t have these pictures, what would I have? My little boy said, “I worry about you sometimes, Mom.” I said, “Don’t worry. If you hear me talking to those pictures, it’s not like I’m going crazy. It’s just I feel I have something to say to them. Deep in my heart I know they’re right there with me.” He looked at me and said, “You’re such an amazing woman!” (SK 2175-i)*

Another woman spoke of having run away when she was child:

*My dad found me; he put me in our dirt basement. I don’t know how long I was down there but I ended up with frostbite. The one thing that made me survive is, my mother came to me. And she had already passed. (MB 1107-i)*

Subsequently, she was apprehended, put in an orphanage, and placed for adoption with a White family in the United States. She was allowed a final visit with her father and siblings before she began her life with her adoptive family:

*They [orphanage staff] did my hair up. I had a sailor dress, white stockings, black patent leather shoes. I remember being so shy. We hardly said anything. Then the visit was over. When she [orphanage staff] was leading me out, I was crying. I looked over my shoulder, at the three of them: jean jackets, Wrangler jeans. I remember thinking, “I’m so ashamed of what I’m wearing” because (crying) it represented the life I was going into. I wanted so much to just have those jean jackets and jeans on. What kind of Indian wears stockings on the reserve: shiny black shoes and my hair all poufy. I was shamed. I had a dream; I believe it was a vision. This man looked at me. Without even talking, he said, “I know you’re having trouble with this decision. But it’s okay. We’ll be here when you make another decision.” (MB1107-i)*

She believed that she made a different decision when she began reconnecting with her Indigenous culture.

Another woman explained how she believes that the supernatural helps her protect her children:

*I woke up past 2:00 a.m. I was scared, I was thinking something's wrong with my daughter. I prayed, "Please God, protect her." I started phoning her, but her phone had died, her cellphone wasn't on and her voicemail was full. The next day she phoned me EARLY. She said, "Mom, come and get me." They had been in a car accident. She wasn't hurt. I said, "I barely slept." I knew something was wrong. I've had that always. But it seems to be getting stronger all the time. Really, it's a gift. I believe [the] supernatural happens to me. I wouldn't want to have my kids scared. But, I believe in that. I have a deep sense of them, their lives and what's happening with them. (MB 1344-i)*

Fourteen women shared the importance of traditional teachings and ceremonies: describing how smudging, prayer, sweats, and circles helped them heal from their partners' abusive behaviour. "*We go to ceremony. We get our healing through traditional ways*" (MB 1009-i). Four discussed the power of prayer, "*I did a lot of praying and I still do a lot of praying every day*" (MB 1009-i).

One respondent disclosed part of her journey to learn about Indigenous healing practices:

*I said, 'I will do whatever it takes for me to get past this [intimate partner abuse]. It took me four years. Every year, in the summer, I would go for four days, and I'd fast. With fasting, they teach you how to meditate and pray. You go by yourself. You spend time with yourself in prayer and meditation. Then an Elder will come in the evening before sundown to make sure you're okay, talk with you and teach you. (MB 1290-i)*

Four women spoke about the value of smudging. "*We do a lot of smudging when we feel upset or scared*" (MB 1009-i).

*Because of our traditional healings, I feel more at peace when I'm smudging. It gets rid of all the negativity. You can feel it once you start smudging yourself ... You're cleansing yourself and letting it purify your whole body, your heart and your soul. After, you're graced with good presence. Aboriginal traditional healing has been a big part of my healing. I'm still doing it. (SK 2123-i)*

Yet, she also explained that living in the northern part of her province can make accessing sweetgrass for smudging, or attending ceremonies difficult:

*Sometimes it's hard to access your smudge, because you have to have it blessed by an Elder. You have to go so far just to get the smudge or the sweetgrass. We have to travel for the sweat lodges, ceremonies, because they're not always held in our community. (SK 2123-i)*

Thirteen women described the importance of sweats and circles in their lives. “*When you keep something inside, it builds up so much emotion. When you don't let it out it just eats at you. When you let it out, it's not there anymore*” (SK 2123-i). They discussed the significance of having a safe place to share their experiences of being abused by their partners. “*I go to a sweat lodge and that's where it comes out. I don't talk about it after because I've already dealt with it*” (SK 2035-i).

Additionally, they discussed the power of sharing with others, as well as the power of hearing others.

*There were people that had more Native ways of looking at things; I found listening to them helpful. I think different[ly], realizing that there's an element out there that is for me. It helps sustain [me]. It's more sustainable than learning techniques. (AB 3137-w)*

*Being a part of that circle and knowing that everything's confidential, I feel safe, more secure, and trusting of the people around me. Even if they're total strangers. You told somebody and you get advice from them. (SK 2123-i)*

Another woman commented, “*I was scared to let people in*” (MB 1009-i). Yet, she made the decision to go to healing circles because it gave her the opportunity to safely share, allowing her to “*release in a safe place*”:

*People witness it. “I've been through abuse, too.” They understand. They're healing by sharing their experiences. They let me know, “When I was through this, this is what I did. You have to make a choice. You can do it this way, but you have to do it for yourself.” I got a lot of strength from that. (MB 1009-i)*

After leaving her partner, one woman disclosed that she had lived under police protection. The police were so concerned for the safety of her and her children that they moved the family to a different community. Yet, even in the new community, the police maintained surveillance. *“If I had to take the garbage out, all I had to do was stick my head out. The cop would come and get it and take it to the garbage can for me”* (SK 2175-i). She also had a parent aide to help her and the children work through the trauma her partner had inflicted on them. Sometimes, she only felt safe leaving the house in the company of the parent aide; *“She’d come with me to do my shopping, to pay my bills, or take my kids to the park”* (SK 2175-i). After living like this for years, *“I thought, ‘What a way to live; to turn yourself into a hermit for someone who really messed up your life (SK 2175-i).”* She decided to go to circle.

*I started listening to these other ladies speak and thought, “How could you talk about something like that? I want to [talk] but I can’t because once I do, I’ll start crying. The lady I was closest to [in the circle] said, “It’s okay, it’s going to be like that for a while when you speak. But as you let it out, you’re going to build yourself stronger and stronger and finally you’re going to be able to talk about it without shedding a tear.” I started talking about it, but I was scared. I thought, “What if one of these women know him?” All of a sudden, I started getting scared again. (SK 2175-i)*

While she stopped going to the circle, she decided it was important for her to talk, so she began confiding in her parent aide. Through these conversations, she was eventually able to return to circle.

*I’ve had her for years. She was an awesome lady; an older lady but a very good listener. It started getting better. Then finally I got the strength and I went to one of the circles, and I just let it out. It felt good. I’ve held this in for so many years. It feels like 10 pounds is just bang, gone! I told ladies, “There’s no man that’s ever going to hurt me again, because I don’t deserve to be hurt. I might be afraid, but that’s okay. I’ll never let another man swing at me again.” (SK 2175-i)*

The narratives of these 17 women highlighted the importance of traditional culture and healing practices. It also emphasized that relational ways of being which integrate the natural

world, with the physical, emotional and spiritual aspects of each person are integral to every step of the women's healing journeys.

## **Conclusion**

This chapter explored the themes that emerged from the women's experiences with VAW shelters, second stage shelters; community counselling services, including LGBTQ community counselling, and Indigenous healing practices. As mentioned earlier, many of the respondents used more than one service, program, Indigenous healing practice as their needs changed and/or in conjunction to assist them in their healing journeys.

In considering women's use of VAW shelters, there are differences between Wave 1 information, in which 26 (65%) women identified accessing them, whereas in the qualitative interviews slightly over half of the respondents (55%) identified accessing VAW shelters. Women's experiences in the VAW shelters varied, in part influenced by the services offered. Some women stayed in VAW shelters that offered little practical help beyond providing a safe place for women to stay and/or no counselling services. Yet, in the VAW shelters that offered individual counselling services, women had differing experiences. Over one-third (40.9%) had positive experiences. These women emphasized how valuable it was to them to be able to reflect and process their experiences of intimate partner abuse, explore next steps, and to learn more about intimate partner abuse. However, 13.6% of respondents had negative experiences, perceiving their counsellors as inexperienced, judgmental, and/or racist.

Of the women who attended support groups in the VAW shelters, most (88.9%) found them helpful, not only for the counselling/informational aspects, but also for the contact and support from the other residents. In addition, four women spoke of the importance of VAW

shelters offering support and counselling to their children. Yet one of the barriers was the requirement by a VAW shelter that both parents sign consent for children's attendance.

The women's divergent experiences may also have been influenced by the staff's knowledge and understanding of Indigenous cultures. Only one VAW shelter identified itself as Indigenous. Of the 12 mainstream shelters, three reported that their staff had received specialized Indigenous cultural sensitivity training, while four offered specialized programming and/or culturally appropriate services for Indigenous clients (Alberta Council of Women's Shelters, n.d.; Manitoba Association of Women's Shelters, 2020; Provincial Association of Transition Houses and Services of Saskatchewan, 2020). None of the residents in these 12 shelters mentioned that the counsellors had Indigenous cultural awareness. Only one mainstream VAW shelter offered in-house access to Elders.

Only three of the 40 women accessed second stage shelters, which likely reflects how few second stage shelters are available in the prairie provinces. These three women had varied experiences, with one woman noting issues of power and control from staff, even though it was an Indigenous second stage shelter.

Seventy percent of the respondents accessed community counselling services. Over three-quarters of the women (78.3%) found the counselling empowering in that it gave them a place to process, reflect, and gain strength. However, one-third of respondents voiced concerns regarding difficulty in accessing services, fees for service, limited number of sessions, and/or feeling pressured to attend groups. The most common barrier to accessing community counselling services was related to requested fees for service (even on a sliding scale) being beyond women's financial means. Respondents were then referred to other counselling agencies that typically offered a limited number of sessions. In some agencies, the women saw the same

counsellor within their specified session limit, but were often unable to see the same counsellor when they were allowed to return for another set of sessions. In other agencies, each session was with a different counsellor.

Interestingly, the women who identified as LGBTQ or two-spirit only accessed mainstream counselling services. It may be that the respondents were concerned about prejudice and oppression from VAW shelter systems related to their gender identity. However, the two women who accessed community LGBTQ specific counselling services had very different experiences. One found her confidentiality breached, while the other one found it helpful in her healing process. Perhaps, the latter woman found it helpful as the service she accessed taught her about Indigenous cultures.

Irrespective of the counselling services accessed, the women's narratives consistently raised issues related to systemic oppression and racism. Sometimes the concerns were not overtly part of the respondents' comments, but rather revealed through the women's considerations of possible options. For example, some of the women did not access any formal services; little more than half of the respondents accessed VAW shelters, while 70% accessed community counselling services. It may be that systemic oppression and racism made women hesitant to use any formal counselling service.

Further, when women did use VAW shelters, second stage shelters and/or community counselling services, few women had access to Indigenous culturally sensitive and/or culturally appropriate approaches/programs. Unfortunately, a common concern was that the women felt unheard or judged in that the counsellors were telling the women what to do. Yet, even if a service was identified as Indigenous, it did not necessarily enhance the respondents' sense of

being heard or respected. Moreover, in accessing community counselling services, only one agency was identified as having specific knowledge with respect to intimate partner violence.

The respondents raised other potential systemic barriers and gaps in services. The availability of counselling services was limited for women from remote, northern, and rural communities. Some women had to leave their home communities to access VAW and second stage shelters. Moreover, across services, women raised concerns related to the services offered, as well as the quality of that service. Interestingly, various counselling services had requirements for mandatory participation in certain programs. When a woman is seeking help regarding a controlling, abusive partner, it seems ironic that agencies deem it appropriate to predetermine and control a client's healing process. Such an approach can also be seen as another example of colonialism and systemic oppression, whereby those in power are determining the path for another.

Overall, negative counselling/service experiences with VAW, second stage shelters and community counselling agencies seemed related to rigid adherence to programming, women feeling unheard and/or judged. The women's positive experiences were associated with feeling respected, heard, and supported by staff/counsellors through the complexity of their circumstances.

Superficially, one could surmise that the positive experiences women had with mainstream cultural approaches are similar to those of the women who sought healing through the use of Indigenous practices. Certainly, both groups felt respected, heard and supported. However, Western empirical, evidence-based approaches are quite different from the holistic, relational approaches of Indigenous healing practices, which integrate the natural world, with the physical, emotional and spiritual aspects of each person. Yet, connecting with Indigenous

traditional approaches was not without challenges: several women had difficulty accessing or maintaining contact with Elders.

Moreover, the damaging influence of colonialism and systemic oppression is highlighted in that only two women were raised traditionally. The other 15 began their journey to connecting with Indigenous healing practices later in their lives. Further, a VAW shelter or second stage shelter identifying itself as Indigenous did not necessarily enhance the respondent's understanding of traditional culture or values. As one respondent observed, staff exerted power and control tactics against clients they did not like.

One woman mentioned that her husband's band offered healing programs for the entire family, some of which enhanced their knowledge of traditional culture and healing practices, including ceremony. However, it needs to be noted that the programs were focused on healing an intact family. Yet, the majority of the women in the current study had already left their partners. Despite these challenges, the women accessed Indigenous healing practices with the help of programs (such as those offered by their band, university classes), Elders, and Healers. Through dreams, visions, smudging, ceremonies (such as sweats, Sun Dance) as well as by enhancing their relationships with the natural world and, by being in circle, respondents were able to go further in their healing journey.

## **Chapter Six: Discussion**

This dissertation research focused on an important population of Western Canada, Indigenous women whose intimate partners abused them, and what services they sought to assist them with this difficult problem. This study captured a considerable amount of background information that was necessary to place the women's use of IPV services into context by using an ecological framework. The discussion of the results are presented in two major sections. The section on the women's backgrounds explores the women's demographic characteristics, their responses to standardized IPV and mental health measures, as well as the nature of their partners' abusive behaviours. This section, then, explores some implications of both historical and current impacts of colonization, systemic oppression and racism.

The section on the women's use of services discusses the themes that emerged from the women's experiences with VAW shelters, second stage shelters; community counselling services, including LGBTQ community counselling, and Indigenous healing practices. As mentioned earlier, many respondents used more than one service, program, Indigenous healing practice as their needs changed and/or in conjunction to assist them in their healing journeys.

These two sections are then explored with respect to the women's resilience, highlighting both risk and protective factors. The chapter concludes with the limitations and strengths of the current study, implications for practice and policy and directions for future research.

### **The Women and their Partner's Abusive Behaviours**

As previously mentioned, Canadian Indigenous women are abused at three times the rate of non-Indigenous women (Brownridge, 2008; Brzozowki, Taylor-Butts, & Johnson, 2008; Johnson, 2006), and the prairie provinces have the highest IPV prevalence rates in the country (Johnson, 2006; Ogrodnik, 2008; Ursel, 2006). Yet there is a paucity of literature regarding

Indigenous women dealing with IPV while living in the prairies. To help understand the context of the women's lives and their experiences of intimate partner abuse, those in the Healing Journey study were asked to provide demographic information, complete a variety of standardized measures on IPV and mental health (Composite Abuse Scale [CAS], Symptom Checklist-10 [SCL-10], Center for Epidemiologic Studies Depression Scale 10 [CESD-10] and the PTSD Checklist) as well as participating in semi-structured interviews.

In the current study, 62.5% of the women had left their abusive partners, most had children (85%), and over half lived in large urban settings (55%). Their level of education varied widely; with 35% not having completed high school, and 32.5% having attended university. Thus, it seems reasonable that the respondents' level of income also widely varied, but most were living below the poverty line (DeRiviere, 2014). Five women identified as members of the LGBTQ Two-Spirit communities; thus, two respondents had female partners. Also of interest, is that, of the 38 male partners, 55% were Indigenous, and 45% were White.

In Canadian incidence and prevalence studies, Indigenous women are twice as likely as non-Indigenous women to experience physical abuse from their male partners (Heidinger, 2021). In the current study, the mean scores of all the CAS subscales regarding the severity of the IPV were well above the clinical cut offs, which was confirmed by the women's narratives in the qualitative interviews. While all of the 38 male abusive partners were emotionally and verbally abusive, the severity of the men's physical abuse must be emphasized. Some men took the extreme measure of illegally confining the respondents. Close to one-quarter of the men stalked the women while they were still together similar to (Sinha, 2013). The men also made suicide threats and/or suicide attempts as a means to control the respondents (Johnson, 2019; Tutty, 2006b, 2015a). Consistent with the literature (i.e., Brennan, 2011; Heidinger, 2021; Johnson,

2006), over three-quarters of the men (80.6%) physically assaulted their Indigenous partners so severely that the women were physically injured and could perhaps have died from the assaults. Finally, 42.1% of the men made either indirect or direct threats to kill the respondents (Johnson et al., 2019). Three-quarters of the women believed that their partners were capable of killing them, consistent with Johnson (2006, Johnson et al., 2019).

Almost half the men used sexually coercive strategies and, of those, 11 of 18 (or 61.1%), sexually assaulted their partners. Scholars note that Indigenous women are at greater risk of being sexually assaulted by their partners (Brennan, 2011; Brownridge, 2003, 2008; Heidinger, 2021; Johnson, 2006; Romans et al., 2007). Moreover, Heidinger (2021) commented that Indigenous women are twice as likely than non-Indigenous women to deal with sexual coercion from an intimate partner, including being forced into sexual acts that “they did not want to perform” (p. 6).

Yet, partner sexual assault is an under-researched area in general and Western societies have been slow to recognize partner sexual assaults (Bagwell, 2016; Bagwell-Gray, 2021; Bagwell-Gray, Messing & Baldwin-White, 2015; Bergen, 2004; Logan, Walker, & Cole, 2015; Tutty, 2006b; Tutty & Nixon, 2021). Guggisberg (2019) suggested that Indigenous women may face even greater confusion given the legacy of colonization and intergenerational transmission of abuse, which also includes sexual assaults. Thus, it is understandable that over one-quarter of the women who experienced sexual coercion and/or sexual assault expressed confusion regarding these concepts, struggling with patriarchal views that it is a woman’s duty to have sex with her partner whenever he wants it (Bagwell, 2016). Further, the sexual assaults were often serial in nature and placed the women at greater risk for mental health issues, including PTSD (Tutty & Nixon, 2021). As Tutty and Nixon (2021) concluded in their analysis of the entire

sample of women in the Healing Journey study, “the nature of physical partner abuse is more severe for women whose partners also sexual assault them” (p. 2).

The general public often assume that if women leave their abusive partners, they will be free of abuse. Yet, it’s clear that for many of the respondents, leaving their partners did not end the abuse. Indeed, as anticipated, Indigenous women are at greater risk of violence from their former partners than non-Indigenous women (AuCoin, 2005; Brownridge, 2006a, 2008; Johnson, 2006; Ogrodnik, 2008; Pedersen, Malcoe & Pulkingham, 2013). One-quarter of the respondents in the current study were physically assaulted by their former partners and half the women were stalked. Almost half of the women who reporting stalking disclosed that their former partners had stalked them for years, which is consistent with the literature. Women are more likely to be stalked by current or former partners, and often for years (AuCoin, 2005; Johnson, 2006; Sinha, 2013). Indigenous women are at greater risk of being stalked by a current or former partner than non-Indigenous women (AuCoin, 2005; Pedersen et al., 2013).

Moreover, Pederson and colleagues (2013) concluded that Indigenous women are at greater risk of stalking once the relationship had ended if the men had used coercive controlling tactics, including verbally abusive, demeaning comments; were jealous; attempted to isolate the women from friends/ family, and/or controlling of the women’s daily routines. All these factors apply to the respondents, all 38 women had experienced verbal abuse, 71% of the partners were jealous, 71% isolated the respondents from friends and/ or family and 69% of the partners controlled the women’s daily whereabouts,

In spite of the severe intimate partner abuse, the respondents were generally functioning remarkably well. On the mental health measures, on average, the women were not experiencing severe symptoms of psychological distress, depression, or PTSD. This is consistent with the

research on the entire sample of 658 women participants in the Healing Journey study about half of whom were Indigenous (Tutty et al., 2020; Tutty & Nixon, 2021). Interestingly, Anderson, Renner, and Danis' (2012) mixed method study of 37 American women who had left their abusive partners (2 of whom were Indigenous) used the PTSD Checklist Version for Civilians to determine that, overall, the respondents were not experiencing PTSD. Of note, while there is considerable literature regarding mental health issues for abused Indigenous women, most studies were qualitative, and none used standardized measures to actually diagnose mental health functioning.

The fact that the women in the current study were not, on average, experiencing severe mental health distress is at odds with much of the literature. For example, the global systematic review conducted by Chmielowka and Fuhr (2017) linked Indigenous women's experience of IPV with depression and PTSD, which they see as further exacerbated by poverty, discrimination and substance abuse. Heidinger (2021) concluded that 25% of both Indigenous and Non-Indigenous respondents who experienced IPV were dealing with PTSD symptoms. It is not clear how Heidinger's determination was made but from the information given, it seems the interviewers simply asked women if they were experiencing symptoms, rather than using a standardized measure. Nevertheless, a proportion of the women in the current study were in the clinical ranges on depression, PTSD and mental health functioning, just not the majority, so this may fit with Heidinger's conclusion. These suggest the importance of not stereotyping Indigenous women as necessarily having mental health issues. Moreover, Brennan's 2011 study regarding victimization of Indigenous women across the Canadian provinces stated that 90% of the respondents self-reported their mental health was good or very good.

An issue that was unanticipated was that five women identified as lesbian, bi-sexual or Two-Spirit and, thus, two of the abusive partners were female. While recent literature exploring IPV in the LGBTQ community indicates that IPV rates are higher in the LGBTQ community than in the heterosexual community (Decker, Littleton, & Edwards, 2018; Heidinger, 2021; see also Coston, 2021). Ristock and colleagues (2019) commented that they could find no published studies focusing on Indigenous Two-Spirit/LGBTQ and IPV. More recently, Heidinger (2021) reported that Indigenous LGBTQ and Two-Spirit people are five times more likely to be abused by an intimate partner than Non-Indigenous LGBTQ and Two Spirit people. The two female partners in the current study committed acts of emotional abuse (including control, financial abuse, using the respondent's sexual orientation against her, illegal confinement), sexual assault, physical assault and stalking, consistent with the general literature on LGBTQ abusers (Carvalho et al., 2011; Decker, Littleton, & Edwards, 2018; Kimmes et al., 2019; Milletech, Gumienny, Kelley, & D'Lima, 2014).

Another unanticipated finding was that 55% of the male partners were Indigenous and 45% were White. National incidence studies provide no information regarding the racial backgrounds of abusive partners. Much of the literature suggests that colonization influenced the societal breakdown of Indigenous societies, which, in turn, has led to intergenerational abuse, therefore, at least partially explaining why so many Indigenous women in Canada are abused (Andersson, Amaratunga, McGuire, Shea, & Sioui, 2010; Brownridge, 2003, 2008; Heidinger, 2021; Johnson, 2006; Lane et al., 2003; McGillivray & Comaskey, 1999; Olsen Harper, 2011; Puchala, et al., 2010; Tutty et al., 2017b, 2020).

While this seems like a reasonable supposition, it may, inadvertently, simplify Indigenous women's experiences of IPV. The fact that 45% of the abusive partners in the current study were

White seems to highlight the complexity of abuse against Indigenous women in Canada, and the intersectionality of abuse. White partners would not have experienced the direct impact of genocide and societal destruction, yet may well be influenced by racism, systemic oppression and misogyny, in that greater privilege is given to White men. While this study did not analyse possible differences between the abuses perpetrated by these partners, there are indications that some of the White partners used racism as one additional strategy to harm their partners.

### **The Context of The Women's Lives**

This section places the Indigenous women's lives in context, first discussing their childhood experiences and then, their current life circumstances. Notably, the information presented in this section was not collected in the original background demographic questionnaire (the exception being child maltreatment history) but arose in their interview narratives. The interview guide included no specific queries about these topics, and many women simply may have not seen such background details as of interest to the researchers whose primary interest was clearly intimate partner violence. As such, the numbers discussing these issues of importance to living as an Indigenous woman in Canada are certainly under-estimated.

#### ***Respondents' childhood experiences.***

The stories relayed by the 40 respondents in this study are consistent with the literature discussing the impact of colonization, including the use of residential schools to breakdown family life, spiritual beliefs, and languages (Acoose, 1995; Andersson, Amaratunga, McGuire, Shea, & Sioui, 2010; Baskin, 2020; Battiste, 2000; Brownridge, 2003, 2008; Burnette, 2016; Burnette & Hefflinger, 2017; Johnson, 2006; Lane et al., 2003; McGillivray & Comaskey, 1999; Olsen Harper, 2011; Puchala, et al., 2010; Truth and Reconciliation Commission of Canada, 2012, 2015a, 2015b; Tutty et al., 2020; Woolford 2009). Further, the respondents agreed with

this assessment of the impact of colonization. Yet only a small number of women (15%) described having attended residential school and only 17.5% discussed the impact of residential schools on their parents and/or grandparents, although the harm of the residential school system in individual's lives is well-documented (Baskin, 2020; Hoffart & Jones, 2018; Olsen Harper, 2011; Truth and Reconciliation Commission of Canada, 2012, 2015a, 2015b, 2015c).

Nevertheless, the impact of colonization, systemic oppression and residential schools on generations of their families and communities seems apparent in that 90% of the women had experienced childhood abuse, specifically sexual abuse (67.5%); physical abuse (62.5%); emotional abuse (75%); neglect (45%) and exposure to IPV (70%). The high incidence rate is consistent with Heidinger's Canadian report (2021), concluding that 42% of Indigenous women had experienced physical or sexual abuse "by an adult during childhood compared with 28% of non-Indigenous women" (p. 7; see also Brownridge et al., 2017).

Scholars contend that even if Indigenous individuals have not experienced residential schools themselves, the destabilization of Indigenous families persist through the generations (Baskin, 2020; Blackstock, Trocmé, & Bennett, 2004; Brownridge et al., 2017; Burnette, 2016; Lane et al, 2003; Farris-Manning & Zandstra, 2003; Olsen Harper, 2011; Puchala et al., 2010; Shepard et al., 2006; Truth and Reconciliation Commission of Canada, 2012, 2015c). Of the women who spoke of their childhood experiences of abuse, one-quarter (28.13%) of respondents had been involved with Child Protection Services (CPS), which is consistent with research that suggests the over-representation of Indigenous children in the child protection system (Blackstock et al., 2004).

In their childhoods, the women also observed violence in their communities. While they did not consistently identify where they were living at the time (whether it was on reserve,

rurally, in a town or city), for one-quarter of the respondents, their surrounding environments were not safe. These experiences are consistent with the literature (Baskin, 2020).

***Respondents' current life circumstances.***

As discussed in the results, for many women, their partners' abusive behaviour was only one piece of the violence that they faced. Respondents living in urban settings were exposed to violence from neighbours, friends, and/or family members; were physically or sexually assaulted by people other than their intimate partners. Again, this is consistent with the literature as scholars have documented Indigenous women as more likely to experience violence from people other than their partners (Heidinger, 2021). Women living on reserves discussed various challenges including community violence, the amount of substance abuse in the community, the lack of education and employment opportunities as well as limited access to formal support services. These same issues were raised by women living in the north, whether it be on reserve, in town, or in a rural setting. Moreover, they faced the additional challenges of the isolation of fly-in remote communities, of having to chop wood for heating, and hauling water to meet their basic needs. Brzozowski and colleagues (2008) findings support the respondents in that they found on reserve crime rates are three times higher than the rest of Canada, and eight times higher than the rest of Canada in terms of violent crime. The concerns raised by respondents living in northern communities are also consistent with the literature (Rizkalla, Maar, Pilon, McGregor, & Reade, 2020; Wuerch, Zorn, Juschka, & Hampton, 2019). Brennan (2011) commented that Indigenous women also tend to not report violence they experience from other people in the community.

Moreover, the women were dealing with these issues concurrently with their partners' abusive behaviour. More than four-fifths of the women (82.5%) also had contact with the

criminal justice system regarding their abusive partners, which is in contrast to the literature. Heidinger (2021) commented that few Indigenous women are willing to deal with the criminal justice system because of systemic oppression and racism, as well of the history of “forced displacement and assimilation” (p. 5; see also National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a), and police brutality (see also Brennan, 2011; Guggisberg, 2019; Wuerch et al., 2019). Given these circumstances, it seems understandable that over half of the respondents had negative experiences with the police (both RCMP and local police services). The police officers seemed to be suspicious of their stories, blamed the women for their partners’ abusive behaviour, and did not seem to take them seriously. The women reported not feeling safer after contacting the police. Brennan (2011) noted that Indigenous women are more likely than non-Indigenous women to question the fairness of the police.

Just under half of the women (45.5%) who discussed their efforts to obtain protection orders (restraining orders and/or no contact orders) had negative experiences. The respondents also had negative experiences when they testified in criminal proceedings against their partners, with the proceedings increasing their fear and sense of vulnerability. Yet only four women were directly asked by the interviewers if they thought that being Indigenous influenced how they were treated by the criminal justice system. In their exploration of violent victimization across the provinces, Brennan (2011) found that both Indigenous and non-Indigenous tend to question the fairness of the court system (see also National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a).

Finally, as mentioned in the results, of the women with children, 26 of 34 (76.5%) expressed their determination to raise their children differently, to overcome the legacy of colonization, and the violence their children were exposed to from their partners. They wanted

their children to have childhoods in which they could be children. However, given the context of their lives, 12 women spoke of dealing with the child protection system. Of these, 41.7% raised concerns about how they were treated, questioning how decisions were made and wondering about fairness within the system. They also linked colonization and racism as impacting the current policies and practices of the child protection system. This is also consistent with the literature (Blackstock et al., 2004; Johnson, 2012; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Truth and Reconciliation Commission, 2015a).

Exploring the respondents' lives in context from childhood through to their current circumstances highlights the impacts of colonization, racism, and systemic oppression, emphasizing the destruction to individual lives and Indigenous communities. Further, it underscores that the partners' abusive behaviour was just one piece of the abuse and the violence that the women faced in their daily lives.

The recurring themes of colonization, racism and systemic oppression were not necessarily overt, in that the women did not name their experiences using these terms. However, racism and systematic oppression were clearly present in the women's descriptions of how they were treated throughout their lives and the barriers they faced. The fact that most of interviewers were White likely also played a part as the Indigenous women may not have felt comfortable talking about racism directly with them. It is also possible that the interviewers did not have the knowledge to probe these considerations, as the interviews were conducted in 2009, before reports such as the Truth and Reconciliation Commission and National Inquiry into Missing and Murdered Indigenous Women and Girls became public and enlightened many Canadians about colonialization, racism and the system oppression of Indigenous peoples.

However, it is clear that discrimination and system oppression are not just historic injustices but exist today. In accordance with this, a recent review of global family violence prevention documentation reinforced Western paradigms and ignored the systemic impacts of issues such as colonialization or Indigenous worldviews (Fotheringham, Wells, & Goulet, 2021: National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a, 2019b).). It is also evident in the underfunding of VAW shelters on reserves (Jackson, Coleman, Strikes with A Gun, & Sweet Grass, 2015; Johnson, 2011; National Aboriginal Circle Against Family Violence, 2006, 2008: National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Shea, Nahwegahbow, & Andersson, 2010), the systemic responses (or lack of responses) to missing and murdered Indigenous Women, (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a).

In their final report, The Truth and Reconciliation Commission (2015a, 2015b) raised concerns about children who went missing while at residential school, estimating that over 3000 children had died, raising concerns that these numbers could be even higher since records regarding the names of the children were missing. The Commission highlighted that graves and even cemeteries were unmarked, and that the locations of these cemeteries were also lost. While the Truth and Reconciliation were actively investigating, in 2009 they requested funding to help find the children's graves, but were denied (Trembath & Rieger, 2021). The Truth and Reconciliation Commission's Calls to Action 71-76 addressed these issues; yet these seemed largely ignored until the summer of 2021, when the country's attention was drawn by two First Nations in British Columbia, one in Manitoba and one in Saskatchewan found unmarked burial sites of children (Li, J., 2021; Law Society of Saskatchewan, 2021).

## **The Women's Use of Services**

As part of the original study, the semi-structured interview guide asked women if there were any people or programs that were helpful in their journey (Appendix A). These services were all developed in the context of Western society, primarily patriarchal contexts, this raises the question of how relevant they are to Indigenous women. The suggested probes did not specifically ask about VAW shelters, second stage, counselling services. Nor were there any questions related to traditional healing or cultural practices. Rather, this information arose as the women discussed their experiences of intimate partner abuse. While this highlights the importance of services in abused women's healing journeys, it also meant relying on the interviewers to ask supplemental questions to gain an understanding of what the women found useful or, indeed, challenging. As previously mentioned, some interviewers seemed to approach the qualitative interviews as though they were structured interviews and neglected to follow-up with supplemental questions specific to the women's experiences.

Nevertheless, it was clear that the 40 Indigenous women were committed to improving their lives through accessing multiple supports, including VAW shelters, second stage shelters, community counselling agencies, and traditional healing and cultural practices. They often accessed more than one service to assist them in dealing with their partners' abusive behaviours. An aspect that was not analyzed as part of this dissertation, is that the women also accessed their informal support systems (family and friends). Many of the women found counselling services, including VAW shelters, through their informal support systems. This emphasizes the importance of members of the general public being aware of the shelters and counselling services available in their communities.

In the 2019 Canadian Survey of Safety in Public and Private Spaces, Heidinger (2021) identified that only 12% of Indigenous women had used or contacted a service for assistance (which services were not identified). Barriers include inaccessibility of formal services; mistrust in system and “institutions designed to protect” (Heidinger, 2021, p. 8). In contrast, 70% of the women in the current study accessed community counselling and 55% mentioned accessing VAW shelters. This difference may simply be a reflection of how respondents for the Healing Journey were recruited; the researchers reached out to VAW shelters and other formal counselling programs, which is consistent with recruitment on most studies of intimate partner violence (Tutty et al., 2021).

### **VAW Shelters.**

Violence against women shelters have consistently been found to be an important resource for abused women by providing them and their children with safety and support (Allen, Robertson, & Patin, 2021; Anderson et al., 2012; Johnson & Dawson, 2011; Tutty, 2015b; Tutty et al., 2009; Tutty, Weaver, & Rothery, 1999). In considering the women’s use of VAW shelters, there are differences between the information in the Wave 1 inquiries, in which 26 (65%) women identified accessing them, compared to slightly over half of the interview respondents (55%) who mentioned accessing VAW shelters. This difference likely reflects the fact that some women chose to speak about VAW shelters in the qualitative interviews, while others may not have seen them as central in their healing journey or simply neglected to mention them. Consistent with the literature, none of the women who identified as two-spirit or LGBTQ went to VAW shelters (Ristock et al., 2019; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a).

In the most recent report on shelters for abused women in Canada, Beattie and Hutchins (2015) document 281 transition homes (offering stays between 1 day and 11 weeks), and 80 women's emergency shelters (offering stays from 1-21 days). Interestingly, when compared to Burczycka and Cotter's 2010 report on shelters, in 2014 six fewer transition homes, and seven more emergency shelters were documented.

It was extremely difficult to access information regarding the number of Indigenous VAW shelters across Canada. The national studies only identify if a VAW shelter is on a reserve, not if a shelter identifies itself as Indigenous. Therefore, Beattie and Hutchins (2015) concluded that 32 Canadian shelters are located on reserves, whereas the Awo Taan Healing Lodge's Report (n.d.) information from 2013 indicated there were 48 Indigenous VAW shelters across Canada. To clarify the issue, Awo Taan Healing Lodge is located in Calgary. As it is an urban location, it would not be included in the national studies because it is not located on a reserve. Further, national studies do not specifically ask VAW shelters if their clients are Indigenous.

However, Beattie and Hutchins (2015) concluded that one-quarter of all shelters served Indigenous women who resided on reserve or lived rurally, indicating that women living on reserve, in northern or rural communities may well have to leave their home communities to access a VAW shelter (see also Rizkalla et al.; Tutty et al., 2009; Wuerch et al., 2019,). This was an issue raised by four of women living in rural or remote communities. Wuerch et al. (2019) raised concerns about how abused women travel to a facility. In the prairie provinces, long distance bus service no longer exists in many communities. Therefore, to reach a VAW shelter, one woman hitchhiked with her children. Yet, this issue is not one over which VAW shelters have control. Nevertheless, some VAW shelters are attempting to address this concern as 87% of VAW shelters were offering transportation services (Beattie & Hutchins,

2013). As, there is no additional information provided, it is not possible to determine what this entails. Another concern that women may face is that, when they attempt to access a VAW shelter, it may be at capacity, so women are turned away (Beattie & Hutchins, 2015; Tutty et al., 2009). Three women in the current study reported being turned away from their local VAW shelter.

Once they resided in the VAW shelter, the women's experiences varied, in part influenced by the services offered. Three women stayed in VAW shelters that offered little practical help beyond providing a safe place for women to stay and/or no counselling services. However, this is not the norm, Beattie and Hutchins (2015) commented that most shelters offered a variety of services including "safety and protection planning (90% of shelters), advocacy on behalf of women (86%), housing referrals (85%), and individual short-term counselling (85%)" (p. 4). Yet, the services offered may be influenced by funding structures; on reserve VAW shelters are funded by the federal government, all others by their respective provincial governments. A critique in the literature is that on-reserve shelters are underfunded when compared to their provincial counterparts, and the funding is not necessarily stable (Jackson et al., 2015; Johnson, 2011; National Aboriginal Circle Against Family Violence, 2006, 2008: National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Shea, Nahwegahbow, & Andersson, 2010; Tutty et al, 2007).

In the VAW shelters that offered individual counselling services, over two-fifths of the women (9 of 22, or 40.9%) in the current study reported positive experiences, highlighting the value that they placed on being able to reflect and process their experiences of intimate partner abuse, explore next steps, as well as learning about intimate partner abuse, and the

intergenerational cycle of abuse. This finding is congruent with the literature (Anderson et al., 2012; Tutty, 2015b, 2017; Tutty et al., 1999, 2009).

Unfortunately, four of the 22, or 18.2% of respondents perceived their counsellors to be inexperienced, judgmental, and/or racist. This concern has also been raised by other researchers (Baskin, 2012; Tutty, 2015b). Recent Canadian research on Canadian VAW shelters included Indigenous women in their samples (Tutty, 2015b; Wathen et al., 2015), but did not analyze the extent to which their experiences differed from the other residents, a clear gap in the literature. A recent article by (Jackson et al., 2015) describes how Blackfoot knowledge and practices were integrated into a rural Alberta VAW shelter, however such initiatives are rare.

There is a considerable body of research on the value of support and therapy groups for women abused by intimate partners (Allen et al., 2021; Trabold et al., 2018; Tutty, 2017; Tutty et al., 2017a), although none are specific to Indigenous women. Notably, support groups are offered in many VAW shelters (Allen et al., 2021; Wathen et al., 2015). Congruent with the literature (Tutty, 2015b, 2017) about women who attended support groups within VAW shelters in the current study, most (8 of 9 women or 88.9%) found them helpful, not only for the counselling/informational aspects, but also for the contact and support from the other residents.

Consistent with the literature, the practical help offered by VAW shelters was also meaningful to the respondents (Tutty, 2015b, 2017; Wathen et al., 2015). This practical support ranged from providing women and children with clothing, helping women access community supports, attend appointments, find permanent housing, as well as furniture for their new home.

In addition, four women spoke of the importance of VAW shelters offering support and counselling to their children, which is again congruent with the literature (Tutty, 2017). Yet one of the barriers mentioned by one of the respondents was the requirement by a shelter that both

parents sign consent for children's attendance. Beattie and Hutchins (2015) identified that 46% of VAW shelters offered "culturally sensitive services for Aboriginal children" (p. 4). None of the respondents in this study mentioned that their children had been provided such services.

In the current analysis, the women's divergent experiences may have been influenced by the staff's general lack of knowledge and understanding of Indigenous cultures. Of the 12 mainstream shelters, only three reported that their staff had received specialized Indigenous cultural sensitivity training, while four offered specialized programming and/or culturally appropriate services for Indigenous clients (Alberta Council of Women's Shelters, n.d.; Manitoba Association of Women's Shelters, 2020; Provincial Association of Transition Houses and Services of Saskatchewan, 2020). However, none of the residents in these 12 shelters mentioned they were aware that the counsellors had Indigenous cultural awareness. National Inquiry into Missing and Murdered Indigenous Women and Girls, (2019a) highlighted concerns regarding the lack of culturally appropriate services for Indigenous women who are being abused by their intimate partners.

Only one mainstream VAW shelter offered in-house access to Elders. Interestingly, Beattie and Hutchins (2015) reported that 63% of shelters stated that they offered culturally sensitive services. Moreover, "21% of shelters in Canada offered services in at least one of the following Aboriginal languages: Cree, Ojibway, and Inuktitut" (p. 4). In the current study, only one VAW shelter identified itself as Indigenous. The National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a) discussed that the executive director of Awo Taan Healing Lodge raised that woman who wish to access the more appropriate cultural approaches offered by their VAW shelter could be on a wait list for months. It seems reasonable to assume that if this is an issue for Awo Taan, this same issue could be occurring at other

Indigenous VAW shelters. Yet, the literature has also identified that residents of Indigenous VAW shelters may be concerned about their confidentiality when the staff are also members of the community (Jackson et al., 2015; Wuerch et al., 2019), which was raised as a concern by two respondents.

Clearly, the importance of the role that VAW shelters can have in women's lives is not only in providing for their physical safety, but also in enhancing women's sense of well-being (Allen et al., 2021; Tutty, 2015b, 2017). Of the eight women who spoke of the circumstances that brought them to a VAW shelter, six identified seeking safety from their abusive partners after severe assaults, being fearful for their lives or the lives of their children. Another sought shelter support because she needed a place she could think through her options; and one because she was unable to access help from friends or family. While the women raised concerns about their shelter stays, it is worth noting that 9 of 22, or 40.9% women found the individual counselling helpful and 8 of the 9 (88.9%) women who attended support groups helpful.

### **Second stage shelters.**

Only three respondents were able to access second stage shelters in the current study, which likely reflects how few second stage shelters are available in the prairie provinces. These three women had varied experiences, with one woman noting issues of power and control from staff, even though it was an Indigenous second stage shelter.

Second-stage shelters rose out of the recognition that women who wish to leave their abusive partners, may still be at risk from them; moreover, some women may still want additional support (Tutty et al., 2009). Thus, second-stage shelters were created to offer women the opportunity to live in their own apartment, but in a building with enhanced security measures, as well as providing women with counselling and other supports (Tutty et al., 2007,

2009). Women who access second stage shelters tend to be in greater need of protection from their partners. There are 123 second-stage shelters in Canada, offering various lengths of stay ranging from three months to twelve months (Beattie & Hutchins, 2015; see also Burczycka & Cotter, 2011; Cotter & Burczycka, 2011; Taylor-Butts, 2007; Tutty, 2015b).

Funding cuts have reduced the number of second stage shelters across the country have been identified as a concern (Cotter & Burczycka, 2011; Pruegger & Richter-Salamons, 2012). Across the prairies, 3% of the shelter admissions in Manitoba were to second stage housing, 4% in Saskatchewan, and 5% in Alberta (Beattie & Hutchins, 2015). While these findings reflect a lack of second-second stage shelters, a related issue is that existing second-stage shelters tend to be in urban areas (Tutty, 2015b). Thus, women living on reserve, in rural or northern communities frequently must leave their home communities if they wish to access a second stage shelter. Considering that Indigenous cultures are relational, an Indigenous woman's decision to leave her home community is understandably difficult and could have even greater implications for her well-being (Guggisberg, 2019; Kirmayer et al., 2009; McCormick, 2009).

### **Community counselling services.**

In the Canadian context, especially in the prairie provinces which has the highest proportion of Indigenous individuals in the country, the lack of Indigenous-specific counselling services for any issues, but especially for intimate partner violence, is striking. Exceptions include a couples-counselling approach to IPV (Riel et al., 2016, 2014), a conjoint strategy that is discouraged in mainstream IPV literature. Some consider using a family systems approach to be a better fit than a feminist approach when addressing IPV with Indigenous couples and families (Baskin, 2012; Kirmayer et al., 2009; Lane et al., 2003; McCormick, 2009), although it would still be missing the connection with the community and the environment (Baskin, 2012;

McCormick, 2009). Notably, though, Indigenous-specific approaches are rare and typically located in only one location. Further, although a number of women in the current study had been sexually assaulted by partners, none mentioned accessing sexual assault services, congruent with a recent study by Du Mont and colleagues (2017).

There is a paucity of literature examining abused women's use of community counselling, and more specifically the services used by Indigenous women who have been abused by their intimate partners. Yet, 70% of the women in the current study accessed community counselling services. However, from the women's narratives, I could not determine whether the counsellors in had any knowledge of either intimate partner abuse or Indigenous cultures. Over three-quarters of the women (78.3%) found the counselling empowering in that it gave them a place to process, reflect, and gain strength, which is consistent with the literature (Anderson et al., 2012). The most common concerns were difficulty accessing services, fees for service, limited number of sessions, and/or feeling pressured to attend groups. For the respondents, even sliding scale fees tended to be beyond their financial means. Thus, the respondents often depended on free services that typically entailed a limited number of sessions. In some agencies, the women saw the same counsellor within their specified session limit but were often unable to see the same counsellor when they were allowed to return for another set of sessions. In other agencies, each session was with a different counsellor. The respondents found that this hindered their healing in that they frequently had to retell their story or were unable to build the trusting relationship to share the depths of their traumatic experiences.

Interestingly, the women who identified as LGBTQ or two-spirit only accessed mainstream counselling services. It may be that the respondents were concerned about prejudice and oppression from VAW shelter systems related to their gender identity. However, the two

women who accessed community LGBTQ specific counselling services had very different experiences. One found her confidentiality breached, while the other one found it helpful, discussing that it taught her about Indigenous cultures and healing practices.

In summary across services, irrespective of the counselling services accessed, the women indicated that the counselling and support they received was helpful. The women's positive experiences seemed to be associated with feeling respected, heard, and supported by staff/counsellors through the complexity of their circumstances. Beyond the women's critiques of their experiences, of concern is that it was not clear whether the counsellors had any training/understanding of Indigenous history or culture, nor was it clear whether community counsellors had any training/understanding of intimate partner abuse.

#### **Indigenous healing and cultural practices.**

Indigenous healing practices are relational; they integrate the natural world with the physical, emotional and spiritual aspects of each person (Bird, 2007; Lavallée, 2009; Lavallée & Poole, 2010; Kirmayer et al., 2009; McCormick, 2009; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Puchala, et al., 2010). Seventeen women spoke of the importance of traditional culture, teachings, and ceremony in their healing from intimate partner abuse. They discussed how attending to dreams and visions, being in circles, using Indigenous ceremonies such as smudging, sweats, Sun Dance strengthened their relationships with the natural and spiritual world which served to enhance their healing journeys, which is congruent with the literature (Bird, 2007; Baskin, 2012; Kirmayer et al., 2009; Lane et al., 2003; McCormick, 2009; Olsen Harper, 2006a, 2011). As mentioned earlier, this question was not explicitly asked in the interviews, thus, it is possible that additional respondents had also accessed traditional culture and/or healing practices. One respondent mentioned controversy in

Indigenous communities regarding whether or not to share details of healing practices and spirituality with non-Indigenous people. In light of this, some respondents may have not been comfortable sharing their traditional healing journey with the non-Indigenous interviewers.

Only two women were raised in traditional Indigenous families. The other 15 began their journey connecting with Indigenous healing practices later in their lives. The women accessed the Indigenous healing practices through friends/family, programs (such as those offered by their band, university classes, VAW or second stage shelters), Elders, and/or Healers. Yet, even a VAW shelter or second stage shelter that identifies itself as Indigenous may not necessarily facilitate the respondent's understanding of traditional culture or values. As one respondent observed, staff exerted power and control tactics against clients whom they did not like.

Burnette and Hefflinger (2017) commented that fragmenting Indigenous communities is a tactic used in colonization to divide communities, and community members from one another. They further argue that through internalized oppression these tactics are continued (see also Jackson et al., 2015). To learn and heal, seven women spoke of the importance of being able to access Elders, yet three women had difficulty accessing and maintaining contact with Elders. One woman mentioned that her husband's band offered healing programs for the entire family, some of which enhanced their knowledge of traditional culture and healing practices, including ceremony. However, it needs to be noted that this program focused on healing an intact family, not estranged partners. Yet, the majority of the women (25 of 40, or 62.5%) in the current study had already left their partners.

One woman mentioned that she is Ojibway, but when she began her healing through traditional practices, she learned about Plains Cree ceremony and culture. While she described this as an extremely positive experience, adopting practices that are not historically part of one's

culture is controversial. Kirmayer and colleagues (2009) note that some see adopting diverse cultural traditions across Indigenous communities as contributing to cohesion, while others believe that if the healing practices are not historically part of one's community, the social connection is missing (see also Olsen Harper, 2006a; Lane et al., 200; National Aboriginal Circle Against Family Violence, 2006).

To a large extent traditional healing draws its authority from its rootedness in a local community with a shared social life. The traditional healer lives in the community, and his or her efficiency and moral conduct are open to scrutiny. Traditional healing practices involve contexts of power that should not be immune to critical examination. (Kirmayer et al., 2009, p. 457-458).

Yet, there is debate about how to critically examine healing practices to ensure effectiveness, and cultural authenticity, especially as many Indigenous peoples now live in urban settings (Kirmayer et al., 2009). The concern raised by Kirmayer et al. is that some may falsely claim knowledge, and/or attempt to exploit, and/or commercialize Indigenous healing practices. Certainly, one respondent in this study discussed having such an experience when one man falsely claimed to be an Elder. One suggestion is to use Western counselling accreditation boards to help regulate Indigenous healing practices (Kirmayer et al., 2009). However, there is a disconnect between the dominant social work paradigm in which the need for evidence-based practice is stressed (Gilgun, 2005) and Indigenous healing approaches (Bird, 2007; Gone, 2009; Jackson et al., 2015; Lucero, 2011; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a). In clinical social work, evidence-based practice and interventions are emphasized (Gilgun, 2005; Gone, 2009; Lucero, 2011), but relatively few authors in the mainstream literature discuss Indigenous healing. Gone (2009) described how the aim of

evidence-based practice is to ensure that services are effective, often by relying on quantitative evaluations using standardized outcome measures. In contrast, the assessment of Indigenous healing strategies uses more qualitative, word-of-mouth endorsements. Indigenous healing “moves well beyond mere clinical concerns with distress and coping toward a more robust state of wellness, as indicated by strong Aboriginal identification, cultural reclamation, spiritual wellbeing and purposeful living” (Gone, 2009, p. 759; Jackson et al., 2015; Lucero, 2011).

### **The Women’s Resilience**

As previously mentioned, the concept of resilience arose from scholars noticing that many people with personal histories of trauma are living healthy lives. This is certainly true of the study respondents and, thus, deserves closer examination. In review, the term *resilience* incorporates the constructs of *adversity/risk* and *protective factors* (Luthar & Cicchetti, 2000; Mrazek & Mrazek, 1987; Olsen Harper, 2011). Yet the idea of resilience was originally a concept explored from dominant Western perspectives and, thus, incorporated that lens and cultural bias, bypassing the influence and values of relational worldviews (Olsen Harper, 2011; Tousignant & Sioui, 2009; Ungar, 2007, 2008, 2013). By incorporating cultural values and diversity of Indigenous peoples into the concept of resilience, understanding the experiences of the 40 Indigenous women who responded to this study is enhanced and deepened.

Risk factors are the various adversities within the individual, family and/or community that can make it more difficult for people to have positive outcomes in their lives (Luthar & Cicchetti, 2000; Olsen Harper, 2011). In examining risk factors, one can begin with the circumstances recognized by Western society such as “poverty, divorce, parental mental dysfunction and substance abuse, sexual abuse, birth impediments and racism” (Olsen Harper, 2006, p. 80). Peoples of Indigenous backgrounds have additional risks associated with genocide,

historical and current colonialism, racialized violence, stereotyping, systemic oppression, and social exclusion (Brave Heart, Chase, Elkins, & Altschul, 2011; Burnette, 2016; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Olsen Harper, 2006, 2011; Pedersen et al., 2013; Ward et al., 2021:). Further, these risk factors represent traumatic circumstances, and indicate the respondents have experienced poly-victimization and intergenerational trauma. Brave Heart and colleagues (2011) state Indigenous peoples are facing historical trauma, which is defined as “cumulative emotional and psychological wounding across generations ... which emanates from massive group trauma” (p. 283; see also National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a).

These risk factors certainly apply to the Indigenous women in the current study. Most of the women’s experiences of adversity began with childhood abuse, with almost two thirds having been sexually and physically abused, factors typically associated with mental health problems that often extend into adulthood (Brownridge et al., 2017; Chmielowska & Fuhr, 2021; Domhardt, 2015; Heidinger, 2021). Moreover, many of the women in the current study had experienced *poly-victimization*, a term used to indicate multiple abuses as children, which is related to an increased likelihood of adverse effects in adulthood including PTSD (Griffing et al., 2006; Jones, Hughes, & Unterstaller, 2001; Finkelhor, Ormrod, & Turner, 2007, 2009; Heidinger, 2021; Turner, Finkelhor, & Ormrod, 2010). Symptoms of recent trauma as adults may exacerbate symptoms related to earlier victimizations (Follette et al., 1996; Finkelhor, Ormrod, & Turner, 2007; Jones et al, 2001).

Brownridge and colleagues (2017) concluded that childhood maltreatment is associated with a greater risk of IPV in adulthood for Indigenous women (see also Heidinger, 2021). As children, almost a quarter of the women were raised in foster homes or other institutions, another

factor that has been associated with difficulties as adults, which can be exacerbated for Indigenous women if their own children are taken into care by Child Protective Services (Robertson, Sinclair, & Hatala, 2021; see also Williams et al., 2019).

The severity of the physical, emotional abuse and sexual assaults from their abusive partners represent significant risk factors (Hoffart & Jones, 2018; Tutty & Nixon, 2021). Partner's sexual assaults are typically associated with more severe partner violence for both Indigenous and non-Indigenous women (Tutty & Nixon, 2021). The women in the current study were not speaking about a single incident; rather, they were living with a serial rapist—which understandably increases the risks to their mental and physical wellbeing (Tutty & Nixon, 2021). Moreover, leaving an abusive partner places woman at greater risk for more severe of physical and sexual violence for all women, but women of Indigenous origins in particular (Brownridge et al., 2008; Pederson et al., 2013).

Having a disability is also a risk factor for IPV and more severe abuse (Brownridge, 2006b; Heidinger, 2021). The primary study, *The Healing Journey*, found that disabled women whose partners were abusive reported significantly more serious mental health symptoms (Tutty et al., 2020). A total of 64.1% of the women in this analysis reported having disabilities that limited their activity and/or employment. Of these, just under a quarter (22.7%) attributed their disability to the severity of their partner's abusive behaviour and 40.9% to both the abuse that they had experienced in childhood and from their intimate partners.

In addition, the women were poor, with most of their incomes falling below the poverty-line (De Riviere, 2014; Daoud et al., 2013). As Daoud and colleagues noted poor Indigenous women are much more likely to face intimate partner violence than poor non-Indigenous women (see also Heidinger, 2021; Williams et al., 2019). Related to current poverty is the fact that 35%

of the respondents had not finished high school, which is also correlated to risk of IPV (Brownridge, 2008; Chmielowska & Fuhr, 2021; Heidinger, 2021).

Dominant Canadian society not only supported colonialism and racism through legislation, residential schooling, and genocide, but also embedded stereotyping, systemic oppression and racism in many institutions and organizations the women accessed in their search for help and support (Baskin, 2019; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Williams et al., 2019). Some of the systemic injustice can also be seen in the lack of training for staff in mainstream counselling services and VAW shelters regarding the needs of Indigenous women (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Williams et al., 2019), and the individualized approach to addressing client needs.

Nevertheless, adversity or risk factors are half of the story in considering resilience: One also needs to consider protective factors. Western scholars identify protective factors in three categories: individual, family and community (Anderson et al., 2012; Luthar & Cicchetti, 2000; Mrazek & Mrazek, 1987; Olsen Harper, 2011). Yet, for Indigenous peoples, protective factors need to be viewed relationally and holistically (Olsen Harper, 2011; Ungar, 2013; Ward et al., 2021). “Spirit is the core of the self” (Olsen Harper, 2011, p. 83), incorporating the interconnection of “every living creature and everything that acts in and on this world” (Wilson, 2008, p. 193; see also National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a). Thus, protective factors incorporate Indigenous healing practices such as talking with Elders, traditional teachings, oral traditions, ceremonies, connection with nature and the land (Burnette & Hefflinger, 2017; Olsen Harper, 2011; Ward et al., 2021; Williams et al., 2019).

These ideas highlight the significance of the women in the current study connecting (or reconnecting) to Indigenous cultures and healing practices (Brave Heart et al., 2011; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Olsen Harper, 2011). From a relational perspective, it highlights the healing and connection that the women found in the natural world. Further, it emphasizes the healing they found in honouring and integrating the physical, emotional and spiritual aspects of their beings. It also highlights the women's determination and commitment for healing because most women were not raised with traditional healing practices; they sought this out as adults.

Indeed, this determination and commitment for healing, for living a healthy life, may also be considered a protective factor (Anderson et al., 2012); 62.5 % of the women had left their abusive partners. In addition, the women sought out multiple sources for help, including informal and formal resources. While, for the purposes of this dissertation, this was not analyzed, the respondents spoke in some detail of seeking support from friends and family. They also accessed multiple services, for help through both the mainstream and traditional healing practices. Some of the women incorporated mainstream counselling and associated techniques or ideas with traditional healing.

Another potential protective factor is that almost three-quarters of the women (72.5 %) were raised by their parents or relatives. While some of these may not have been the safest of homes, it may well be that their parents and relatives and/or community offered them a foundation that the formal systems such as Child Protection Services could not.

A final consideration in the discussion of resilience is that some scholars argue that the more risk factors one experiences, the greater likelihood of negative outcomes; and the more protective factors that one experiences, the more likely one has positive outcomes (Olsen Harper,

2011). It is notable that, in spite of the myriad of risk factors, the women in the current study were remarkably resilient. The mental health measures that the women completed indicated that, on average, the women were not experiencing significant psychological distress, depression, or PTSD, consistent with the larger sample of Indigenous women in the Healing Journey study (Tutty et al., 2020). This seems to suggest that resilience as a concept is not just about the number of risk or protective factors but may rather reflect something deeper and more complex.

### **Implications for Social Work Education, Research, and Clinicians**

It is important to reiterate that Indigenous women are abused by their intimate partners at a rate three times higher than non-Indigenous women (Brownridge, 2008; Brzozowki, Taylor-Butts, & Johnson, 2008; Johnson, 2006) the prairie provinces have the highest IPV prevalence rates in the country (Johnson, 2006; Ogrodnik, 2008; Ursel, 2006). As such, it is essential consider the findings from this study from this perspective. The experiences of the 40 Indigenous women abused by their intimate partners suggest a number of implications for a number of aspects of social work. The complexity of the respondents' lives indicates that it is essential that social workers understand both intimate partner abuse, the devastation of Indigenous cultures through colonization, and that Indigenous cultures have survived in spite of colonization (Kirmayer et al., 2009). When the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a) began, its initial mandate was to focus on missing and murdered Indigenous women and girls. However, through the course of the inquiry, the mandate expanded to investigate all forms of violence against Indigenous women and girls, including intimate partner abuse. Their in-depth analysis highlights that the violence against Indigenous women and girls "is rooted in systemic factors, like economic, social and political marginalization, as well as racism, discrimination, and misogyny, woven into the fabric of Canadian society" (p. 56). Both

the Truth and Reconciliation Commission (2015a) and the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a) stress the need for decolonization.

The implications for policy, clinical social work, research, and education are intertwined with the need to understand colonization and what it means to decolonize. As Nixon and Tutty (2010) discussed, perceptions of social issues determine the policies that define solutions (see also Jackson et al., 2015: National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a; Truth and Reconciliation Commission, 2015a). Hence, these perceptions and defined solutions determine what we deem important.

From this perspective, it seems imperative that social workers have an in-depth understanding of colonization and decolonization. While the Truth and Reconciliation's (2015a) Calls to Action related to *Education for Reconciliation* do not specifically mention social work education, they observe that, in the past, when schools spoke of Indigenous peoples, "the poverty and social dysfunction in Aboriginal communities were emphasized without any historical context to help students understand how or why these happen" (p. 235). The potential for misunderstanding and incorrect assumptions with this presentation seems problematic in social work since we are a helping profession. Thus, the Call to Action 62 states, "We call upon the federal, provincial, and territorial governments, in consultation and collaboration with Survivors, Aboriginal peoples, and educators, to ... provide the necessary funding to post-secondary institutions to educate teachers on how to integrate Indigenous knowledge and teaching methods into classrooms" (p. 331).

Jackson and colleagues (2015) contend that both under-graduate and graduate social workers need in-depth training about Indigenous peoples and their history to understand how colonization devastated Indigenous cultures through historical programs and legislation,

including residential schools, broken treaties, and intergenerational trauma. Such exploration needs to recognize systemic oppression, discrimination, and stereotyping. To reduce the potential of maintaining existing hierarchies and the voice of dominant culture, they argue that such training should rely heavily on Indigenous communities and Elders for their knowledge (see also Truth and Reconciliation Commission, 2015a). The report from the National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019) agrees with this standpoint, contending that, unless Indigenous communities and Elders are defining the agenda and directing the education, we would only be continuing to support colonization, and the genocide of Indigenous peoples.

Such training could increase social workers' awareness, as well as their ability to understand and discuss decolonization in all aspects of their endeavours, whether as researchers, or clinicians. From a research perspective, this means partnering with Indigenous communities, perhaps using participatory research designs that do not rely on the views of dominant culture of what is important, but rather on the perspectives of Indigenous women who have been abused by their intimate partners.

In the workplace, sources such as National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a) and Jackson and colleagues (2015) argue that, whether a clinician is working in a VAW shelter, second stage shelter, community counselling, or child protection, they need to understand how their particular program or system impacts abused Indigenous women. They contend that cultural competency or sensitivity is not the answer, as such an approach serves to continue Western norms and ideals. For example, mainstream VAW shelters often rely on a case management model, which is individualistic and has predetermined ideas of the goals that residents should be attempting to attain. It seldom recognizes the relational

or collective nature of Indigenous lives. Instead, these authors contend that training needs to examine how the workplace can decolonize their policies and practices.

Because social workers often work within child protection systems, an in-depth understanding of Indigenous history and colonization seems especially pertinent, given the disproportionate number of children in care and, in fact constitutes the Truth and Reconciliation Commission's first Call to Action (see also National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a). Additionally, the Truth and Reconciliation Commission asks "all child-welfare decision makers [to] consider the impact of the residential school experience on children and their caregivers" (p. 140). They recommend that Indigenous families are kept together "where it is safe to do so, and keep children in culturally appropriate environments" (p. 139). Moreover, they suggest that social workers need training with respect to Indigenous family and community healing in order to provide more appropriate options for their clients. Ensuring that these changes are made requires the end of the underfunding of Indigenous child welfare services, and that new federal legislation for Indigenous child protection services is enacted (Call to Action 4; see also National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a). While ensuring such policy change occurs is beyond the ability of a clinical social worker, the pursuit of social justice is a core value in our Code of Ethics (Canadian Association of Social Workers 2005a, 2005b).

While counselling services related to intimate partner abuse are not specifically mentioned in the Truth and Reconciliation's (2015a) Call to Action 19, it does identify that, in consultation with Indigenous peoples, the federal government need to establish "measurable goals to identify and close the gaps" (p. 322) between Indigenous and non-Indigenous mental health. Moreover, Call to Action 22 states, "We call upon those who can effect change within the

Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients” (p. 322; see also National Inquiry into Missing and Murdered Indigenous Women and Girls (2019a). As mentioned earlier, there are epistemological differences between evidence-based practices and Indigenous healing practices. If the federal government were to act on Call to Action 22, Indigenous healing practices could potentially be seen as interventions in their own right. Such a change could have implications for both clinical social work and research in that the Indigenous healing practices could be recognized as viable interventions.

In the current study, 70% of the women accessed community counselling services. Thus, not only counsellors who work in VAW shelters or other specialized programs need to understand intimate partner abuse. This study highlights the need for all social work students to have courses that specifically address intimate partner abuse, in both heterosexual and LGBTQ communities. Given that 21% of Indigenous women in Canada experience IPV (Brownridge, 2008; Brzozowski, Taylor-Butts, & Johnson, 2008; Johnson, 2006), it seems sensible to have courses regarding IPV at both the undergraduate and graduate levels.

As indicated in the results, the respondents experienced trauma in response to their partner’s abusive behaviour, through poly-victimization and intergenerational trauma. Yet the women’s average scores on the PTSD Checklist were not in the clinical range, that would suggest a PTSD diagnosis. Nevertheless, some women scored in the PTSD diagnostic range and others were dealing with trauma symptoms. Both groups could benefit from trauma-informed counselling that seeks to address women’s mental health needs in context and considers community, social and societal factors (Mango, Beaujolais, Kulow, Ramirez, Brown, & Nemeth,

2019; Sullivan, 2018; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a). Providing courses on trauma-informed care as part of clinical social work education seems crucial. Brave Heart and colleagues (2011) advocate for incorporating information about the collective historical trauma of Indigenous peoples and the associated unresolved grief. They suggest integrating Indigenous healing approaches into trauma-informed counselling. How do we do this? Brave Heart and colleagues suggest that research is necessary to identify the historical traumas most impacting different tribes, as different peoples had differing experiences. Once the collective trauma is in context, then traditional healing practices best suited to these traumas can be incorporated as part of the healing interventions (see also Lucero, 2011; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a).

In discussing interventions, some authors suggest that Indigenous healing approaches may work well with current mainstream interventions (Bird, 2007; Brave Heart et al., 2011; Jackson et al., 2015), many of which have been validated by program evaluations. It is important that individual women know what resources are available. Several scholars argue that Indigenous healing practices should be considered as interventions in and of themselves not simply “complementary” activities (Gone, 2009, p. 76; Lucero, 2011; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019a). This remains an intriguing suggestion that merits additional consideration in clinical social work circles.

To summarize, some Indigenous women may embrace traditional healing, others may wish to use mainstream counselling and traditional healing practices in concert. Finally, others may choose to only use mainstream interventions. Each individual client needs to be aware of both traditional and mainstream approaches so that they may choose what interventions and approaches fit best for her.

Finally, strengths-based counselling remains the core of clinical social work practice (Simmons et al., 2016). More recent iterations include response-based approaches that positively reframe what are typically perceived as negative reactions (Todd, Weaver-Dunlop, & Ogden, 2014; Wade, 1995, 1997). The current study suggests that adding discussions of resilience to IPV, child welfare and mental health courses could dramatically improve clinical social workers responses to individuals coping with such difficult issues (Anderson et al., 2012). Moreover, if we, as social workers, wish to take a postcolonial, anti-oppressive approach in all aspects of work, whether it be as a clinician, researcher, educator, it would make sense to address systemic issues and oppression across cultures.

### **Limitations and Strengths of the Current Study**

Previously, the methods chapter had detailed a number of limitations and strengths of qualitative secondary research. A central concern was that any limitations from the primary study also apply to subsequent analyses (Whiteside et al., 2012). In spite of training on how to conduct semi-structured qualitative interviews, many of the research assistants had not previously conducted qualitative interviews and treated the interview as though it was a structured interview similar to the quantitative Wave interviews. Although aware of the potential lack of experience short-coming, the Healing Journey academic leaders considered the fact that the research assistants had conducted two-to-three of the Wave interviews previously with each woman as of primary importance, as most had developed collaborative relationships. As mentioned earlier, only one interview question asked whether any “people or programs helped the respondents in their healing journeys.” Many of the interviewers did not follow-up with a probe for more details if a woman said something intriguing or mentioned that she had used a service.

In 21 of the 40 interviews, the interviewers did not ask the suggested interview guide probe about whether being Indigenous influenced their experiences with various systems or services. While the race or ethnicity of interviewers was not clarified, from the information in the interview transcripts, it appears that two out of 24 interviewers were Indigenous. Yet even these Indigenous interviewers did not use this probe. However, even with the inexperience of the interviewers, the respondents were persistent and determined in discussing their partner's abusive behaviour and the severity of their partner's abuse; placing their partner's abusive behaviour in context by sharing the violence they had experienced throughout their lives, as well as the oppression and racism, and pieces of their healing journeys in depth.

Other limitations arose from the inexperience of the interviewers and transcribers. Technical glitches occurred in two interviews; part of one interview was accidentally recorded over, and in the other, it appears the recorder lost power because the interview abruptly ended. Evidence of inexperienced transcribers occurred when some of the transcribers removed the names of people as well as geographic names which could make it confusing and/or difficult to follow the woman's narrative. However, as I was involved in the primary study, I was aware that the primary researchers took steps to fix the transcribing issues, with names and geographic locations restored into the transcripts.

Lastly, critics of qualitative secondary analysis literature raise the concern that the researcher does not have a relationship with the respondents (Hammersley, 2010; Heaton, 2004, 2008; Hinds et al., 1997; Whiteside et al., 2012). I sought to address this by taking a pragmatic approach to data analysis that helped ensure I maintained reflexivity (Hesse-Biber, 2010; Patton, 2020). As a Western white woman, I cannot speak with first voice. However, I bring other strengths to the research process including my experience in the field of intimate partner abuse.

As a research assistant in the original Healing Journey study, I conducted some of the survey interviews. I was involved in training researchers from the three provinces regarding the semi-structured qualitative interviews, as well as conducting some of these interviews (although not any with the Indigenous respondents). Finally, I was intimately involved with the first level coding of the primary data set. In this regard, I began this analysis already being relatively immersed in the data; I had a good understanding of the aims of the original qualitative research and access to the primary researchers regarding the qualitative data sets. This previous involvement complemented my willingness to be reflexive, sensitive, and respectful of differences in Indigenous cultures and worldviews (Fielding & Fielding, 2000; Heaton, 2004, 2008; Irwin, 2013, p. 299; Kelder, 2005; Long-Sutthall et al., 2011; Patton, 2002; Thorne, 1998; Whiteside et al., 2012).

Another limitation is that data from the primary society was collected between 2007 to 2009, which could lead some to question the relevance of the women's experiences to current day circumstances, especially since the publication of the reports by the Truth and Reconciliation Commission and the National Inquiry into Missing and Murdered Indigenous Women and Girls. However, a comparison of the Burczyk and Cotter's 2010 national survey of shelters for abused women in Canada to the most recent survey by Beattie and Hutchins in 2015, do not seem to indicate a great deal of change. As previously mentioned, the number of VAW shelters in Canada changed slightly; in 2010, there were 287 transition shelters, and 73 women's emergency shelters, whereas in 2015 there were 281 transition shelters and 80 women's emergency shelters. Thus, the total number of VAW shelters remained relatively constant. The difference indicates that women and children accessing the emergency shelters cannot stay as long as those in transition shelters.

Further, the number of shelters offering individual short-term counselling dropped slightly, from 91% in 2010, to 85% in 2015; access to individual long-term counselling or group counselling was not reported in 2015. In both 2010 and 2015, one-quarter of the shelters indicated that they served on-reserve clients (25% in 2010; 27% in 2015). In 2010, 64% of shelters noted that they offered culturally sensitive services for Indigenous clients, compared to 63% in 2015.

While the women in this study did not mention whether they were aware that the counsellors in mainstream shelters had Indigenous cultural awareness, the search that I conducted of the 12 identifiable mainstream shelters was recent, and indicated that only three reported that their staff members had received specialized Indigenous cultural sensitivity training, and four offered specialized programming and/or culturally appropriate services for Indigenous clients (Alberta Council of Women's Shelters, n.d.; Manitoba Association of Women's Shelters, 2020; Provincial Association of Transition Houses and Services of Saskatchewan, 2020). Further, the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) raised concerns regarding the lack of appropriate services for Indigenous women who are abused by their intimate partners. Therefore, I would contend that the women's experiences in the current study are relevant. Moreover, there is little literature regarding Indigenous women's use of community counselling agencies when they have survived IPV.

My long-standing clinical practice with the VAW shelter system and as a research assistant with the primary study might be seen as a limitation in that I have developed my own views, thoughts, and biases (either positive or negative) that may have influenced the qualitative secondary analysis. With this in mind, it is important to more closely examine the ideas of

epoché, bracketing, and reflexivity. Epoché is a term from phenomenology referring to the researcher's careful self-analysis to be "aware of personal bias and eliminate personal involvement with the subject matter" (Patton, 1990, p.407). As Patton (1990, 2002) notes it is an ongoing process throughout analysis to ensure one constantly sets their views aside. This leads to the second step of bracketing, in which one "brackets out the world and presuppositions to identify data in pure form" (Patton, 1990, p. 408). In order to successfully use epoché and bracketing, one must be reflexive. I used these concepts throughout my analysis to help ensure that I was attending to the respondent's understanding and the themes emerging from the data, not from any bias. However, I did not believe that I could completely set my views aside, which for me, made the use of triangulated inquiry essential.

Patton's (2002) concept of triangulated inquiry emphasizes the need for the researcher to continually being reflexive, which "is a way of emphasizing the importance of self-awareness, political/cultural consciousness, and ownership of one's perspective" (p. 64), not only for oneself, but for the respondents, and those that will be reading the study. His ideas highlight the importance of context in all aspects of the research process. By understanding the focus of the primary research, I had greater awareness of the lenses of the political/cultural consciousness influencing that study. I could carry this awareness into my secondary analysis. In turn this emphasizes the importance of taking a pragmatic approach to the analysis, which allowed me to focus more carefully on the transcripts themselves. Moreover, it highlights the importance of my decision to use inductive reasoning in the analysis of the transcripts, which means I was carefully looking at what emerged from the data. Starting with broad themes helped ensure that I was keeping the women's words in context, and thus reducing the potential of researcher bias.

One strength of qualitative secondary analysis is that the approach is especially well-suited for the discussion of sensitive topics and/or the experiences of vulnerable, marginalized people who have already contributed to a previous study (Heaton, 2004; Irwin, 2013; Irwin & Winterton, 2011; Kelder, 2005; Long-Sutehall et al., 2011; Szabo & Strang, 1997; Thorne, 1998; Whiteside et al., 2012). Certainly, Canadian Indigenous women experiencing IPV can be considered vulnerable and marginalized. Further, scholars state that the limitation of data fit can be minimized when one conducts, as I did, an in-depth analysis on one aspect of the primary research (Hammersley, 2010; Heaton, 2008; Hinds et al., 1997; Long-Sutehall et al., 2011; Szabo & Strang, 1997).

A strength of the current study is its focus on Indigenous women living in the prairie provinces who have experienced IPV. Scholars have speculated that the reliance of national surveys to contact people by random-dialing landline phone numbers could well be missing many Indigenous women who live on reserve, in rural or remote areas (Brownridge, 2003, 2008; Johnson, 2006; Romans et al., 2007; Thomlinson, Erickson, & Cook, 2000; Statistics Canada, 2011). This study provides important details about the resources that Indigenous women seek out to assist them in healing from intimate partner violence, providing strategies missing from the previous literature exploring the experiences of Indigenous women living in the prairies.

### **Directions for Future Research**

In research, we often tend to focus on one aspect of the respondents' lives. However, the respondents' willingness to share their stories highlights the complexity of their lives and the impact of colonization. Additional further research examining intimate partner abuse in context with the other issues that Indigenous women may be facing in their lives is recommended. What are the intersections that the women see between their childhood maltreatment, community

violence, and IPV? What are the challenges and dilemmas created by having to deal with these issues? How do their experiences of colonization, systemic oppression, and racism influence their options, particularly when they are dealing with violence on multiple levels? Have they seen changes in the sensitivity of services? Are Indigenous healing practices being offered? What has helped them cope, what do they think would be useful in their healing journeys?

Another potential analysis would be exploring the unanticipated findings that 55% of the male partners were Indigenous and 45% were White. Further analysis of the interviews focusing on potential differences between Indigenous and White abusive men could be of interest. While the current study did not specifically analyze differences between the abuses perpetrated by these partners, some of the White partners certainly used racism as a means to verbally and emotionally harm their partners. Additional exploration of their abusive actions in the context of their racial identities may be of interest.

This study did not analyze the women's comments regarding their informal support systems. It would be interesting to conduct this analysis, for it seemed that various people in their lives added to the challenges and dilemmas they faced in dealing with their abusive partners, but at other times, were key to their healing journeys. Since Indigenous cultures are relational, gaining a better understanding and appreciation of informal supports could be significant.

The women's resilience was also striking yet we know little about what helped them maintain their wellbeing through such difficult and challenging experiences. One could explore their views about services could better recognize and support the complexity in their lives. What, more specifically, would Indigenous women find helpful from services to support their healing journeys? As mentioned earlier, partnering with Indigenous women and their communities, perhaps utilizing participatory research designs that do not rely on the views of dominant culture

of what is important, but rather on the views of Indigenous women who have been abused by their intimate partners, could truly deepen our understanding and aid in the creation of services that Indigenous women would find helpful and healing.

## **Conclusion**

There is a paucity of literature on the distinct experiences of Indigenous women living in the prairie provinces who have been abused by their intimate partners. A major strength of this study is that it helps address this gap. The study results highlight the severity of their partner's abusive behaviour, including intimate partner sexual abuse against the respondents. It places their partner's abusive behaviour in context of the women's lives by exploring their backgrounds and current life circumstances. It also highlights their use of VAW shelters, second stage shelters, community counselling, traditional healing and cultural experiences to assist them in their healing journeys.

This study provides in-depth, contextual information regarding the issues and concerns faced by Canadian Indigenous women who are abused by their intimate partners. It highlights the complexity of the issues with which they are dealing, as well as exploring their interactions with various systems and services. It not only highlights what has been meaningful or significant to them, but also explored the systemic oppression and racism within many services and systems. Moreover, their resilience was notable. Even though the women faced numerous risks, in general they maintained their strength and mental health.

The Indigenous women interviewed for the study shared many intimate details of their lives, including sensitive information about their relationships with family and abusive partners. It was important to me that their narratives are heard, and respected. It is only by honouring the voices of the respondents, taking what they have to say seriously, that we can begin creating

practices, programs and services that are truly useful. Taking such steps can help us move towards creating a more equitable, decolonized society.

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## **Appendix A: Interview Guide for The Healing Journey**

**February 2007**

Introduction: This project is called the Healing Journey, not because there is any expectation that you are healed or will be healed soon, but that you are on a journey from intimate partner abuse or you have a story to tell of the abuse you experienced. This interview is to give you a chance to share your journey in your own words, including what is important to you. You may have told me parts of your story earlier, but for our time together today, please tell me as though I haven't heard any details before.

We'd like you to begin where you think your journey/story of intimate partner abuse starts. But, we'd also like you to tell us about where that journey/story is at today and where you think it is taking you in the future.

**IF NEEDED, the interviewer can use the following probes to assist the women.**

1. How did you meet the partner that abused you? When did he/she begin abusing you?
2. Have you changed through having been abused? If yes, how?
3. You haven't said anything about whether the abuse affected your health or mental health (either positively or negatively). Is this important to your journey? If so, tell me more.
4. You haven't said anything about how you dealt with or coped with the abuse (either positively or negatively)? Is this important to your journey? If so, tell me more.

Were any people/programs helpful to you in your journey? If yes, who were these? (i.e., friends, family, religious leaders, programs? the police?).

You haven't said anything about parenting or your children. Was this important in your healing journey? If so, how?

5. Where do you see your journey going in the next year/the next five years? If things go well what will you be experiencing next year? Five years from now?
6. What is the one thing you'd like other women to know about your journey?

**Probes for Aboriginal/Immigrant Women:**

- You haven't said anything about whether being Aboriginal/a woman of colour/ an immigrant/refugee was part of the violence you experienced. Is this important to your journey? If yes, tell me more.
- You haven't said anything whether being Aboriginal/a woman of colour/ an immigrant/refugee affected you getting services (facilitated or been a barrier). Is this important to your journey? If yes, tell me more.

**Probes for Lesbian/Bisexual/Transgendered and Two Spirited Women:**

- You haven't said anything about whether being lesbian/transgendered/bisexual/Two-spirited was part of the violence you experienced. Is this important to your journey? If yes, tell me more.
- You haven't said anything about whether being lesbian/transgendered/bisexual/Two-spirited affected you accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.

**Probes for Northern/Rural Women:**

- You haven't said anything about the remoteness of living in a Northern/Rural area being part of the violence that you experienced? Is this important to your journey? If yes, tell me more.
- You haven't said anything about whether living in a remote community affected your accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.

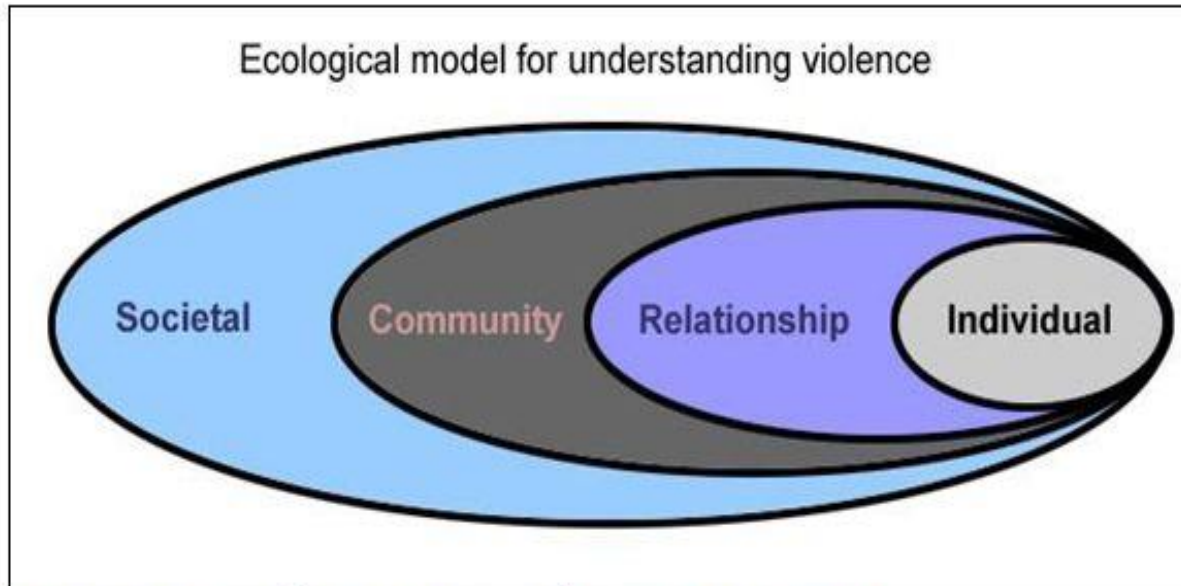
**Probes for Women with Disabilities:**

- You haven't said anything about your disability being part of the violence that you experienced? Is this important to your journey? If yes, tell me more.
- You haven't said anything about whether your disability affected you accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.

**Probes for Older Women**

- You haven't said anything about your age being part of the violence that you experienced? Is this important to your journey? If yes, tell me more.
- You haven't said anything about whether your age affected you accessing services (facilitated or been a barrier)? Is this important to your journey? If yes, tell me more.

## Appendix B: Ecological Model



Source: Heise et al., 1999; Krug et al., 2002; CDC, 2004

United Nations Virtual Knowledge Centre to End Violence Against Women and Girls,  
(n.d.) <http://www.endvawnow.org/en/articles/310-operating-within-the-ecological-model-.html>.