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Threading, Stitching, and Storytelling: Using CBPR and Blackfoot Knowledge and Cultural Practices to Improve Domestic Violence Services for Indigenous Women

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Abstract

This article discusses a community-based participatory research (CBPR) project at two women's emergency shelters in rural southwestern Alberta. The CBPR project aimed to improve shelter services on and off reserve in our area by engaging the voices of Indigenous women who had experienced domestic violence. The project's methods were participatory appraisal and arts-based work re-imagined through Blackfoot cultural practices of storytelling and shawl making. The project created a rare safe space where thirteen Blackfoot women emphasised DV services should provide opportunities to connect with family and community and role model Blackfoot knowledge. Role modelling traditional knowledges aids developing life and parenting skills, opening up pathways for Indigenous women to more positive, secure futures. These women's recommendations impelled this article to challenge the individualized case management model and discourses of cultural competence dominating Canadian DV services, which isolate and marginalize Indigenous women when they seek help. We highlight resources existing in Blackfoot communities to manage and prevent violence by protecting and facilitating Indigenous women's connections to their communities and cultures, and offer ways to utilize these more effectively in service settings.



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Most important, I am worthy, I am alive and I love being who I am – Gloria¹

INTRODUCTION

Indigenous women in Canada endure multiple forms of violence, from the systemic violence of poverty to racialized and gendered physical and sexual violence in and outside their homes (Native Women's Association of Canada [NWAC], 2007). This violence presents significant (though preventable) obstacles to accessing healthcare, education and justice and participating in cultural, socio-economic, and political decision-making (Amnesty International, 2009). The number of Indigenous women seeking emergency shelter² while fleeing domestic violence continues to rise matched only by the children fleeing with their mothers. Emergency shelter statistics demonstrate appalling Indigenous over-representation, mirrored across Canada's human services. In Alberta, our project's location, 61% of women admitted to emergency shelters in 2012 self-identified as Indigenous; the province's Indigenous population constituted only 6.2%³ of the total.

Domestic violence (DV)⁴ is an urgent problem in Indigenous communities but Canadian state DV services significantly fail Indigenous women (amongst legitimate successes). Studies highlight police ineffectiveness⁵ and the trivialization or dismissal of abuse (Wolf, Ly, Hobart, & Kernic, 2003). Furthermore, Indigenous women face these barriers in the context of colonization. Off reserve, at best many service providers fail to understand Indigenous cultures and the relationship between colonization and social problems in Indigenous communities (Blackstock, 2009). At worst they demonstrate stereotyping and racial prejudice (George, 2012). Indigenous women believe police response times are slower and fear misidentification as abusers by officers influenced by the "drunken Indian" stereotype (Wolf et al., 2003). They are also extremely fearful that by accessing services their children being placed in state care (Wolf et al., 2003).

1 The quotes beginning the sections are taken from participants' stories for the post-project presentations.

2 Shelter services for women experiencing domestic violence are typically classified as "emergency" or "second stage"; offering varying types of safe residence, childcare, and support programming (Alberta Council of Women's Shelters [ACWS], 2013).

3 This is the 2011 figure reported by Statistics Canada. See *Aboriginal Peoples in Canada: First Nations Peoples, Métis and Inuit*. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm>

4 We use the term domestic violence to describe intimate male partner violence against women but we acknowledge the social problem of violence against women exceeds a purely physical dimension, and can include coercive control and emotional, psychological, and financial abuse (Nixon & Tutty, 2010, p. 66).

5 Including failure to arrest abusers or enforce protection orders and misidentifying victims as abusers (Wolf et al., 2003).

On reserve, lateral violence frequently dominates interactions between those seeking help and delegated First Nations human service providers. This is aggression or negative behaviours linked to the “internalized oppression” of colonization (Duran, Duran, Woodis, & Woodis, 2008, p. 148).⁶ Women’s experiences of violence are dismissed or their confidentiality disregarded (George, 2012). Bound up with these problems but rarely questioned even in the critical DV literature, is sexist discrimination (Nixon & Tutty, 2010).

Negative experiences with service providers leave long-term emotional scars that impact how Indigenous women respond to DV and limit their ability to recover. Indigenous women have “fear and distrust of mainstream service agencies” (Brownridge, 2009, p. 196); accessing services leaves them demoralized and with “a sense of isolation” (George, 2012, p. 116). As a result, DV is chronically under-reported (Brownridge, 2009) and opportunities to move forward are limited, leaving many Indigenous women stuck in violence’s vicious circle.

Our community-based participatory research (CBPR) project grew from community concerns that effectively delivering DV services in our area is prevented by systemic racism, sexism, and cultural discrimination. The project specifically aimed to unpack the relationship between colonization, discrimination, and women’s anxiety about or inability to access services, and to formulate alternative de-colonizing recommendations. We do not wish to imply mainstream DV services ignore the problem of discrimination: solutions typically come under the conceptual rubric of “cultural competency.” This is positioned as a “professional skill:...[b]eyond simply treating diverse clients with sensitivity, culturally competent organizations actively identify and remove any barriers that prevent them from accessing and participating in the organization’s programs and services” (Lam & Cipparrone, 2008, p. 6).

We reject cultural competency as a framework for improving DV services for two inter-related reasons. First, it is a top-down approach and as such for marginalized Indigenous communities it embodies dominant settler society. Formulated within the dominant paradigm, information about “other” cultures is simply added to the social workers’ bag of intervention tricks (i.e., a “culture” section added to the case management model), but practice does not change. Case management norms are already controversial: they atomize women into discrete “treatment” settings – law enforcement, child protection, physical and mental health - isolating them from their

6 Lateral violence can be further described as “pain that is not resolved and instead is projected onto someone... who has suffered personal or historical trauma” (Duran et al., 2008, p. 148). It is more than an end product of colonization and intergenerational trauma because it’s continually renewed in daily instances of discrimination and racialized micro-aggressions.

communities and the social context of domestic violence (Nixon & Tutty, 2010). Used across the public and non-profit sectors, this individualized case management model embodies a toxic mix of colonizing, racist, patriarchal, and neoliberal biases (Nixon & Tutty, 2010). Therefore, second, cultural competency acts through these biases rather than challenging them. Cindy Blackstock writes its “misused as a means of limiting critical systemic analysis and professional action” (2009, p. 32).

Our project turned to thirteen Blackfoot women who had used the two emergency shelters we manage: the Kainai Women’s Wellness Lodge on the Kainai (Blood) Reserve and the rural Pincher Creek Women’s Emergency Shelter Association, serving mainly women from the Piikani Nation. The project used participatory appraisal exercises that privileged Blackfoot storytelling and arts-based work of Blackfoot shawl making. Through these methods the women collectively produced knowledge about violence in their lives and communities. This “expert knowledge” (Smith, 2012, p. x) guides DV service improvement more effectively and justly than the cultural competence rubric.

The project’s collective knowledge provided penetrating insights into how the mainstream case management model fails Indigenous women experiencing DV. It silences their voices, undermines their agency, and blocks what we argue is one of the most effective DV interventions: collective resources existing in Blackfoot communities to manage and prevent violence that protect Indigenous women’s connections to their communities and renew traditional knowledge. The project shows it is not only inadequate and ineffective to add a cultural competency dimension to the case management model, but that the model itself needs a paradigm shift: to be decolonized or indigenized (Bopp, Bopp, & Lane, 2003; Gray, Coates, Yellow Bird, & Hetherington, 2013).

The next section links domestic violence in Blackfoot communities to colonization’s destruction of traditional knowledge and ways of life; the emergence of intergenerational trauma; and the silencing of Indigenous women. Then we describe the crafting of a research design in which Blackfoot culture, protocol, and relationships matter. Relationships are the basis for collectively produced knowledge about improving DV services that negates cultural competency’s role and stimulates community-level changes regarding violence. This collective knowledge is discussed in the third section through the themes of dangerous and safe DV services, and the importance of family and community, Elders and opportunities to role model Blackfoot knowledge in making services accessible and effective. Based on these, in the fourth section we discuss how the project benefitted the women; recommendations for community-based training for staff in DV agencies; and specific measures to implement in our shelters.

FORCED SILENCES

The most difficult trial in my life was the loss of my oldest daughter when she was six-years-old. But by talking to the other ladies at the Kainai Women's [Wellness] Lodge I found I was not alone, by the stories they told. I chose to take part in this project to be with other ladies, learn a new skill, and to talk about how to deal with issues day to day by listening to stories from the Elders in our community - Donna

The urgent task of developing effective DV services for Indigenous women must begin with, and remain tied to, understanding how colonization and intergenerational trauma drives violence. The northern Blackfoot peoples: the Aapatohsippiikani (Piikani or North Peigan), the Kainai (Blood), and the Siksika (Blackfoot), signed Treaty 7 with the Dominion of Canada, representing the British Crown, on September 22nd, 1877. The following events became cultural genocide; attempts to “destroy a holistic way of relating to the world by disrupting the... *Niitsitapi* [Blackfoot] way of life and identity through ceremony, language, and traditional instruction” (Bastien, 2004, p. 27).

Blackfoot children “learned by watching and doing instead of earning grades” (Hungry Wolf, 1982, p. 150). Goforth (2003) elaborates:

In traditional Native society, it was the duty of all adults to serve as teachers for younger persons...Children were nurtured within a larger circle of people, not only by the biological parents. Children experienced a network of caring adults...a kinship oriented system trained children to see themselves as related to virtually all with whom they had regular contact. (p. 17)

This “kinship system” can be challenging to maintain in contemporary environments like cities, but we argue it retains incredible potential in the Blackfoot reserves in southwestern Alberta where our project took place. Traditional knowledge represented a highly successful developmental path of experiential learning and role modelling, whereby children “emulate[d] the behaviour of older children and adults” (Goforth, 2003, p. 18).

Blackfoot women were respected as caregivers and mothers, protectors and transmitters of language and culture; they led the Blackfoot Sun-dance (Crowshoe & Mannes Schmidt, 2002, p. 20). Plains societies like the Blackfoot were particularly egalitarian: “everyone’s role was equally valued” (Wheeler, 2002, in Goforth, 2003, p. 17). Blackfoot women provided key supports for younger mothers, role modelling parenting skills like breastfeeding and patience (Goforth, 2003).

Colonization facilitates settler society’s systematic attack on Blackfoot traditional knowledge; exacerbated by the Indian Residential Schools (IRS) catastrophe in which Indigenous children were forcibly relocated from their families and communities to

church-run residential schools where they suffered horrendous emotional, physical, and sexual abuse (Regan, 2010). Most “lost their native languages and therefore their culture, since language transmits culture” (Kirkness, 1985). Families became estranged from traditional parenting skills. Intergenerational trauma emerged in Indigenous communities: people became “engaged in displaced re-enactment of conflict that, in turn, led to disruptive behaviour... and profound psychological problems, such as alcoholism, drug addiction, domestic violence and sexual abuse” (Wesley-Esquimaux & Smolewski, 2004, p. 31).

Through Blackfoot knowledge’s destruction and intergenerational trauma’s emergence, colonization is directly linked to domestic violence against Indigenous women. Both Indigenous DV victims and perpetrators’ actions – to endure or inflict violence – occur in a context of “extreme levels of poverty, chronic ill health and poor educational opportunities” (Smith, 2012, p. 4). But there is a third link. Colonization had a devastating impact on Indigenous women’s roles in their communities, undermining their authority and bases of respect:

...colonizers used gender identity to determine policy, refusing to acknowledge chiefs who were women or Two-Spirits⁷ and excluding them from colonial state structures, private ownership, and the wage labour force. Access to power was based on gender, and *the colonial system continues to try to silence Indigenous women* [emphasis added] and those who do not conform to the gender binary. (Dakin, 2012)

The IRS likewise aimed to reinforce patriarchal norms in Indigenous societies, including forced assimilation to gender norms, male-led hierarchies, and control of, and violence against, women (Smith, 2005).

Here we recognize danger in reinforcing negative narratives about Indigenous women and their communities (Kajner, Fletcher & Makokis, 2011). Traditional knowledge retains that:

Women across many different indigenous societies claim an entirely different relationship [than those of colonial gender norms], one embedded in beliefs about the land and the universe, about the spiritual significance of women, and about the collective endeavours that were required in the organization of society. (Smith, 2012, p. 153)

Traditional knowledge is therefore an essential pathway for Indigenous women to reclaim leadership and authority in their communities.

Canadian state DV services follow a case management model mandated by funding requirements, which atomize services into private market, individually driven, outcome based interventions that can be quantified and measured. Indigenous

⁷ Refers to “gender-variant Indigenous people” (Dakin, 2012).

women accessing DV services are “clients” and their lived experiences mutated into discrete informational categories like personal history; family composition; health issues; and risk issues. These are analyzed to produce a needs statement, dictating what is missing for client and family to be healthy and functioning.

Nixon and Tutty claim, “how policymakers perceive a social problem will determine the preferred solution” (2010, p. 66). Westernized norms of individualism and hierarchy underwrite the case management model.⁸ Indigenous women are cast as (dysfunctional) individuals victimized by other (dysfunctional) individuals, rather than representatives of gendered inequality and traumatized, marginalized communities. In case management interactions, Indigenous women must submit to the total authority of caseworkers (who in turn submit to hierarchies within their organizations) and individualized treatment assessments across separate human services. Ultimately, DV interventions based on individualized case management are unsuccessful (Duran et al., 2008, p. 158). Indigenous women continue to be violently assaulted by intimate partners, to access emergency shelter with their children, and constitute the “hidden homeless” in greater numbers (ACWS, 2013).

DV services can also be understood as *reproducing colonial violence* through their dependence on a Westernized worldview that casts Indigenous women solely as powerless and victims, and isolates them from a crucial source of strength and recovery: their communities and cultures. Nor does the recent shift to a “family”-focused lens address these failures (Nixon & Tutty, 2010). Rather than approach DV as a social problem and prescribe collective solutions, family violence-oriented policy promotes a degendered analysis, in which children are primary victims and women secondary, if they are not cast as “quasi-perpetrators” of violence themselves (Nixon & Tutty, 2010, p. 73). The family violence agenda reinforces patriarchal, neoliberal norms and the latest attempt to wrest DV from feminist consciousness-raising (Latchford, 2006).

Colonization destroyed Blackfoot communities’ traditional knowledge, including traditional parenting and conflict resolution skills and gender relations based on each person’s unique worth, marginalizing Blackfoot women. Individualizing state DV services reinforce that violence. We need to hear from the women silenced in the dominant case management model and to develop DV interventions that begin to replace Blackfoot communities’ own knowledge, relationships, and skills.

8 Individualization is central to neoliberal governance over the last thirty years but as Nikolas Rose (1998, p. 105) argues is also a foundational premise of modern, Western bureaucracies that work by “individualizing humans through classifying them, calibrating their capacities and conducts, inscribing and recording their attributes and deficiencies, managing and utilizing their individuality and variability.” DV treatment assessments can thus be understood as processes of classification according to attributes and deficiencies.

DESIGNING RESEARCH THAT LISTENS TO INDIGENOUS WOMEN

The staff did a great job putting this project together and they participated in the project as well. It made it more fun and more importantly, staff were with us at our level too – Candace

Our project aimed to improve the DV services offered by two emergency shelters - the on reserve Kainai Women's Wellness Lodge (KWWL) and the Pincher Creek Women's Emergency Shelter Association (PCWESA) – based on knowledge collectively created by the Indigenous women who used them and to mobilize this knowledge as recommendations for provincial policymakers and practitioners. Our research design depended on successfully addressing two related concerns. First, the marginality of the Indigenous women accessing services within the Canadian state. Second, culturally inappropriate academic research reinforces this marginality historically and in the present (Smith 2012). Thus we heed the call *for* culturally-based research for Indigenous communities (Absolon & Willet, 2005). This research explicitly addresses community needs from the outset, involves the community throughout, and privileges participants' "expert knowledge" (Smith, 2012, p. x).

The project grew specifically from community concerns about how racism, sexism and cultural discrimination were preventing the effective delivery of DV services in our shelters as well as throughout the southwestern Alberta area. We, the project team, were Blackfoot and non-Indigenous women connected with the shelters as senior management and staff. Partnering with the community meant our project must honour Blackfoot protocol: this took shape through an emphasis on relationships. Our ability to mobilize and conduct the project depended on honest collaboration and trusting bonds established over years working and living together. Within these relationships of work, family, friendship, and community were also the women using the shelters; some would become participants in the project. Though challenges arose from these connections, we embraced the blessings of investing in a context demanding transparency and integrity. Professional roles and titles do not and cannot veil our humanity. Our sense of collective purpose is born of personally understanding violence and this project was a first step toward reclaiming our communities, our voices, and ourselves.

In any Blackfoot gathering Elders play a prominent role and their prayers and wisdom guided the project design. Project meetings opened with a prayer from Piikani and Kainai Elders: in Blackfoot they asked the Creator to guide and protect us (the project participants and team) and help us treat each other with love and kindness. Everyone also learned and recited a simple Blackfoot prayer, which translated into English reads:

“Oh Creator
We welcome you
Please help us this day
To listen and to be kind to each other
Take care of our families
Grant us a safe journey home
Long life
Save us

METHODS: PARTICIPATORY APPRAISAL, STORYTELLING, AND SHAWL MAKING

We chose participatory appraisal (PA) as one research method. Under Participatory Action Research’s (PAR) umbrella, PA methods have been used in community health and development to address service access and delivery challenges (Torres & Carte, 2013, p. 141). PA is typically used in workshops with “highly visual and interactive participatory ‘tools,’ such as mental mapping, diagramming, drawing, role-playing and discussion” (Torres & Carte, 2013, p. 143). Facilitators guide participants through the exercises then retreat as answers are formulated and discussed. Participants or facilitators record answers on flip boards, but they are presented back to participants for analysis and further discussion. Proponents claim PA projects successfully involve marginalized communities in “designing and evaluating the healthcare services they receive, and have been credited, as a result, with improving service delivery and increasing the sustainability of public healthcare initiatives” (Torres & Carte, 2013, p. 141).

Two PA features were particularly salient for our project. First, it aims to ameliorate hierarchies between researchers and researched by privileging “underrepresented and marginalized voices” (Torres & Carte, 2013, p. 141). PA scholar Robert Chambers terms this “putting the first last...those who are powerful have to step down, sit, listen, and learn from and empower those who are weak and last” (1997, p. 2). With the PA exercise we strove to “put the first last” in multiple ways. Exercises were shaped collaboratively with Elders, community members and participants. Participants re-engaged with the results in frequent summary sessions, analysing their accuracy and collectively identifying themes. Chambers explains how “the validity and reliability of information shared through [participatory appraisal] approaches and methods have usually been high” for a variety of reasons following reversing power differentials (1997, p. 130). It was essential that the women determine the validity and reliability of the knowledge and recommendations following the project.

TABLE 1

Weekly Sessions (March-June 2013)	Content	PCWESA	KWWL	Joint Meeting
1	Explanation of project and honorariums. Consent forms. Collecting demographic data. Shawl making information with Elders (e.g., choosing materials).	X		X
2	Explanation of spider net exercise and question: <i>“What stops you from coming into shelter when you need help?”</i> Participants completed the spider net exercise. Shawl making with Elders.	X	X	
3	Explanation of causal/impact exercise and question: <i>“Why do we stay in violent/unhealthy relationships?”</i> Participants completed the causal/ impact exercise. Shawl making with Elders.	X	X	
4	Explanation of community mapping exercise and question: <i>“What are the safe and dangerous spaces in our communities?”</i> Participants completed the community mapping exercise. Catch up on spider net exercise. Shawl making with Elders.	X	X	
5	Review of exercises and discussion to date. Shawl making with Elders.		X	X
6	Explanation of matrix exercise rating domestic violence services. Participants completed the matrix exercise. Shawl making with Elders.	X	X	
7	Debriefing of all exercises to date. Participants from each site present data to other site. Begin preparing final presentations.	X		X
8	Data analysis. Shawl making.	X	X	
9	Data analysis. Shawl making.	X	X	
10	Presentation Preparation. Shawl making.	X	X	
11	Presentation preparation.		X	X
12	Final presentation preparation and review of data analysis. Review PowerPoint slides and practise individual stories and descriptions of shawls.	X		X

Second, as a result we hoped the collective production of knowledge about DV, service failures, and improvements would “serve as a catalyst for community-based action for social justice and equity” (Torres & Carte, 2013, p. 140). PA methods can stimulate the beginnings of dialogue and critical consciousness at a community level regarding shared challenges (Chambers, 2002). We hoped discussions would emerge regarding, for example, resources existing in Blackfoot communities to more effectively manage and prevent violence.

We organized the project as twelve weekly sessions at both shelters, each lasting four to six hours (see Table). In the first half of the project (in Weeks Two to Six approximately), the first two hours of each session were dedicated to the PA exercises, developed by a community member with expertise using them in international development missions. There were four exercises in total. First, the spider net exercise asked participants to identify factors preventing them accessing the shelters at crisis times. This exercise revealed connections between structural, community, and personal challenges. Second, the causal/impact exercise asked participants to address, “Why do we stay in violent or unhealthy relationships?” This exercise facilitates making connections between colonial violence, intergenerational trauma, and violent interpersonal relationships.

Third, the matrix exercise asked participants to rate the DV services they used according to five criteria: confidentiality, availability, accessibility, staff attitude, and whether they considered the services beneficial overall. The results provided an overview of existing DV services and highlighted major issues. Fourth, in the community mapping exercise participants created visual responses to the question, “What are the safe and dangerous spaces in our communities?” This exercise stimulates critical consciousness and indicates starting points for community action. In the second half of the project (in Weeks Seven to Twelve approximately), the sessions’ first part focused on debriefing participants at both shelters on the exercises’ results and group discussions to clarify the co-produced knowledge and draw out the most important arguments and themes to generate recommendations for DV-serving agencies and staff.

The weekly sessions’ remainder concentrated on the other research methods: Blackfoot shawl making and storytelling. Shawls are sacred attire worn during ceremony: sweat lodges, pipe ceremonies, night lodges, and Sun-dances. They are also worn in the women’s fancy and traditional dances at powwows. Our Elders teach us that the shawl represents a woman’s unique story, each fringe thread signifying meaningful details of her life journey. Shawls and shawl designs are passed down the generations from mothers to daughters or grandmothers to granddaughters: through her the family or clan are represented. Certain designs and colours also signify membership in sacred societies.

FIGURE 1: SHAWLS

Storytelling typically occurred as everyone settled down for the night and focused on life experiences. Storytellers were a joy to listen to; some stories were hilarious and others more serious as they exemplified life lessons. They described sacred rituals, rights, and ceremonies, historical facts and ancestors' journeys over traditional lands,⁹ and were important in transmitting traditional knowledge.

PA exercises and Blackfoot shawl making and storytelling ameliorated the project's research hierarchies. As Candace explains in the section's opening quote, the project team worked alongside the participants and, as described in the next section, were as new to the required skills as the participants. Participants spoke on their own territory, literally and figuratively. Shawl making and storytelling are processes of knowledge creation connecting participants with Blackfoot culture by foregrounding ceremony, the importance of Elders, and role modelling Blackfoot values. Thus, the knowledge created in the project was also a powerful spirit of hope and strength with impacts far beyond the initial research encounter.

THE VOICES SPEAK

I chose to take part in this project to be with other ladies, learn a new skill and to talk about how to deal with issues day to day by listening to stories from the Elders in our community. I have learned more about my culture by making this shawl – Donna

⁹ For example the Blackfoot Creation Story featuring the Star People, Napi ("Old Man") and the animal friends, and the origins of the Blackfoot Sun-dance, when the Son God promised to restore the Blackfoot sick to health if they held a yearly festival in his honour (Crowshoe & Mannes Schmidt, 2002).

COLLECTIVE KNOWLEDGE ABOUT DANGEROUS AND SAFE DV SERVICES

The community mapping exercise was particularly revealing on the barriers facing Indigenous women accessing DV services and where improvement is urgently needed. The women identified the dangerous and safe spaces in their communities and the reasons; powerfully demonstrating most DV services are dangerous, excepting emergency shelters.

The women recalled numerous traumatic experiences accessing DV services off reserve. Each woman recounted being judged harshly by the police, child protection, and health services staff, and as the project progressed they shared increasingly painful stories of degrading and dehumanizing experiences. Twenty-three-year-old Kathryn spoke about child welfare seizing her daughter, just as she was starting a new job and full of hope for the future, and the racism she believes provoked that action. At clinics and hospitals, in the midst of crisis, the women endured staff's assumptions that "they just want pills." This reflects the challenges of dealing with non-Indigenous human service providers: they have little understanding of Indigenous life experiences and treat Indigenous people harshly accordingly. The women also feared using many everyday services like pharmacies, banks, and churches. Two reasons were repeated: the prevalence of racist and sexist discrimination from staff and a generally unsafe environment.

On the Kainai and Piikani Reserves, the women identified as dangerous the police, and children's and health services: all essential frontline DV services. Lateral violence frequently dominates interactions between Indigenous women seeking help and delegated First Nations police and other service staff, leading to outcomes including dismissive attitudes and, with the police, immediate escalation to arrest. The women also shared concerns about a lack of confidentiality: they feared accessing police and other DV services on reserve would reflect negatively on family and community connections. They identified the reserves' public spaces as dangerous, particularly after 8pm, citing people using and abusing drugs and alcohol. Significantly, spaces considered safe during the day, such as churches and the homes of family and friends, become dangerous "after hours" because of people loitering outside.

The Assembly of First Nations, the political organization representing First Nations in Canada, highlights "improved policing" as a major focus of efforts to stop violence against Indigenous women (Assembly of First Nations, 2013). Their recommendations emphasize stronger collaborations between off reserve police, Indigenous communities and women to "foster[ing] respectful relations" and improve communication and accountability within the Canadian justice system, and they call for Indigenous oversight and self-determination (AFN, 2013, p. 16-17). First Nations delegated police desperately require "adequate funding arrangements" to improve responses to, and management of, violence (2013, p. 17). "First Nations citizens and communities will only fully realize their rights," the AFN explains, "once clear action has been taken to ensure they are safe from violence" (2013, p. 21). In other words,

DV interventions in Indigenous communities are inextricable from other measures to reverse Indigenous peoples' marginalization on and off reserve.

I felt safe at the shelter and I was able to leave my problems outside and it was a time when I could actually relax – Donna

The shelter is here for us and they never turn us away – Lisa

The exceptions to the group's consensus about dangerous DV services are the emergency shelters in Pincher Creek and on the Kainai Reserve. As Donna indicates, the women agreed they "felt safe" in these spaces. While dangerous DV services overwhelmingly resulted from the prevalence of discriminatory attitudes and behaviour, the shelters were judged safe because they offered supportive environments. Candace explained shelter staff were "with us at our level," evidenced by their participation in the project. Staff created an empathetic, non-hierarchical and non-judgmental environment. Donna described the shelters as a trusted space where she could relax. Many Canadians take for granted the ability to be able to leave problems "outside," but it's a powerful experience for women fleeing violence in their homes.

Two factors undermine shelters as safe spaces. First, the women were emphatic the maximum 21-day shelter stay (a funder-imposed mandate in Alberta) falls far short of the necessary time to make lasting life changes. Second, the shelters easily became dangerous because of the unsafe surrounding environment. Understanding DV against Indigenous women cannot be separated from understanding structural violences against Indigenous communities; successful DV interventions remain those that work to reverse social marginalization and promote overall safety in Indigenous communities.

FIGURE 2: CANDACE'S SHAWL



COLLECTIVE KNOWLEDGE ABOUT THE IMPORTANCE OF FAMILY AND COMMUNITY

I chose blue as the main colour [of my shawl] because my son loves the colour blue. On each of the four corners, you see me and my son's handprints: they represent the strength of my family. He is my miracle baby, I would not be where I am today if not for my son. He gives me strength to overcome the difficult obstacles of life. I chose a black bear and the cub, they represent my son and I, like the bear family we have a strong bond – Candace

In the matrix exercise the women rated family and friends as more important, safe and trustworthy at crisis times than other DV services of police, and children and health services. Being able to maintain connections with family and friends was central to whether mainstream services were identified as dangerous or safe. Shawl making and storytelling allowed participants to further explore family and community's role in managing and preventing violence in Blackfoot territory. Candace's shawl design focuses on her relationship with her son. In the four corners she stitched a cutout of her handprint overlaid with her son's, representing a mother protecting her child. The number four – four corners, four overlaid handprints – is significant, representing Indigenous knowledge of the four life stages: infant, youth, adult, and Elder.

My design incorporates my family. The feathers are for my six boys, the flower is for my late grandma, my mom, and my daughters. The butterflies are for my granddaughters. The ribbons are for the women and men that have been a part of my life and have passed on. I love you and I know that you are looking down and are so proud – Lisa

Lisa's shawl design embodies important family connections, immediate and extended, present and past. She represents her sons as feathers, her daughters as flowers, and her granddaughters as butterflies. Blackfoot knowledge teaches us loved ones are in the spirit world and can be called on to help. Lisa invoked help from men and women who have been important in her life and connects with Blackfoot custom by stitching ribbons onto her shawl. A particularly important connection for Lisa is to her late grandmother Susie who passed on the shawl design, and in turn Lisa dedicates a flower and the shawl's colours to her:

The colours are my grandmother's colours. They mean a lot to me, as I was raised by her and she and I danced together as we travelled from powwow to powwow. She is gone now, but the colours are a precious and special memory....I will use my shawl at powwows and will dance in the memory of my beloved grandma. Bless you and thank you Grandma Susie.

Lisa's experience being raised by her grandmother is common, demonstrating how the Indian Residential Schools (IRS) catastrophe¹⁰ destroyed Indigenous family and community relationships. Canadian society is moving to officially recognize what happened in the schools; but it's much less understood and accepted that when these children became adults traumatization made it extremely difficult for them to maintain functional families. Their children were raised by grandparents, other family members, or taken by the state (Blackstock, 2009). In stitching these symbols of her grandmother and family into the shawl, Lisa is creating a sense of community deeply connected to Blackfoot culture and custom. This spread beyond the research encounter. Lisa consulted her mother and aunt on using her grandmother's design for the shawl and another family member used his artistic skills to draw the symbols. Her children also helped as Lisa worked on her shawl at home and she commented, "shawl making is a skill I will be passing down to my children."

ROLE MODELLING BLACKFOOT TRADITIONAL KNOWLEDGE AND THE ROLE OF ELDERS

[The shawl making] allowed for me to share with others and to hear how issues are dealt with. It was a true learning experience that has helped me in my life...Being a part of a women's group has helped me with parenting skills and the positivity of the group is motivating. I have met some lifelong friends just by being in this group - Lisa

Through shawl making and storytelling the participants role modelled Blackfoot traditional knowledge, developing important life skills. The project team watched and listened as the women discussed colours, designs and symbols for their shawls, sometimes consulting each other for a second opinion. The women brought different abilities and skills to the collective and when one mastered a skill, she would guide others. Candace had more sewing experience so she helped others complete the hemming; her gentle prodding and easy laughter motivated others to use the sewing machine for the first time. When the women began their shawls many assumed the project team knew how to make them: they would say, "you're supposed to know that." The realization came quickly that everyone was learning new skills.

The project sessions became a safe space because of a collective dynamic in which each woman could speak and share if she wished. This was not hierarchical, the women did not tell each other what to do, and instead they offered their own examples of similar situations, indicating what worked for them. The women developed a bond connecting them, intuitively sensing when one in the group needed support.

10 Also the "Sixties Scoop" of Indigenous children.

This safe space became more significant as the women progressed from the initial stages of shawl making – choosing their main material for example – to incorporating their families, symbols, and stories; adding more colour, more meaningful designs, and using symbols to reflect events with great meaning in their lives.

Blackfoot knowledge emphasizes valuing each individual member for their unique strengths, interests, and ability, and it is central to the traditional egalitarianism of Blackfoot societies. Knowledge about domestic violence and services was collectively produced between individuals with different skills and abilities, in an environment of generosity, kindness, and respect. It provides a powerful counter-narrative to the individualizing and colonizing forces of the dominant case management model.

When I picked out my shawl I was thinking about my past and abuse I went through.
My life was dark and gloomy – Donna

Donna discussed her experiences of abuse and alcoholism and how they damaged her relationships with her children and grandchildren. On her shawl she stitched a dream catcher with feathers and birthstones representing her children, and an eagle's head in the centre embodying she said, "my strength and courage that I have had to overcome the difficult trials in my life." She acknowledged the "love and support from my children and my adopted family" and the other project participants:

...by talking to the other ladies at the Kainai Women's Lodge I found I was not alone,
by the stories they told...I would like to thank the 12 individuals who took part in
this project they helped me immensely.

The women understood it is a skill – or rather a skill set – to share personal challenges and experiences of violence and support others with similar challenges and experiences. Yet funny stories were also shared and many times laughter bursts added light-heartedness during frequently serious discussions. The collective creation of knowledge about DV included discussion of painful experiences but also laughter and humour, and therefore generated a spirit of hope and strength to move forward from violence. Candace explained:

I chose to participate in this project so that I can learn skills that will help me face the challenges and trials of life...In the group I learned that I am not alone in the challenges that I have faced in the past and now. It helped to hear the other women's stories about what they have been through, it showed me that I am not alone and that gave me the courage to continue on my journey.

All of the women acknowledged this spirit of hope and strength. Donna remarked:

It was a positive atmosphere to be in, the positive attitudes and the sharing amongst the women were encouraging. Going over the exercises that we did was refreshing and a great tool that helped me to understand, to forgive, and to continue my healing journey.

Blackfoot Elders were central to the role modelling of traditional knowledge and values and the spirit of hope and strength emerging in the collective. One Elder shared her hemming skills; another, an expert seamstress and beader, demonstrated using the sewing machine. The Elders never “instructed” the women; they worked alongside and, when asked, shared their knowledge. The Elders encouraged the women to tell stories of their childhoods, mothers, and grandmothers, and of those who had died. They shared their own life stories too. One Elder described her experiences in residential school and the difficulties it caused in her life. Elders have lived a long life and by sharing their stories they helped the participants consider how barriers and challenges can be overcome. Candace remarked:

It was good to hear the Elders tell their stories; it helped me to realize that we are human and we all make mistakes. The most important lesson is to learn from those mistakes.

Whilst shawl making and storytelling were collectively chosen participatory methods purposefully foregrounding Blackfoot Elders and culture, we, the project team, were unprepared for its powerful impact on the women, on us and on the collective. The form of community-connected, collective spirit that emerged in the project sessions encouraged the women to share and provided reassurance that challenges can be overcome.

RECOMMENDATIONS

My shawl is a symbol of what I was before and where I am now...I recommend that this program continue so that other women [can] participate...it is a tool that helps in daily life. The best part is that after my shawl was completed, it represented... better things to come and a bright future for me - Gloria.

I may display my shawl on the wall or give it to one of my children as a symbol of moving on and never giving up in life – Donna

Linda Tuhiwai Smith (2012) explains that the greatest hurt felt by Indigenous peoples regarding research is its practitioners took and never gave back: “its absolute worthlessness to us, the indigenous world, and its absolute usefulness to those

who wielded it as an instrument” (p. 3). Heeding this, we had two hopes for the project’s outcomes. First, it prove useful to the thirteen Blackfoot women who bravely and generously shared their stories about domestic violence and to the Blackfoot communities we serve. Second, to mobilize the women’s collectively produced knowledge as recommendations for DV service providers and policy makers. Both were achieved to an important extent through the series of presentations given by five participants to local, provincial, and international service providers and academic social work audiences after the project ended.

The women discussed the experiences of violence that brought them to the project and the process of creating their shawls. Most had little or no public speaking experience. One presentation took place in Winnipeg at an international social work conference for academics and practitioners, and they were the only project participants in attendance. Through this formidable yet affirmative experience the women greatly improved their communication skills and increased their confidence. Most presentations however, took place locally in southwestern Alberta. These were equally challenging as the women shared their stories in front of people they knew; understandably they were very emotional as were many audience members.

In the local presentations, the sense of community and connection to Blackfoot custom the women stitched into their shawls was renewed. A Piikani Elder spoke out that Lisa had the right to use her grandmother’s design, confirming long-dormant relations of family, culture, and community. These presentations felt like ceremony, where stories are told and witnessed by those present. At the 2013 Piikani Nation powwow, the participants were celebrated with an Honour Dance. This recognises an individual or group for completing an important task or reaching a goal. Spectators honour the participants by standing as they dance past and there were many people that joined this Honour Dance, including participants’ families, extended families, friends, Elders, and others offering support. The Honour Dance ended with a giveaway, when participants gave gifts to spectators.

The participants also discussed what they would do with their shawls. Some would use them for ceremonies and powwows: Gloria commented, “I am going to use my shawl for spiritual ceremonies and join the powwows throughout the country.” Or, as Candace remarked, “I will display my shawl in my home. It represents my strength, it will tell my story about where I have been and what I am working on and where I will be in the future.”

PATHWAYS TO THE FUTURE

In the presentations, alongside the women’s storytelling, we set out measures to improve DV services on and off reserve. These highlighted the knowledge and strengths existing in Blackfoot communities for managing violence and preventing

its reoccurrence. The Blackfoot women in our project felt profound connection with their families, cultures and communities, and to the land. When experiencing violence these connections made spaces safe and fostered a spirit of strength and hope. Our recommendations focus on protecting and encouraging these connections: re-imagining DV services to involve families and Elders and role model Blackfoot knowledge.

Accessing DV services on reserve is extremely difficult because the women understand their actions as reflecting back on their family, thus undermining this valued source of support. Exacerbating this fear is a perceived and often legitimate lack of staff confidentiality across on reserve DV-serving agencies. In this sense, the connection of Indigenous women with their community can be understood as having negative consequences. But – and this is hugely important – service providers should not use this to perpetuate attitudes and practices that isolate Indigenous women. First, assumptions about “knowing what is best” for Indigenous women is a continuation of paternalistic colonial attitudes. The women in our project clearly asked for more connections to their families and communities, not less. Second, as has been argued in this article and elsewhere, Indigenous community problems must be understood primarily as the consequence of colonization. To assume Indigenous women and their children experiencing DV must be isolated – including removing children from their homes or families – inflicts colonizing violence twice over.

If on reserve DV services received adequate funding as argued for by the Assembly of First Nations, and implemented changes to ensure confidentiality, significant problems would remain. The women expressed considerable wariness about interacting with non-Indigenous service providers off reserve, doubting their ability to understand their life experiences and anticipating formidable discrimination. We urge that staff in all DV-serving agencies on and off reserve receive on-going training on how colonization leads to the current challenges in Indigenous communities, including violence against women. Questions about how to conduct this training however, require more than bureaucratic answers. The women consistently argued that DV in Indigenous communities is a collective issue and should not be “closed away” in mainstream services. Training must be led by and rooted in community from the outset, and to do this we advocate the community-based participatory research model followed in our project.

To be most effective we believe training should be Indigenous-led: conducted by Indigenous trainers on reserve. Organizers should consult Band councils and receive Elders’ permission. Elders should be invited to begin training meetings with prayers in their own language (or the territory’s tradition). We estimate training needs a minimum two days to cover Canada’s colonial history: broken treaties, the IRS catastrophe, and intergenerational trauma (this remains an overview). There should be substantial time dedicated to participation and discussion.

Ideally training will be sector-specific. Child protection staff will train together to apply the decolonizing content to their specific working frameworks: in Alberta, the Child, Youth, and Family Enhancement Act (CYFE Act) and the case management model. Likewise, emergency shelter staff will train together to discuss and develop a decolonizing approach to the CYFE Act, the case management model and Alberta's Prevention of Family Violence Act. We acknowledge that funding issues typically prevent sector-specific training, but at a minimum, training must combine provincial services staff and staff working in delegated First Nations agencies.

The women were adamant that all community members be invited and included in training sessions. From our experience, we think it's important sectors are trained separately prior to community involvement: services staff need time to work through the decolonizing content and process its challenge to their worldviews. They need to develop a shared understanding of how their mandates (on and off reserve) relate to colonization, part of which includes discussing specific cases that cannot happen if communities are present. Once service providers develop a decolonizing approach, training with community could then focus on developing specific measures.

This was one of the main results of our project. The participants explained they benefitted hugely from the sense of community and being with other women during their stays at KWWL and PCWESA. This is the appropriate environment for an expanded range of culturally-based programming, activities, and events. First, shelters should increase access to Elders. The women repeated the Elders' invaluable role in passing on necessary life skills. Donna explained she learned "how to deal with issues day to day by listening to stories from the elders in our community." Candace commented: "I recommend that Elders be available at the shelter on a weekly basis so that we can get guidance and support when we need it." Second, shelters should provide more and easier access to family and friends. Third, shelters should provide and/or increase space and time dedicated to smudging, praying, and other culturally-based activities.

Culturally-based programming should not be confined within shelters. The women considered DV outreach services as critical for success. They identified the Health Canada *Brighter Future* program in Pincher Creek as offering supportive and useful services, highlighting a cooking class delivered from the Napi Friendship Centre. As with all of our recommendations, the women emphasized the importance of family and community involvement in outreach services. They requested that programs like traditional parenting be offered to whole families, extended families, and community members, not only mothers. Outreach services, when culturally-based and embedded in the community (i.e., through partnership with the Napi Friendship Centre) prolonged the sense of community and support that the women had found so beneficial in the shelter setting.

While shelter stays were generally positive, the women highlighted room for improvement. They argued shelters should work more closely with all services to enhance understanding of DV from their point of view. Also, shelter services should be balanced between attending to crisis (e.g., counselling), and offering positive, fun outings, and life skills programs.

This training, and the collaboration with Indigenous communities it necessitates, should spur off reserve service providers to initiate fundamental change through a widespread, honest, and sustained evaluation of their role in reproducing colonization and creating the same fears and insecurities for Indigenous women that they are mandated to remove.

FIGURE 3: GLORIA DRUMMING



CONCLUSION

I will display my shawl in my home. It represents my strength, it will tell my story about where I have been and what I am working on and where I will be in the future....Through my experience as a single mom and by being here today is a testament to my survival, we can do it, let us leave strong footprints, like the bear and her cub – Candace

Through the choice of shawl colours, design, and symbols the women were able to remember and talk about painful pasts: mainly the loss of loved ones and histories of abuse that continued to impact their present lives. But it also became apparent that they gained some measure of acceptance to move forward by stitching memories and loved ones into the shawls. Furthermore, they were stitching together family, community, and culture in ways that were difficult to do outside the project. But yet, this stitching together began to have ripples outside the research encounter, as, through various collective tasks, the women involved their children, partners, families, and friends in the custom and spirit of shawl making.

Collectively we learned that individualized case management paralyzes everyone in a framework that perceives “success” only as the ability to adjust to the status quo. As long as DV services position Indigenous women as individual actors removed from systemic conditions of colonization, poverty, and inequality, prevention and intervention strategies will only ever partially succeed. Though not intended as a therapeutic or healing program, this shared creative endeavour generated a spirit of hope amongst the women participants, their families and communities, and the local, national, and international audiences who were privileged to hear their stories.

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