

NWT CHILD & FAMILY SERVICES SOCIAL DEVELOPMENT COMMITTEE REVIEW

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NEEDS FOR CHILDREN AND FAMILIES

Contributing Factors	Family Needs
Poverty	Universal basic income, universal quality childcare, food security
Housing & homelessness	Safe, stable and affordable housing and transitional housing
Substance abuse	Healing and harm reduction strategies
Historical trauma, intergenerational trauma and collective trauma	Healing
Systemic racism	Socially just and culturally safe services, policies and legislation
Intimate partner violence	Safety and non-violence

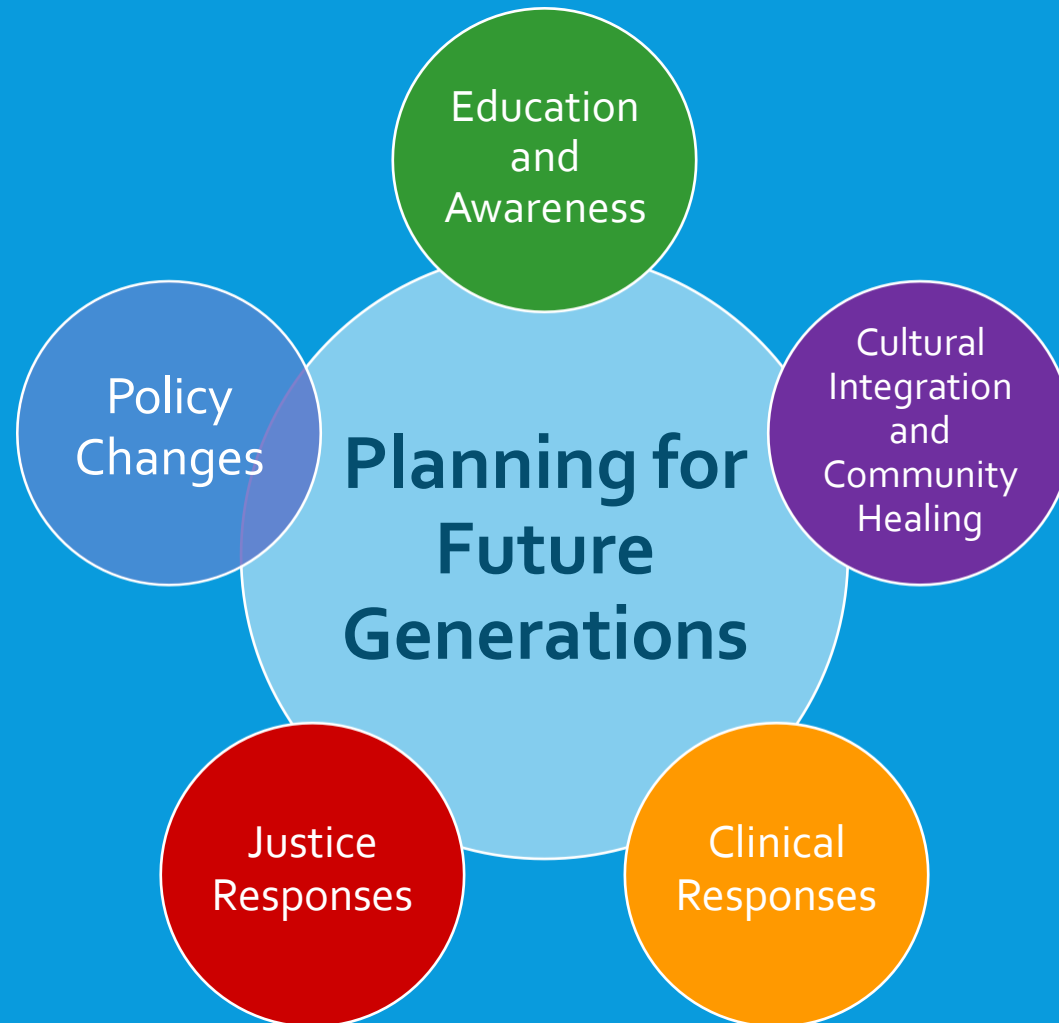
WORKING WELL

- Integrated Case Management
- On-the-Land Programming and being on the land
- Arctic Indigenous Wellness Camp
- Healthy Families Program
- Rockhill Transitional Housing Model*
- Community Inter-Agency Meetings

"Just like that he felt good about himself, you know. He felt he was worth something instead of [how he felt] during drinking...the land has a purpose and the land takes away all his stuff that is in him. You go sit there in peace. You feel it."

Community Member
Moffitt et al., 2020

IMPROVEMENTS: “DREAM BIG”



IMPROVEMENTS: EDUCATION AND AWARENESS AT COMMUNITY LEVEL

Build community cohesion (Wuerch et al., 2019)

Take community approach to engagement and awareness
(Burnette & Sanders, 2017)

- Campaigns that
 - De-normalize violence and encourage community members to speak out against it
 - Reflect uniqueness of communities, are developed within and supported by each community

(Fikowski & Moffitt, 2018)
 - Improve awareness and understanding of helpful responses and healthy relationships using programming, workshops
 - Family-centered interventions (McCalman et al., 2017)
- (Duley et al., 2019)

"We understate [violence] and that was the way I was taught."

Community Member
(Moffitt & Fikowski, 2017)

"The communities' needs are different. You can't just use a blanket approach. You know, you have Inuit, you have Dene. They all have different processes and ways of healing; they all have variations to their experience. I think you cannot ignore that."

Shelter Worker
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: EDUCATION AND AWARENESS FOR CHILDREN AND YOUTH

Child and youth prevention programs and to incorporate Indigenous teachings

(Burnett & Saunders, 2017; Crooks et al., 2019; Giles, 2018; Guggisberg, 2019; Moffitt & Fikowski, 2017; Nixon et al., 2017; Ramus et al., 2014; Wuerch et al., 2019)

- Goal to change knowledge, attitudes, behaviours
- Child-focused prevention and education strategies, particularly targeting youth

(Burnette & Sanders, 2017; Wuerch et al., 2019)

- In-school programs most effective with program delivery extending beyond classroom setting

(Crooks et al., 2019)

"Start with the young people...in a stronger way and building up that strong confidence in the youth. Give these young women the tools that they need so that they can know that whatever violence happened in their family as they grew up, it isn't the norm and shouldn't happen to them."

RCMP Officer
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: EDUCATION AND AWARENESS FOR PROFESSIONALS

- Impacts of colonization, historical oppression and ongoing marginalization

(Braithwaite, 2018; Fong et al., 2019; Guggisberg, 2019; Hunter, 2008)

- Competency-specific interdisciplinary training to enhance collaboration and knowledge of family violence, IPV

(Burnette & Sanders, 2017)

- Theoretical understanding of family violence and unique northern and remote contextual factors.
- IPV, risk for domestic homicide and child impacts of exposure to violence
- Interventions to better detect family violence and effectively address it

(Hughes, 2010; Jeffery et al., 2018; Moffitt & Fikowski, 2017; Turner et al, 2017)

“I think it’s misunderstood by the service providers in that if you don’t understand the cycle of violence, it’s very hard to stay non-judgmental when you’re dealing with the victim and the perpetrator.”

Community Health Nurse
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: EDUCATION AND AWARENESS FOR PROFESSIONALS

- Education that helps create a paradigm shift from blaming mothers to recognizing their efforts and desire to protect their children

(Gussiberg, 2019; Hughes et al., 2016; Nixon et al., 2017)

- Develop skills for co-creating safety plans with women and their children

(Miller et al. 2012)

- Compassion fatigue and vicarious trauma

(Fikowski & Moffitt, 2018)

Speaking about frontline work they were currently engaged in, *"It just seems so wrought with traumatic experiences and that [these experiences] almost seem like, not the norm, but kind of the norm."*

Healthcare Provider
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: CULTURAL INTEGRATION & COMMUNITY HEALING

Active role for Elders

- Facilitate or co-facilitate prevention and intervention programs
- Incorporate use of Indigenous cultural and spiritual healing practices
- Benefits found in programs to reduce violence with men, women's healing interventions, youth education programs about healthy relationship

(Duley et al., 2017; Goulet et al., 2016; Guggisberg, 2019; Lester-Smith, 2012; Matamonasa-Bennett, 2015; Memmott, 2010; Puchala et al., 2010; Rasmus et al., 2014; Rowan et al., 2015; Varcoe et al., 2017, 2019)

"For me, it is an honour to be in the presence of Elders, sharing their wisdom. And I think it would be great for the youth. And take that knowledge, that wisdom, that experience. It is also good for healing. We all experience things different, but the experiences the Elders bring in and how the youth will take it and make it their own."

Community Member
(Moffitt et al., 2020)

IMPROVEMENTS: CULTURAL INTEGRATION & COMMUNITY HEALING

Integrate Elder women as an effective support for women

- Improved outcomes when exposed to strong, Indigenous female role models
- Significant longer-term positive outcomes when Elder women a part of intervention program

(Lester-Smith, 2012; Varco et al., 2017, 2019)

Two-eyed seeing approaches

- Integrate western and Indigenous worldviews

(Rowen et al., 2015; Tł̓chq̓ Community Services Agency, 2005)

Reconnect youth (Etter et al., 2019; Rasmus et al., 2014)

IMPROVEMENTS: CLINICAL RESPONSES

Address historical trauma through trauma-informed, strength-based, culturally safe approaches

(Brownridge et al., 2017; Guggisberg, 2019; Moffitt et al., 2013; Nixon et al., 2017; Varco et al., 2017; Wilson et al., 2016)

Multidisciplinary teams (Moffitt & Fikowski, 2017)

- Significant differences in
 - Use of mental health services and improved trauma symptoms
 - Increased child protection responses
 - Increased referrals to medical services
- Co-locate mental health services

(Herbert & Bromfield, 2019)

(Macvean et al., 2018; Mason et al., 2012)

"It was interesting to watch professionals talk to each other, working with this same family who didn't know they were working with the same family. There's something wrong with doing it that way."

Focus Group Participant
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: CLINICAL RESPONSES

Utilize routine and repeated screening for IPV

(Fleming et al., 2015; Hughes, 2010; Kingston et al., 2016; Messing & Thaller, 2015; Paterno & Droughton, 2016; Taft et al., 2015)

- AAS, HARK, WAST (Arkins et al., 2016)
- Trusting relationship
- Requires clear guidelines, policy, procedures; safety planning, support and referrals
- Every woman of child-bearing age (Paterno & Droughton, 2016)
- Occurring across health care settings

(Arkins, Begley & Higgind, 2016; Enges, Liden & Lundgren, 2012, Fikowski & Moffitt, 2018; Spangaro et al., 2016, 2019; Taft et al., 2012)

Supporting disclosure

- Consistent provider
- Trust, sense of safety in relationship, free from shame and blame

(Enges et al.,; Kingston et al.; Spangaro et al.)

Participant 1: "If [a woman] says yes, what are you going to do about it?"

Participant 2: "So you'd better have something in place if you're going to ask that question at a health center."

Focus Group Discussion about use of IPV screening questions

(Moffitt et al., 2020)

IMPROVEMENTS: CLINICAL RESPONSES

Self-assessment tools (iSafe)

- Interactive web-based safety decision tool for women experiencing IPV
- Supports decision-making and safety planning

(Koziol-McClain et al., 2018)

Risk assessment tools (ODARA, DA, SARA, DVSI)

- Facilitates interdepartmental and interprofessional communication
- Aids in safety planning and interventions
- Ensure reliability, validity, appropriate fit for practice setting and skill of user

(Graham et al., 2019; Messing, 2019; Messing & Thaler, 2015)

IMPROVEMENTS: CLINICAL RESPONSES

Strengths-based, not deficit-oriented approach

- Relationships that are non-judgmental, supportive
- Acknowledge women's strengths, skills, efforts at keeping their children safe
- Incorporating mother's risk-reduction strategies into case plans
(Hughes et al., 2016; Nixon et al, 2017; Wilson et al., 2016)

Target mother's mental wellness

- Most significant predictor of improving children's functioning
- Early interventions to treat mother's depression and traumatic stress
- iHEAL program
(Fong et al., 2019; Graham-Bermann et al., 2015; Graham-Bermann et al., 2009; Tutty et al., 2017; Varcoe et al., 2017; Varcoe et al., 2019)

"For example, the child protection system... in spite of the best intentions that I've seen of the workers themselves, I think that the system might have some flaws that work in a way that can be very coercive and can end up replicating the abuse that women have experienced."

Shelter
Worker (Moffitt & Fikowski,
2017)

IMPROVEMENTS: CLINICAL RESPONSES

Address, acknowledge the double-bind experience

- Women's fear that accessing safety, support leads to CFS involvement
(Nixon et al., 2017; Wilson et al., 2016)
- Leaving relationship may also mean leaving shelter, food, resources.

Non-abusive parent interventions

- Targets effective parenting strategies and promotes parenting warmth
(Fong et al., 2019; Graham-Bermann et al., 2009)
- MOVE program (Rizo et al., 2016)

"There's a lot of people, especially in the smaller communities, who have no alternatives whatsoever except to continue to live with the person who may be abusive towards them."

RCMP Member
(Moffitt & Fikowski,
2017)

"Well just recently we hear on the news 'Mother practically almost died because what her common-law did to her and social services right there taking her, trying to take her kids away'. Like that's the sort of thing that happens and, it is a scary reality that, I don't know. But it's just something that needs to be address. here's a lot of people, especially in the smaller communities, who have no alternatives whatsoever except to continue to live with the person who may be abusive towards them."

Community Member (Moffitt et al., 2020)

IMPROVEMENTS: CLINICAL RESPONSES

Mental health monitoring and support for children

- “Sleeper effect” with children exposed to IPV (Vu et al., 2016)
- Recommend ongoing mental health and health assessments (Hunter, 2008)
- Therapeutic support (Graham-Bermann et al., 2009)
- Long-term support (Hunter, 2008; Wendt & Baker, 2013)

Safety plans developed with children and in partnership with mothers

(Miller et al., 2012)

- Without coercion but with collaboration
- Incorporating mother’s skills, strategies
- Identify and develop skills and strategies to reduce risk
- Safety planning with elders (Holkup & Salois, 2017)

(Hughes et al., 2015; Nixon et al., 2017)

IMPROVEMENTS: JUSTICE RESPONSES

Specialized Domestic Violence Courts

- Provides early intervention for low risk offenders and strong prosecution for serious repeat offenders
- Improved collaboration and IPV understanding within justice system and counselling system
- Expedient referrals from probation

(Tutty & Babins-Wagner, 2019)

Emergency Protection Orders

- Relocation when greater risk factors or severe abuse
- Breaches taken seriously
- Multi-sectoral response to support safety when EPOs in place

(Diemer et al., 2017)

Implement Death Review Committee (Moffitt & Fikowski, 2017)

"I think anytime there is a homicide or suicide, I think we need to be paying really close attention...What I would love to see is a death review committee that looks at those and says, 'Okay, so what was going on in that woman's past.' and it is not to blame service providers to say, 'oh, you didn't do your job.'...but to review and say how could we have made it better for this woman so that this doesn't happen in the future....we are losing a lot of people in the north due to suicide and what they've experienced as a kid"

Victim Services Worker
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: POLICY & LEGISLATION

“Whole of government” approach to alcohol-related harms

- Establish minimum prices for alcoholic drinks purchased
- Regulate and limit the physical availability of alcohol purchases
- Restrictions on quantities of alcohol an individual can purchase
- Create a territorial alcohol strategy that is reviewed at least every 5 years with independent monitoring of its implementation
- Track and publicly report on alcohol-related harm indicators

(Stockwell et al., 2019)

“This [community] has such huge potential, so many good things about it. But it is mired in addictions and violence, where people can’t get a step above that.”

Counsellor
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: POLICY & LEGISLATION

“Whole of government” approach to community wellness

- Collaborative, intersectoral
- Share policy responses
- Improve communication between sectors
- Strengthen intersectoral relationships

(Hunter, 2008; Macvean, 2018; Mason et al, 2018;
Moffitt & Fikowski, 2017; Zorn et al, 2017)

Address underlying causes of violence, such as
colonization and trauma, and work to improve social
determinants of health that impact family stress

Affordable stable housing and transitional housing
programs

(Wendt & Baker, 2013)

*“...the length of wait for a
home is another gap...I
think the average wait for a
home is somewhere
between 9 and 10 months,
which if you really need to
be out of a dangerous
situation, is a long time.”*

Community Health Nurse
(Moffitt & Fikowski, 2017)

IMPROVEMENTS: POLICY & LEGISLATION

- Hire appropriately trained professionals to the unique dynamics of northern practice

(Wuerch et al. 2019)

- Sustainable funding for programs

(Hunter, 2008; Moffitt et al., 2020)

- Effective organizational responses to help prevent, mitigate and address the compassion fatigue and vicarious trauma experienced by frontline workers

(Fikowski & Moffitt, 2018)

"When we get funding to do creative things, give it to us for 10 years so that we can actually know if it made a difference. These two-year models, we are just barely getting going and then we are shutting down."

RCMP Member
(Moffitt & Fikowski, 2017)

CONCLUDING THOUGHTS



- Early education and in-school programming that targets younger children and youth are effective preventative and intervention strategies.
- More purposefully and effectively move towards multi-sectoral approaches and the co-location of services.
- Screening, assessment, and intervention strategies need to be evidence-based with integrated cultural approaches to healing including Indigenous Elder women.
- Many northern contextual factors, fear of judgment or a double-bind experience may be a barrier to mothers accessing preventative or crisis-oriented support ... and there is a significant link between a mother's mental health and their child's wellness and functioning.
- Frontline workers are passionate about their work and compassionate to children and families, but there is a cost to their caring.

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