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Islands of Safety: Restoring Dignity In Violence-Prevention Work with Indigenous Families

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Our elders teach us that [it] is the spiritual connectedness between and within all that exists that has been one of our greatest weapons, healers, liberators in our battle against genocide. (Chainley, 1990)

Introduction

Where there is violence in families, there is also a potential for the restoration of safety, respect and harmonious relationships. This is particularly so for Indigenous families where grief and loss are paramount and often unresolved in the aftermath of colonial violence that has yet to be named and addressed. Harper's recent words of apology to Indigenous people did not make clear the particular acts of violence perpetrated by the state against human beings nor offer reparations to restore dignity, land, children and other sacred entities taken without permission. Similarly, individuals and communities have not come together across Canada to comprehensively redress colonial violence. This may yet happen, but in the meantime suffering in many Indigenous families persists and human services programming can provide opportunities for restorative processes when undertaken with a perspective that does not seek to minimize the violence or continue the humiliation involved with a colonial code of relations (Wade, 1995) where community members receive

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Abstract

Islands of Safety is a model and process designed in conjunction with Métis Community Services in Victoria, B.C. Based on a focus of human dignity and resistance, safety knowledges of women and Indigenous peoples, *Islands of Safety* was created by Métis family therapist Cathy Richardson and developer of response-based therapy Allan Wade. The initial stages of project design, pilot project implementation were funded by the Law Foundation of B.C. Resembling family group conferencing on the surface but rooted in different philosophical terrain, the *Islands of Safety* process is based on the understanding that people resist violence and prefer respect.

help from so-called experts. One such program designed to address and redress what has been taken, to create safety and restore dignity to families, is called *Islands of Safety*.

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assessing and reducing risk and engaging in transformational therapies. The facilitators of this work (Cathy Richardson, Allan Wade, Cheryle Henry) have also remarked that healing is facilitated by social justice and families are often blamed for its absence rather than held up in an intricate social network based on love and the provision of particular situational needs.

Furthermore, where most models of the theory of violence stem from a theory of the effects of violence, promoting the view that violence is the effect of overwhelming forces that act on the offender, Islands of Safety begins with the view that humans are spirited and agentic beings who sometimes choose to use violence, who could also choose respect, and who invariably seek to preserve their own dignity in the face of humiliation and oppression. For many Indigenous families, preserving dignity means being able to care for others and to preserve the integrity of their needs on physical, spiritual emotional social levels. Perhaps the greatest source of pain for adults is being denied the opportunity to care for one's own children, either by lack of means, forced separation or other state-imposed circumstances.

We know from a recent body of research on social responses that there are major barriers to healing in the aftermath of violence. One such barrier is the response of others upon disclosing violence. Many individuals have reported receiving a negative or unsupportive response from family, friends and professionals. These responses range from a victim-blaming tone ("What were you doing in that part of town anyway?"), to mitigating the responsibility of the perpetrator ("he is trapped in a cycle, he was a victim himself", "he has alcohol issues"), to being disbelieved ("she is a good person and would never do that to you"). Language use plays an important part in casting the position and responsibility of the victim and perpetrator. Research conducted by Coates and Wade (2007) demonstrated four operations of language used to 1) conceal violence, 2) conceal resistance, 3) mitigate the responsibility of the perpetrator and 4) to shift the blame onto the victim. These four operations are often found together in legal and human service settings and exert a profound influence on social responses and victims' recovery.

When violence has never been properly acknowledged, redressed and safety restored, the suffering of the victim is perpetuated and enhanced (Andrews & Brewin, 1990; Brewin & Brewin, ; Andrews, Brewin & Rose, 2003). Alternatively, language can be used to clarify responsibility and bring into the light the ways that the person responded to the violence, while never consenting to what was being done to them, even if overt demonstrations of resistance were not possible due to the danger. Making clear what has happened and what is necessary

to repair or make whole what was once whole, is part of an orchestrated positive social response to the victim of violence.

Islands of Safety aims to create safety by orchestrating positive responses to children and to adults at risk in the context of their families, including concrete and workable safety plans. Where possible, and with a maximum level of choice, Indigenous families are invited to discuss their hopes and dreams for their family through a Métis/Cree model of family life, by identifying how their family has responded to current and historical violence and oppression (Richardson & Wade, 2009).

Colonization is, among other things, a massive and multi-level attack on the dignity of a people. Colonization was and is a deep humiliation of the once proud nations of Turtle Island. Many of the families who participated in Islands of Safety were subjected to residential school and child welfare abuses, as well as to other aspects of colonialism in Canada. Many Indigenous parents must explain to their children why other people now live on land that was once occupied by their own family and later given to settlers (Adams, 1989; Freire, 1970, Harris, 2002). These social and historical factors have left many Indigenous families and communities in poverty and want, denied the wealth generated from the land and the natural world. Attributed to issues of poverty and neglect, Indigenous children are taken from their parents en masse and placed into non-Indigenous foster homes (Carriere & Richardson, 2009, Carriere, 2006).

Dignity is central to social life (Wade, 1997). Dignity can be found in what people already believe, feel, think and do to create safety and pursue justice for themselves and others. Dignity is the practice of treating others with respect, as defined in traditional teachings. Attending to dignity in the Islands of Safety process includes promoting freedom and autonomy, refraining from advice-giving, (Brant, 1990), supporting one another in caring for loved ones and preserving physical and social integrity. It includes creating space for people to pursue their highest and most ordinary aspirations. When dignity is affronted, either privately or publically, individually or on a large scale, it must be restored. The restoration of dignity occurs when the injured party is supported in pursuing just redress. Dignity is expressed in the insatiable desire for self-governance, in a context of freedom and equality.

Indigenous families who come in contact with child protection authorities experience multiple forms of humiliation, such as the embedded message "you are not a good parent." Meaningful safety planning is likely to occur when professionals work consciously to restore dignity to the parents. Constant attention to dignity creates a sense of social safety which, in turn, fosters a climate in which child safety concerns can be placed in the centre and addressed directly.

Islands of Safety can be described as a process that is articulated through a language of human rights and social justice rather than a language of psychology. A focus on interaction and relational systems takes precedence over individualist perspectives. From both a common sense and a human rights perspective, we believe that a mother who is targeted by violence cannot and should not be held responsible for the violence and its cessation. However, mother blaming in the form of applying "Failure to Protect" laws in child welfare undermines safety and the mother's parenting of her children. In fact, custody of children is often given to perpetrators because victims tend to be characterized as weak, depressed and undeserving (Strega, 2006; Coates & Wade, 2007). These biases are unhelpful, undermine mothers and mothering (Andrews & Brewin, 1990) and continue to destabilize Indigenous children and families (Chandler & Lalonde, 1998; Sinclair et al, 1991).

Islands of Safety work necessitates an analysis of power, as inspired by feminist, anti-colonial literature, as well as the experience of those who have been interned in prison camps and stigmatized for their so-called deficits. Islands of Safety involves a micro-analysis of language in relation to dignity and an understanding of the "four operations of language" (Coates & Wade, 2007) as well as a commitment to use language that does not distort responsibility for violence. It is based on a focus on how people respond to and resist violence, rather than how they are affected or impacted by it (Coates, Todd, Wade, 2000). This distinction is fundamental to Islands of Safety practice and cannot be emphasized too strongly.

A Brief Introduction to Response-Based Ideas

Response-based ideas arose from direct service with people who had endured violence, including Indigenous women and men who were violated in the so-called residential schools (Coates, Todd and Wade 2000; Nelson and Richardson 2007; Wade 1997, 2000 and 2007). In the course of clinical work, Wade noted that victims invariably resist violence and other forms of oppression, overtly or covertly, depending on the circumstances (Coates, Todd and Wade 2000; Todd and Wade 1994; Wade 1997 2000) and found that engaging clients in conversations that elucidated and honoured their resistance could be helpful in addressing a wide variety of concerns (Epston 1986; Kelly 1988; Richardson 2006; Todd and Wade 1994; Wade 1997 and 2000). This required a significant shift in theory and practice, however. Acts of resistance are responses to violence, not effects or impacts of violence. We found that focusing on victims' responses allowed us to better identify and construct accounts of their resistance. Accounts of resistance provide a basis in fact for contesting

accounts of pathology and passivity, which are typically used to blame victims.

Todd (2007) extended this line of thought to work with men who use violence against women, and Coates (1996) integrated response-based practice with a program of critical analysis and research on the connection between violence and language (Coates and Wade 2007). Richardson (2004, 2006) applied response-based ideas to her work on the development of Métis identity and developed the "Medicine Wheel of Resistance" as a framework for understanding Indigenous resistance to colonization, racism and oppression. And, we are currently developing and testing a model of child protection practice that integrates response-based ideas with Richardson's research and direct service work and with other recent work in the field, such as the Signs of Safety approach (Turnell and Edwards 1999).

Philosophy of Response-Based Practice

The Framework for Working with Violence in Families

1. Social Conduct is Responsive
2. Dignity is Central to Social Life
3. Violent Acts are Social and Unilateral
4. Violence is deliberate
5. Resistance is ever-present

Assumptions Underlying Response-Based Practice

Dignity is Central to Social and Psychological Life, and is related to:

- Social Esteem
- SelfWorth and Preferred Identity
- Autonomy and Inclusion
- Care for Others
- Physical and Psychological Integrity

Violence is understood as being social, unilateral, deliberate, and resisted by victims who prefer better treatment.

How victims resist and respond to violence is crucial information that:

- a. Indicates capacity and pre-existing ability,
- b. Serves as evidence in court by elucidating and clarifying the actual brutality or nature of the violence,
- c. Dispels the myth that violence is due to momentary loss of control but rather a process that is enacted deliberately over time.

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Language

- Four Operations
- Human Rights, such as practices of witnessing, accountability and just redress
- Words in Everyday Use
- The Language of the Family

Colonization

- The Helping Professions are a conduit for cultural assumptions
- Understanding the role of the helping professions in the colonial project

Negative Social Responses to Mothers and Victims

- For many victims, negative and unjust social responses are as painful and debilitating as the violence itself.

- Violence in society and in the family forms a context where violence is learned but does not excuse or explain violence. Violence is a series of deliberate physical and/or social acts in a specific time and place, involving the misuse of power.
- Victims do not choose or prefer violence.
- Abstract psychological concepts (e.g, learned helplessness, lack of self esteem) construct victimhood and are often not helpful in safety planning.
- Violent behaviour often involves or is enabled by a) isolation of the victim, b) shaming or discrediting the victim, c) control of money and other resources d) social deception and manipulation of the victim's support systems.
- Violence is due to a lack of control by the offender. If that was the case, it would happen equally in public and private, involve more visible bruising and other injuries, and occur at work an in other social situations.

Response-Based Formulations	Effects-Based Formulations
Violence is deliberate.	Violence is an effect of overwhelming forces.
People resist violence and mistreatment.	Victims can be or are passive.
Violence is a series of micro-acts over time, often beginning with attempts to control the victim.	Violence is an act.
Language is used by professionals to clarify violence, resistance, responsibility, social responses to victims, and the victim's responses to the social responses as well as to the violence itself.	Language is used by professionals and others to conceal violence, mitigate perpetrator responsibility, and shift responsibility onto the victim.
Victims prefer respect and kindness - dignity is central to social life.	The victim is a co-agent or "brought it on herself," attracted to the violence in some way, due to psychological issues or predisposition.
Presents both the victim and perpetrator as agentive, active subjects who make decisions.	Presents the victim as a passive object.
The problem exists in the social world, between people.	The problems exists in the head of the victim.
Human dignity is foundational to all human services work.	Establishing control of the process and psychological authority over clients, as described in the companion guide to the DSM.
The process must be voluntary, and informed consent re-established at various points.	Informed consent is sometimes not discussed and the professional is asserted as the authority guiding the process.
An analysis of power and commitment to avoid acting upon the client or replicating dominance.	An avoidance of analysing power differentials, such as gender, race, social class with a belief that equality exists or does not relate to the therapy.
Assessing and understanding the negative (or positive) social responses to the victim is a key part of the work.	Much psychological or effects-based work is individualistically focused and does not take into account the social context and social interaction.
Based on social interaction and a micro-analysis of language.	Based on the individual and a focus on the self.
Involves a micro-analysis of language and the use of language that clarifies violence, and avoids mutualisation, euphemisms, passive and non-agentive constructions, avoids abstractions and generalizations.	Often distorts "who did what to whom" through processes such as mutualising, the use of euphemisms, romanticization, eroticization, nominalization. Professional and psychological language involves using generalizations and abstractions, rather than concrete descriptions of behaviour.

- It is inappropriate to advise victims to leave their abusive partner; victims often hold important safety knowledge and know they are more likely to be hurt or killed when they leave. In general, victims are more able to assess their own and their children's' safety than professionals or professional assessment tools.
- Society does not take adequate responsibility for protecting women and children against violence; it is not the sole job of the woman to stop violence.
- Colonial aspects of society create less safety for Aboriginal women and children than for mainstream populations.

When practicing Islands of Safety, it is important to be prepared to debunk popular myths and unscientific psychological generalizations about women and violence. The following chart provides an example of some of the most predominant biases found in the domestic violence literature.

Myth	Myth-Busting
It takes two to tango/couples are co-dependent (see the Cycle of Violence)	This "mutualization" obscures the fact that sometimes people are attacked and that violence can be unilateral, even in intimate relationships
There is no rest for the wicked	Perpetrators often deliberately undermine the reputation and intentions of the victim, in advance, in order to create the conditions where he can "get away" with the violence
Women choose violent men, or lack discernment	Most people who end up being violent, are kind, thoughtful, romantic, sympathetic at the beginning of the relationship, otherwise they would have little appeal. Men who have been rejected may use entrapment strategies.
Why don't they just leave?	Most women in violent situations also face social barriers such as a lack of safe housing, a lack of income, as well as bruises, compromised health, depression. Women tend to leave when they have received some acknowledgement from the perpetrator that he was "wrong"... when some of her dignity is restored. Also, she must avoid child protection workers, knowing that she will be blamed. Women in transition houses often have their children taken from them, rather than from the violent offender. The better question is: What has the offender been doing to prevent the victim from leaving?
Won't she be safer if she leaves?	Mothers who are being victimized by violence have a strong intuitive sense of the danger and know that most women who are murdered by their partners are killed after they leave.
Won't the courts be fair?	Mothers who have experienced violence are often very sad. This understandable sadness is often construed as clinical depression in court and used against her as a "bad parent" in custody cases. Defense lawyers often subpoena medical records, mental health records, which are used against the mother in various ways, jeopardizing her custody. Section 15 Custody and Access reports often involve the use of psychological tests that do not take violence into account and are likely to portray the woman as mentally ill.
The system will help women who experience violence	Real help for women in the system is sporadic and unpredictable. Safety plans involve a strategic analysis of the safety offered by professionals and the legal system, rather than an assumption that risk towards women and children will be mitigated.

Safety Conversations with Family Members

The Islands of Safety model involves a number of conversational rounds, based on traditional processes. We use a structured format for discussing key topics. This includes:

- A statement of interest
- A request for permission to discuss the topic of interest
- Questions about the topic, focused on responses to the violence and other adversities, the knowledge/capacity apparent in those responses – based on the safety blanket as a representation of key relationships and responsibilities

- Inventory of key pre-existing ethics, practices and safety knowledges and consideration of its place in a safety plan
- Acknowledgment and thanks, reflection on the previous segment (e.g, its usefulness), and permission to raise another point of interest.

The topics of interest include:

- History of the family (life when things are going well preferred interaction)
- Current circumstances, protection concerns, how everyone is doing

- Family responses to the violence/adversity
- Social responses to family members
- Family responses to social responses
- Identify evidence of risk and safety

Examples of Processes and Questions

Eliciting information on negative & positive social responses & current safety in the moment (What worked in the past?, How did you develop a relationship with a helper that helped them to be helpful to you?)

Responses to positive social responses

Statement of Interest: I am curious to know about other times you have been involved in a similar situation, when you disclosed an experience of violence or abuse. Have you ever been involved in a similar kind of meeting with professional and support people? At those times, who and what were the most helpful for you? What kind of practices helped you through that situation?

Responses to negative social responses

A lot of the research says that many of the people who report an incident of violence say that they were disbelieved, shamed, told to remain silent, or blamed in some way for the violence. These negative social responses were reported on the part of family, friends and professionals. Have there been times when you have experienced such negative social responses? At those times, how did you respond to the negative social responses?

Permission Questions for Family Members in the Meeting

- I'd like to know more about how/ or when there is more safety in your family.
- Elucidating Pre-Existing Abilities
- Would it be all right to talk about that for a few minutes?
- When there is some kind of danger or threat, how do people respond to handle it (e.g. children, grandparents/aunties, mother, father?)

Connective Questions

- Where did you learn to do that? Can you remember the first time you had to do that? Who taught you how to do that? ... inside the family, the culture, and individual lives ... Other uses – Constructing the broader influences of pre-existing ethics & practices
- Have there been other times or other places that you have had to use this strategy, to promote safety?

- What does the presence and practice of these measures say about the family's ability to create safety?

These practices form the foundation of response-based practice and the Islands of Safety child safety planning model for cases of violence in families.

Safety and the Declaration of Rights for Indigenous Peoples

The medicine wheel in the middle represents the person as a holistic being, encompassing bodies of intellect, physicality, emotion, and spirit. In attending to safety, it is helpful to consider physical safety, cultural safety, spiritual safety, intellectual safety, sexual safety, and psychological/emotional safety. These aspects of safety are formulated from a perspective of both "freedom from" and "freedom to" and are expressed in Islands of Safety through a language of human rights rather than a language of psychological constructs. This preference assists in avoiding and contesting the blaming of victims while supporting the non-offending parent or caregiver.

One of the concerns for child safety is the narrow parameters through which safety is defined. To begin, Islands of Safety work takes the position that child safety is advanced when we, collectively, attend to the safety of the mother. Through this approach, the safety issues for children are resolved completely when maternal safety is actualized. In terms of earlier thought traditions, these forms of safety relate to "freedom from" and human rights in civil society, the rights of Indigenous men and women, and the rights of children. In order to respect these rights, it is sometimes necessary to move away from psychological formulations and language, into the discourse of human rights and in reference to national and international Charters and Declarations.

Section 15 of the Canadian Charter of Rights and Freedoms and Section 35.4 of the Canadian constitution guarantee equality for men and women under the law, including the equal right to live in safety. The United Nations Declaration on the Rights of Indigenous peoples articulates the right to safety and living conditions that promote safety and dignity, allotted equally to men and women. Article 21 states that Indigenous people have the right to the improvement of their economic and social conditions. This includes reducing vulnerability for violence for those most harmed by it today:

Addressing conditions of poverty and want provide expanded options for Indigenous women, make available housing and multiple forms of safety and opportunity, in ways that are reliable and predictable. Article 44 states that all rights and freedoms are guaranteed to both Indigenous women and men and Article 22 specifies that Indigenous women

shall enjoy full protection and guarantees against all forms of violence and discrimination. These clauses relate to states contesting action that emboldens perpetrators and destabilizes the victims of violence. Article 7 relates to right to life, physical and mental integrity and security of the person while Article 24 relates to the right to health, including traditional medicine and the role of women in maintaining well-being. Article 43 relates to the provision of "minimal standards" for the survival, dignity and well-being of Indigenous peoples, which are obviously not being upheld in Canada today. After years of invitation, Canada still refuses to become a signatory to the Declaration, while former British colonies such as Australia have now signed on.

Perhaps most relevant to child welfare service delivery, Article 2 relates to non-discrimination and Article 3 relates to self-determination. Islands of Safety embeds the right to self-determination through attention to dignity, including autonomy, agency and the micro-aspects implicated therein with culturally-appropriate processes. Consider the personal medicine wheel existing within a broader social, global and ecological context with which the individual interacts. These aspects of the social world form the container for women, children and families. Where violence, lawlessness and a general disregard for human life exist (or Indigenous life in the case of colonialism), it becomes more difficult to create safety and contest the mother-blaming/victim-blaming practices that reassign responsibility from both the perpetrator and the social world. Within this understanding, Islands of Safety is interested in asserting physical safety, emotional/psychological safety, spiritual safety, cultural safety, and intellectual safety.

In addition to the obvious need to facilitate a child's cultural participation and culturally appropriate methods of healing, Islands of Safety workers also contest missionization or the imposition of religion on Indigenous children in foster care situations, which is relatively common in British Columbia, since many religious people are drawn to taking in children (Richardson and Nelson, 2007). As well, we inform families of the dangers of engagement with the mental health system, where receiving a permanent mental health record may result. We take the view that further stigmatizing Indigenous children who have already endured violence and direct and indirect racism, through psychiatric and psychological diagnoses, is a violation of their fundamental human rights.

We present cultural practice to non-Indigenous child protection workers and advocate for the family's sacred concerns. We draw attention to practices which may inadvertently replicate colonial strategies of dominance and serve to destabilize Indigenous families and their relationships to one another. Further, attending to safety involves an

understanding and promotion of cultural safety for Indigenous families.

Cultural safety relates to the possibility of an Indigenous person or member of a minority group being treated with acceptance and equanimity, and where racism or prejudice will not be encountered. In the Islands of Safety work is involves acknowledging where the family comes from, which community they belong with and how our people may have interacted with their people historically. Cultural safety overlaps with spiritual safety, which can be considered as freedom from imposed religion or medical/healing methodologies. We also consider issues of emotional/psychological safety and the social responses received by others who have found out about the issues of violence.

While working family by family to create safety for individual children, the mandate of the state and the Ministry of Children and Family development could be expanded to address violence within a larger movement to address poverty and to create housing and guaranteed minimal income for those raising children.

A group of washerwoman on a riverbank see a baby floating along, rescue it, and then find themselves plunging into the river regularly to grab babies. Finally, one washerwoman walks away from the scene. Her comrades ask her if she doesn't care about babies. She replies, I'm going upstream to find the guy who's throwing them in (Solnit, p. 157).

Most often, there is a mother in that river also needing a hand up. If child protection work were to tackle poverty and issues related to human rights, such as housing and economic security for families, many child protection issues would be alleviated and family members fleeing violence would have more options for social safety.

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