



PATHS Bi-Monthly
Newsletter

November 2011

Featured Member: Piwapan Women's Centre

by Shauna Nagy, Outreach Coordinator

Piwapan is a Cree word meaning "it's a new day" or "a new beginning".

The Piwapan Women's Centre is governed by the La Ronge Native Women's Council. We offer short-term shelter services, crisis counselling and support for victims of family violence and sexual assault. Our shelter can accommodate up to 8 women and their children. Our outreach services, 24 hour crisis

line, and foodbank/ clothing referral services are available to both males and females.

Educational programs and sharing circle are available to in-house and outreach clients on Monday to Thursday mornings as well as Tuesday evenings. Transportation and childcare during programming is provided. We have a new group, "Survivor's Circle", that has just started up on Wednesday evenings

as part of our sexual assault program. This month we are looking forward to doing the "moss babies" activity.

Piwapan organizes several local annual community events such as the upcoming vigil on December 6th to honour the memory of the women murdered at the Montreal Massacre.

Intimate Partner Violence and the Use of Alcohol

by Crystal Giesbrecht, PATHS

While substance abuse is not a reason or an excuse for violence, there is a known linkage between alcohol and intimate partner violence (IPV). The World Health Organization (WHO) has labelled "harmful use of alcohol" a risk factor to being a perpetrator of violence (2009). However, there has been relatively little research done on this topic, presumably because of "concerns that such research would be used to justify the use of alcohol as an excuse for violence against women" (Heise, 2008, as cited in Graham et al., 2011).

An extremely large scale study was done in 2011 by Graham et al. on alcohol use and IPV. The study included data from 34,401 respondents in 13 diverse countries worldwide and found a significant difference in severity for incidents involving drinking by one or both partners compared with incidents in which alcohol wasn't involved. Thus, the authors state that "alcohol use is linked to greater aggression severity through the effects of alcohol on the perpetrator, victim, or both. Moreover, because the link between alcohol and aggression severity was robust across cultures, cultural explanations for this association are unlikely" (Graham et al., 2011, p. 1515).

A report from the WHO (2006) also states that strong links exist be-

tween alcohol use and the prevalence of IPV. The WHO cites research that infers "that alcohol use increases the occurrence and severity of domestic violence" and that respondents in studies of IPV frequently say that the abusive partner had consumed alcohol before an incident of violence (2006, p. 2).

- "Alcohol use directly affects cognitive and physical function, reducing self-control and leaving individuals less capable of negotiating a non-violent resolution to conflicts within relationships.
- Excessive drinking by one partner can exacerbate financial difficulties, childcare problems, infidelity or other family stressors. This can create marital tensions and conflict, increasing the risk of violence occurring between partners.
- Individual and societal beliefs that alcohol causes aggression can encourage violent behaviour after drinking and the use of alcohol as an excuse for violent behaviour.
- Experiencing violence within a relationship can lead to alcohol consumption as a method of coping or self-medicating.
- Children who witnesses violence or threats of violence between parents are more likely to display harmful drinking patterns later in life" (WHO, 2006, p. 2-3).

The WHO (2006) suggests moderating alcohol use as one step towards reducing IPV. They suggest that countries, provinces, and communities could take a step toward tackling the problem by: reducing the availability of alcohol, increasing the price of alcohol, adding additional alcohol treatment services, and increasing screening for alcohol abuse.

Additionally, Graham et al. suggest that community workers providing services "to victims of partner aggression need to be particularly aware of the potential impact of the acute effects of alcohol on severity of violence and to include programming that focuses on the enhanced risks when alcohol is involved" (2011, p. 1515).

References:

Graham, K., Bernards, S., Wilsnack, S. C., & Gmel, G. (2011). Alcohol may not cause partner violence but it seems to make it worse: A cross national comparison of the relationship between alcohol and severity of partner violence. *Journal of Interpersonal Violence*, 26(8) 1503-1523.

World Health Organization. (2009). *Violence against women. Revised fact sheet Number 239*. <http://www.who.int/mediacentre/factsheets/fs239/en/>

World Health Organization. (2006). *Intimate partner violence and alcohol*. <http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/femwhoms-alco-eng.pdf>

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Summary of *Issue Brief: Engaging Men and Boys to Reduce and Prevent Gender-Based Violence*

by Crystal Giesbrecht, PATHS

This issue brief was prepared by the White Ribbon Campaign for Status of Women Canada and the Public Health Agency of Canada.

The White Ribbon Campaign is an effort of men and boys working to end violence against women and girls. It originated in Canada in 1991, as a response to the December 6th Montréal Massacre. They believe that, as the most frequent perpetrators of violence, men need to be engaged to reduce and prevent gender-based violence.

The fundamental question has shifted from “why” we should work with men and boys, to “how” we work with men and boys.

The White Ribbon Campaign states that “the vast majority of gender-based violence is perpetrated by men, specifically against women and girls. While most men may never use or condone the use of violence, the simple fact is that men are overwhelmingly the perpetrators of gender-based violence. The root causes of gender-based violence can almost exclusively be narrowed down to two things: the fundamental condition of gender inequality for women, and the violent, harmful and controlling aspects of masculinities which are the result of patriarchal power imbalances”.

The issue brief includes a summary of work that has been done in the past, including the Kizhaay Anishinaabe Niin (“I Am a Kind Man”) online tool for Aboriginal men that was developed in Ontario, among others.

The White Ribbon Campaign states that there is a growing acceptance among organizations in Canada and around the world, including the United Nations (UN), “that engaging men and, especially, young men and boys is an essential approach in working towards full gender equality”.

The thesis of *Engaging Men and Boys to Reduce and Prevent Gender-Based Violence* contains 3 main objectives:

1. Work with men and boys is necessary.
2. Work with men and boys can be effective.
3. Work with men and boys can have a positive, transformative impact for the lives of women and girls, but also for the lives of men and boys.

The issue brief states that there are currently gaps in Canada that create barriers to engaging men and boys. These gaps include: “a detailed understanding of Canadian men’s beliefs and attitudes around gender-based violence and gender equality”, “consistency and evidence base in programme development, facilitator training, and programme evaluation”, “a national network or forum of like-minded service providers”, and “a gendered approach to early childhood education”. As well, there are barriers to men’s engagement including accountability (men who don’t use violence see it as “not their problem”), awareness (many men do not realize that violence against women is a serious problem in Canada), privilege (“even when men are ready to acknowledge that they have a role to play... they often point the finger to ‘other’ men as the real problem”),

and silence (“even ‘good guys’ remain silent” because they don’t know how to speak out about violence against women).

Engaging Men and Boys also details issues and dimensions of gender-based violence, including: domestic and interpersonal violence; sexual violence; trafficking, commercial sexual exploitation, pornography; technology based violence; harmful traditional practices; homophobia; and men’s own experience of violence, and discusses the impact of violence on communities, including: Aboriginal people, new Canadians, cultural communities, and rural communities.

For preventing and reducing gender-based violence, the White Ribbon Campaign puts forth a comprehensive summary of intervention strategies, which include approaches for primary (before the problem starts), secondary (once the problem has begun), and tertiary (responding afterwards) prevention. The brief states three “non-negotiable conditions when working with men and boys” which insist that the intervention be “framed within women’s rights”, “transforming harmful aspects of masculinities”, and “based on evidence”.

The full document is available at http://whiteribbon.ca/issuebrief/pdf/wrc_swc_issuebrief.pdf and on the PATHS website at <http://abusehelplines.org/resources/other-community-resources/>

Minerson, T., Carolo, H., Dinner, T., C & Jones, C. *Issue Brief: Engaging Men and Boys to Reduce and Prevent Gender-Based Violence*. Status of Women Canada, 2011.

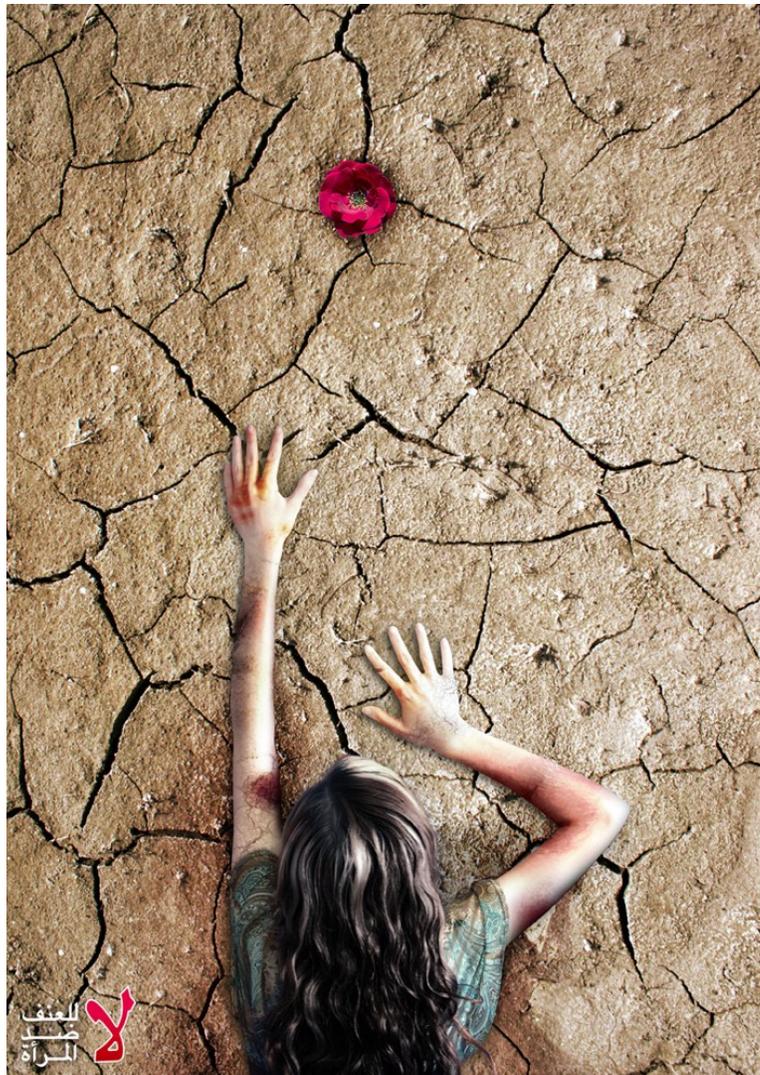


**Provincial Association
of Transition Houses and Services**

<http://www.facebook.com/#!/pages/Provincial-Association-of-Transition-Houses-and-Services/159988014095279>

A Victory for Women's Shelters in Afghanistan by Crystal Giesbrecht, PATHS

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The first women's shelter opened in Afghanistan in 2001—prior to that shelters did not exist under the Taliban, and abused women and girls had nowhere to run. Now, there are 14 women's shelters around the country and about 40 per cent of the women in the shelters are under the age of 18.

According to the UN, the violence against women, including sexual assault, is prevalent in Afghanistan. Not all victims of gender-based violence seek help and for those that do, temporary shelter offers no long-term solution—many Afghan women are expected to always be in the care of a male relative (usually a father, husband, or a grown son) and many do not receive secondary education, making it nearly impossible for a woman to live on her own and support herself. As well, there are drastic contrasts between life in rural and urban Afghanistan.

Last winter, the Afghan government proposed regulations that would have allowed it to take over battered women and girls shelters, thus taking the control away from non-profit women's organizations. Had this regulation been passed, women would have been required to appear before an eight-person government panel before being approved to obtain shelter. The panel would then decide if the women should receive shelter, be returned to her family, or be jailed. Even if a woman received shelter, the proposed regulations would have dictated that a woman would be forced to return home if her family requested it., thus eroding women's sense of safety and security.

As well, if women were accepted to receive shelter, physical examinations would be performed, which could include virginity tests. This is extremely problematic for married women and women and girls who have been vic-

tims of sexual violence.

It is obvious to see why government control of shelters would force women to stay in abusive situations for fear of punishment if they were to seek shelter and be denied by the panel.

Thankfully, Afghan women and women's rights group have recently had a victory— President Hamid Karzai's Cabinet approved new draft regulations that will allow women's shelters to remain independent. As well, shelters can receive funding and donations without intermediation by the government. "The government has not published the changes to the regulations to avoid controversy; however, Georgette Gagnon, director of human rights for the UN mission in Afghanistan, called the regulations 'a victory for women's rights in Afghanistan.' Gagnon stated that women's groups were 'able to convince the government and others that shelters were needed [and that] they needed to be independent to preserve women's rights and dignity.'" (Feminist.org, 2011).

Feminists all over the world can breathe a small sigh of relief—for now—and hope that the Afghan government continues to allow shelters to operate independently and that the dire situation for Afghan women and girls improves.

Photo Credit: skyrill.com
Reprinted with permission.

Skyrill.com is based in Bahrain. This poster was designed for a contest held by a women's organization in Tunisia.

References:

- <http://feminist.org/blog/index.php/2011/09/26/womens-rights-groups-praise-new-afghan-shelter-regulations/>
- <http://www.un.org/apps/news/story.asp?NewsID=31401&Cr=Afghan&Cr1=Women>
- http://www.foreignpolicy.com/articles/2011/03/15/the_tale_of_forty_maidens?page=full
- http://www.unicef.org/infobycountry/afghanistan_57901.html
- <http://www.npr.org/2011/09/26/140709134/afghan-women-fight-back-preserve-shelters>

Comments on the Newsletter?

Suggestions?
Want to submit an article for the next issue?

Let us know!

paths.services@sasktel.net

Community News

HIV/AIDS in Saskatchewan by Jaqueline Anaquod, APSS Education & Prevention Coordinator

AIDS Program South Saskatchewan (APSS) is a not-for-profit AIDS Service Organization that has been working within the city of Regina and surrounding communities for 25 years. We provide a comprehensive and integrated range of health promotion, prevention, education, harm reduction, holistic services and support programs to people infected and affected by HIV/AIDS.

Information and knowledge can empower people to take control of their health and prevent the transmission of HIV. Our office provides support for emotional and practical needs, including up to date information about disease management, harm reduction, safer sex and health wellness.

In 2009 there were 48 new cases of HIV in the Regina Qu'Appelle Health Region, 60% of them were male and 40% were female. All 2009 new cases were from Regina. Women in the younger age categories are being infected at alarming rates. In the younger age categories 15 - 19 years the females surpass the males (8 females vs. 1 male); and the 20 - 29 year category (37 females vs. 24 males).

There has been a troubling increase in the number of new HIV cases in Regina over the past 5 years and it has been projected that the trend will continue. 76% of new HIV cases identified injection drug use as a risk factor, either alone or in combination with other risk factors such as heterosexual sex with a known case (Health Canada, 2010).

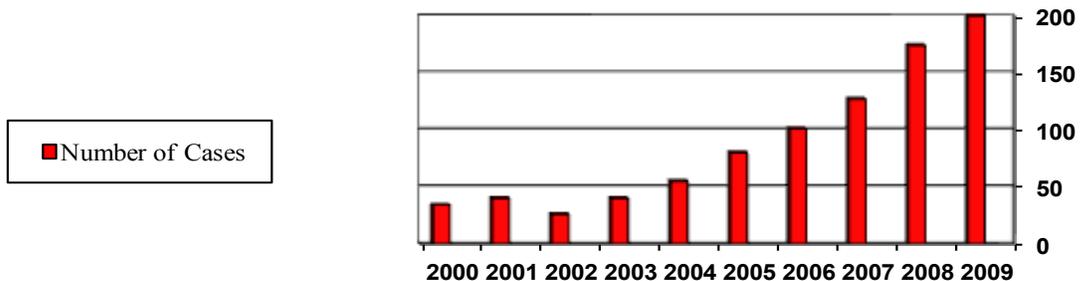
Violence and the fear of violence are emerging as an important risk factor contributing to the vulnerability to HIV infection for women. Violence can contribute to women's increased risk of HIV infection both directly through forced sex and indirectly by constraining a women's ability to negotiate the circumstances in which sex takes place and the use of condoms. Young girls and women are the most vulnerable. When sexual intercourse is forced, abrasions and cuts are more likely to appear, condom use in such situations is unlikely.

Early diagnosis of HIV infection and beginning appropriate treatments can keep a person healthy and productive. Many women actually find out that they have been infected with the HIV virus when the disease has progressed to the AIDS stage or

during pregnancy. Poverty, being street-involved and substance use can contribute to making this progression from HIV infection to AIDS much faster. Women in general have little research involving them even though they contribute to a large number infected or affected by HIV/AIDS. There need to be more support programs for women that are designed specifically for their unique needs.

APSS offers HIV testing in Regina with a specialized HIV nurse through RQHR. You can drop in at our office on any Thursday afternoon for free and confidential HIV, Hep C, and pregnancy testing. Our office is located at 2911 5th Ave (between Retallack & Robinson St). We are open Monday - Friday from 9am - 5pm and on Saturdays from 10am - 5pm. Give us a call if you have any questions regarding sexual health, testing or HIV/AIDS. All calls are confidential, (306) 924-8420. If you would like to book a HIV/AIDS workshop for your staff or clients you can contact Jaqueline Anaquod, Education & Prevention Coordinator to meet your educational and resource needs.

Incidence of HIV in Saskatchewan, 2000 to 2009



Saskatchewan Ministry of Health, Population Health Branch, *HIV and AIDS in Saskatchewan 2009*, Annual Report, November 30, 2010.



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Status of Women Canada Women's Program



Battlefords Interval House (306) 445-2742	Regina YWCA Isabel Johnson Shelter (306) 525-2141
Envision Counselling and Support Centre Weyburn (306) 842-8821 Estevan 637-4004	Saskatoon Interval House (306) 244-0185
Hudson Bay Family and Support Centre (306) 865-3064	Saskatoon YWCA (306) 244-2844
Moose Jaw Transition House (306) 693-6511	Shelwin House (306) 783-7233
North East Outreach and Support Services (306) 752-9464	SOFIA House (306) 565-2537
Prince Albert Safe Shelter for Women (306) 764-7233	Southwest Crisis Services (306) 778-3692
Piwapan Women's Centre (306) 425-3900	Waskoosis Safe Shelter (306) 236-5570
Project Safe Haven (306) 782-0676	West Central Family Support Centre (306) 463-6655
Qu'Appelle Safe Haven Shelter (306) 322-6881	WISH Safe House (306) 543-0493
Regina Transition House (306) 757-2096	

Do you have a **Client Success Story** to Share?

Submit it for an upcoming PATHS Newsletter!

Visit the PATHS website at
www.abusehelplines.org

Please send your submissions for the January 2012 Newsletter to Crystal (paths.services@sasktel.net) by **December 14th**.

More Community News

One Woman's Success Story: Arlene Taypotat by Murray Giesbrecht, Director of ACERT

The Adult Centre for Employment Readiness and Training (ACERT) is part of the Regina and District Food Bank. ACERT provides people with programs and support services that focus on the development and application of personal life skills and essential employment skills.

<http://www.reginafoodbank.ca/acert/>

Arlene Taypotat is a 42 year old woman that came to our ACERT-Safeway Career Program in 2010. After being unemployed for a year and a half, Arlene came to our program with the attitude to learn and achieve success in her life.

As a teenager, Arlene did not complete high school, due to caring for her father who was terminally ill and eventually passed on. She also had the added pressures of caring for six children throughout her 20s and 30s and looking after her family. Through it all Arlene persevered and endured, and she did not give up on the idea that she could find a meaningful path in her life.

Several years later, Arlene came to ACERT to find that path. After successfully completing a 14 week component in essential skills, and excelling in computer studies, she began her employment opportunity at Safeway. After four

short months, Arlene was promoted to her new role as Food Services Supervisor and is setting her sights on a manager position next. Although she finds the work challenging and fast paced, she finds a great deal of satisfaction in her very busy workday. What's more, everyday she makes a wonderful contribution to her community and employer at one of the best places to work in Regina.

Arlene is a credit to the ACERT-Safeway Career Program and a testimony for the possibility of success regardless of a person's challenges. In life may have been. We at ACERT and Regina Food Bank are very proud of her!