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The United Nations: The International Year of the Family, 1994*

Agreement# 40063171

## *Moving Trauma-Informed Care Forward*



*by Tim Wall, Klinik Community Health Centre, Winnipeg, MB*



**T**rauma is an overwhelming experience that is not merely stressful, but “shocking, terrifying and devastating to the victim, resulting in profoundly upsetting feelings of terror, shame, helplessness, and powerlessness” (Courtois, 1999). As many as 1 in 4 people may have been affected by trauma and 1 in 10 Canadians may suffer from post-traumatic stress.

### ***The Challenge of Trauma for Human Services***

According to Dr. Judith Herman, “the knowledge of horrible events periodically intrudes into public awareness but is rarely retained for long. Denial, repression, and dissociation operate on a social as well as an individual level.” This denial and dissociation has permeated our health and human service systems, for although trauma has long been identified as an important issue, it has at the same time been largely ignored. Individuals with a history of trauma are estimated to make up more than 50% of those who enter the mental health or addictions systems. Surprisingly, despite that fact that trauma may be central to many people’s difficulties, and awareness of it pivotal to their recovery, it is seldom identified or addressed in mental health, social service or addiction settings. Without their core trauma issues recognized and addressed, many people are likely to continue to

struggle.

People who live with post-traumatic stress experience its effects in their day-to-day activities and in most of their interpersonal relationships, throughout all stages of their post-trauma lives. Their perceptions of themselves, of others, and of the world are shaped by horrific events they have experienced and, in turn, guide the development of their coping strategies. Responses to trauma include suicidal, addictive and other self-harming behaviours; dissociative episodes; severe difficulties with trust and intimacy; emotional disturbances that include depression, anxiety and rage; and ongoing feelings of intense shame and poor self-worth.

These responses to trauma are often not recognized by either survivors or clinicians. As a result, people affected by trauma are at risk of being re-traumatized in social service and health care settings due to a lack of professional knowledge of and sensitivity to the needs of this population. Trauma-affected people frequently experience social services as mirrors of the power and control experienced in the abusive relationships that caused the original trauma.

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## Dr. Leslie Tutty: With Appreciation



by Kendra Nixon

*After 12 years of service, Dr. Leslie Tutty will step down as Academic Coordinator of RESOLVE Alberta at the end of June 2011. In this article, Kendra Nixon reflects on the impact of Leslie's work and the magnitude of her contribution to RESOLVE. On behalf of everyone in the RESOLVE network, we express deep appreciation to Leslie for her passion, dedication, vision and accomplishment. We wish you all the best as you take up your next challenge, Leslie.*

I first met Leslie when she hired me as the Community Research Development Coordinator for RESOLVE Alberta in August 1999. This was an exciting time for me because the office had only been open a short while and I would be part of a team that would influence the development of a research agenda for violence against women and family violence in the Province. I, and the RESOLVE network, could not have asked for a better person than Dr. Leslie Tutty to lead us in this task. The work that RESOLVE Alberta has accomplished over the last twelve years is a testament to Leslie's knowledge, expertise, and passion to end the violence that plagues so many women.

During her role as the Academic Research Coordinator for RESOLVE Alberta, Leslie mentored countless research assistants, equipping us with the skills necessary to become successful researchers. Not only did she train us to carry out sound research, Leslie gave us the support and encouragement to present our research at agency meetings, community forums, and academic conferences. Indeed, working at RESOLVE Alberta with Leslie gave me the opportunity to publish several articles and book chapters, enabling me to build a successful research career. In fact, I credit my work with Leslie as a major reason for being in academia today. And, I am not alone. Many of us fortunate enough to be part of the RESOLVE team have gone on to successful research and academic careers, in large part because of the support and guidance we received from Leslie.

The work that RESOLVE Alberta has accomplished since Leslie's involvement with the organization is nothing short of remarkable. Not only are the research projects numerous but they span a wide area of violence, including abuse against female intimate partners; sexual assault; abuse against older adults; same-sex relationship violence; children's exposure to violence; sexual exploitation; and youth violence and bullying. As the Academic Research Coordinator, Leslie has

collaborated with a number of leading researchers in family violence across the country, resulting in large-scale research projects, including the Community–University Research Alliance (CURA) project entitled *Evaluating the Justice and Community Response to Family Violence in the Canadian Prairie Provinces*. This was an extensive

study that examined the criminal and civil justices systems in Alberta, Saskatchewan and Manitoba and led to numerous papers and conference presentations. While at RESOLVE, Leslie co-edited two books, the first being *Reclaiming Self: Issues and Resources for Abused Women* edited with Carolyn Goard; and the second, *What's law got to do with it? The law, specialized courts and domestic violence in Canada*, which Leslie co-edited with Jane Ursel and Janice LeMaistre.

Leslie has been instrumental in the development of the domestic violence community in Alberta. She has assisted many local community organizations to develop research projects and evaluations.

In 2010, the Calgary Women's Emergency Shelter named Leslie as one of the recipients of the *Turning Point Award*, in recognition of her impressive contributions to the issue of violence against women and children. In 2008, Leslie was appointed as the first Brenda Strafford Chair in the Prevention of Domestic Violence (Faculty of Social Work, University of Calgary), one of only two Chairs on domestic violence in the country, and the only one in Western Canada. Leslie served as Chair for two years.

RESOLVE has been most fortunate to have Leslie lead the Alberta office for the past twelve years. Leslie's work and dedication have helped to make RESOLVE into one of Canada's leading research institutes on violence against women and family violence. From everyone at RESOLVE, we thank you Leslie for your tireless work and your passionate effort to end violence in the lives of so many women. ❀



Dr. Leslie Tutty

## Manitoba Update: Recovering from Violence—Voices of the Women of WISH



by Lori Rudniski, WISH Clinic, and Jocelyn Proulx, RESOLVE Manitoba

***“When I came to the program, I felt very broken and had no confidence. Now I feel very confident and excited about my life”***

***-WISH Client***

**W**innipeg Interprofessional Student-Run Health (WISH) Clinic is located in Winnipeg’s Point Douglas community, a neighbourhood identified with the poorest overall health and highest level of poverty, and strives to provide programs that best fit the needs of our clients. Our year-long program provides women and their children, affected by domestic violence, with individual and group counselling, support programs, and connection to community resources as they reside in secured on-site housing. Through a recently completed research project funded by the **CARE Grant Program** of the **Prairieaction Foundation**, WISH gained a clear sense of program impact. Results were obtained from analysis of existing client feedback at the six-, twelve- and eighteen-month mark of their program. Data from face-to-face interviews was also included.

The findings indicated that overall satisfaction with the WISH program was high. As one participant stated,

***“I feel free from the violence and I feel that WISH helped me to learn how to make the choices to remain that way.”***

Most reported an increase in self-esteem, strength and confidence. Many reported improvements in their physical and mental health, as well as their sleep, and reductions in anxiety and depression. Some noted changes in their child. For example, one woman commented that *“they feel much better than a year ago, but two of the children still have issues to work on, and we are working on them.”* Most of the women left WISH because their program ended, but they left feeling that they had received the support they needed to live independent lives.

Participants also identified changes that are needed to better facilitate their recovery from violence. In particular, they noted that changes are needed to the physical environment. WISH operates on the third floor of a Manitoba Housing apartment complex. Maintenance and tenants on the first two floors of the building are outside of WISH’s governance, although they form part of the clients’ environments. One woman stated, *“I was very disappointed in the living conditions in the building...*

*I found it hard to recover in this environment.”* Whitley et al. (2005) have identified the importance of the “residential bubble”: the space surrounding a dwelling, the neighbours, and the degree of control people have in their environments. Those that offer personal space, boundaries, and community meeting areas enhance people’s feelings of comfort and help them cope with negative events (Evans & McCoy, 1998). Settings that provide exposure to nature have been associated with better mental health and faster recovery from stress.

This research project has demonstrated to us the importance of program evaluation. We have strengthened our commitment to creating a more positive physical environment to complement our successful programs. Therefore, the feedback we received from our participants has given us a clear direction for enhancing our services to women recovering from violence, and their children.



Evans, G.W., & McCoy, J.M. (1998). *When buildings don’t work: The role of architecture in human health. Journal of Environmental Psychology, 18*, 85-94.

Whitley, R., Prince, M., & Cargo, M. (2005). *Thinking inside the bubble: evidence for a new contextual unit in urban mental health. Journal of Epidemiology and Community Health, 59*, 893-897.



## Saskatchewan Update



by Kimberley Zorn and Holly McKenzie

**2011** has been a very exciting time at the RESOLVE Saskatchewan office. Two of our outstanding graduate students, **Holly McKenzie** and **Meghan Woods** collaborated with RESOLVE team members to submit several conference presentations for the **Indigenous Peoples' Health Research Centre Indigenous Health Research Conference** in March. **Bourassa, Hampton, Juschka, McKenzie, and Wood** presented *Who is health care serving? Comparing Aboriginal and non-Aboriginal survivors of IPV use of health care services in Saskatchewan*. This paper focused on barriers Aboriginal women survivors face when accessing health care services, which was addressed through data from the **Healing Journey Project**. McKenzie, Bourassa, **Kubik, Strathy** and **McKenna** then presented *Aboriginal Grandmothers caring for grandchildren: Located in a policy gap*; a paper based on a **Participatory Action Research** project with members of **Aboriginal Grandmothers Caring for Grandchildren** support network. In particular, it looked at how current child welfare policies impact the health of grandmothers and the grandchildren they care for. Lastly, Woods, **Zorn, Taylor, Wood, Bourassa** and Hampton presented *Sleep, childhood abuse, and intimate partner violence in Saskatchewan Aboriginal and non-Aboriginal women*. This presentation focused on the relationship between colonization, violence, and health for Aboriginal women, using data from the Healing Journey Project. All presentations were well-received by participants at the conference and many interesting comments were made.

Meghan Woods was happy to hear that she was successful with her first grant application! **MITACS** (Mathematics of Information Technology and Complex Systems) Inc., University of British Columbia, awarded her \$3,000 to hold a two-day workshop on **Understanding the Healing Journeys: Building a Longitudinal Analysis Team**. This workshop will be held in Regina on June 2 and 3, 2011, and will bring together all the Healing Journey stakeholders, including research faculty, graduate students, and community

partners. The group will create a new longitudinal data analysis team under the umbrella of RESOLVE Saskatchewan.

Funded by the YWCA, **Eric Oleson** and Kim Zorn have worked with RESOLVE for four months on various projects, where they assisted with **End of Life** and Healing Journey work, among other RESOLVE Saskatchewan projects. Eric and Holly McKenzie were hired for the **Truth and Reconciliation Commission** project, which wound down March 2011. RESOLVE Saskatchewan has decided not to seek a contract for the Phase II portion of the project.

Mary Hampton's students continue to enjoy academic success. Kim Zorn and Whitney Taylor have been accepted into the Clinical Psychology masters program at the University of Regina; **Danaka Safinuk**, RESOLVE Saskatchewan's Research Coordinator, has been awarded a CIHR graduate award; and Meghan Woods has been awarded a prestigious pre-doctoral internship in clinical psychology at the University of Manitoba.

RESOLVE Saskatchewan would like to thank **Rebecca Kotz**, team leader of the **National Missing Persons Coordination Centre**, for her insightful presentation on March 1, 2011. The lecture addressed the missing persons issue in Australia, and focused on supports for families. RESOLVE felt it was important to use this public lecture as a forum to bring awareness and understanding to the issue of missing and murdered Aboriginal women within Canada, as well as the lack of services for affected family members. Rebecca also presented at a meeting in Regina, organized by Saskatchewan's **Provincial Partnership Committee on Missing Persons**. The meeting was attended by government representatives and service providers from the Western provinces and territories, and participants discussed issues

related to support for families of missing persons. A transcript of her talk can be found on the RESOLVE Saskatchewan website at [www.uregina.ca/resolve/RESOLVE/research.htm](http://www.uregina.ca/resolve/RESOLVE/research.htm). ☘



From left: Eric Oleson, Kim Zorn, and Holly McKenzie

## Alberta Update



by Leslie M. Tutty

**T**his is my last submission to the RESOLVE Newsletter, as I step down from my position as Academic Research Co-ordinator of RESOLVE Alberta at the end of June. I do so with many fond memories and a deep respect for the opportunities offered by being associated with the RESOLVE network. My involvement has been lengthy. I was at the conference in Calgary in 1996 when, with the assistance of Senator **Sharon Carstairs**, **Margaret Newall**, and many others, the idea of creating a tri-provincial research network on violence and abuse was born. When the RESOLVE Alberta office opened at the University of Calgary in 1997, I assisted **Lisa Lorenzetti**, our first Community Research Coordinator, in organizing and networking. By the time that **Kendra Nixon** assumed that position in 1999, I had taken the offer to be the Academic Research Coordinator. Twelve years later, much has been accomplished.

I am proud of the many research projects conducted under the auspices of RESOLVE Alberta but what I will remember more are the many individuals who collaborated to support the research, academics and community members, and Regional Council, Partnership Board and Steering Committee members. I could not envision having met and worked with such accomplished people without the network developed by RESOLVE. As the director of RESOLVE, **Jane Ursel's** leadership in this must be acknowledged and is surely appreciated.

In addition to research in the Prairie Provinces, the RESOLVE network has also facilitated a number of national studies and networks, such as the **Canadian Observatory on the Justice Response to Domestic Violence**, and the national projects that examined abused women and homelessness, among others. Although I am leaving the RESOLVE Alberta office, I remain involved in a number of RESOLVE projects, in addition to some of my new research looking at ways to

prevent homelessness. So I'm not leaving; just stepping away a little.

**Carole Cillis**, long-term office manager of RESOLVE Alberta, is also retiring to spend more of her time with her family and her art. Carole began working with RESOLVE Alberta only a couple of weeks before our 2004 two-day RESOLVE conference on the justice response to domestic violence. Luckily for us, she stayed afterward, quietly but diligently working behind the scenes to keep the office running. Not only does Carole keep all of us on track, managing the financials and payroll, but she has had to navigate the seemingly ever-changing accounting and human resources systems at the University of Calgary. She has done so with perseverance and dignity.



Dr. Leslie Tutty (left) and Carole Cillis

Carole worked part-time with RESOLVE Alberta so that she could keep painting. Having seen her paintings and portraits, several of which have won awards, I can attest that Carole's decision to leave RESOLVE Alberta to devote more time

to her art makes considerable sense. I'm sure that her partner, Danny, and her children and grandchildren will appreciate Carole having a more flexible schedule. We will miss seeing her in Calgary as she moves her base of operations back home to the western foothills near Sundre but hope we can count on visits.



### Other RESOLVE Alberta News

*The Evaluation of the Calgary Specialized Domestic Violence Trial Court & Monitoring the First Appearance Court: Final Report*, authored by Leslie Tutty, Jennifer Koshan, Deborah Jesso, Cindy Ogden, and Jacqueline Warrell is now available from [tutty@ucalgary.ca](mailto:tutty@ucalgary.ca). In all, the report analyzes justice data from ten years with over 6000 accused, and qualitative interviews with key justice and community stakeholders, and 30 men mandated to treatment by the courts. ☘

*Moving...cont'd from Page 1*

### ***Moving toward Trauma-Informed Services***

In contrast to current service approaches, trauma-informed services are based on knowledge of trauma's impacts. A trauma-informed system is one in which all components of a given service system possess a basic understanding of the role that violence and abuse play in the lives of people who seek health, mental health, family violence, addiction and spiritual care services. A trauma-informed system uses this information to design and deliver services that accommodate the vulnerabilities of trauma survivors and promote healing, recovery and well-being. A trauma-informed approach could transform our systems of care.

### ***The Manitoba Trauma Partnership***

In 2007, a provincial forum was held in Winnipeg to begin this transformation. The forum promoted and facilitated systemic change that would 1) increase the capacity of organizations and systems to better respond to the needs of people affected by trauma; and 2) increase the capacity of individuals, families and communities to heal and recover from trauma and better respond to future crises, trauma and emergencies. Under the leadership of **Dr. Jocelyn Proulx**, RESOLVE Manitoba produced a comprehensive report on the forum that outlined 11 recommendations. Following its release, the **Provincial Trauma Planning Leadership Committee (PTPLC)** was established to develop a framework for trauma-informed systems of care.

In 2009, the PTPLC met to develop a plan for a comprehensive trauma recovery system and resource centre in Manitoba, with RESOLVE Manitoba and Dr. Proulx in a lead role. Following this meeting, the PTPLC became the **Manitoba Trauma Partnership (MTP)**. Today, a growing number of groups representing a variety of sectors are partnering with the founding organizations to facilitate closer collaborations and to link with similar groups across the world to promote trauma-informed care.

The mission of the MTP is to build a dynamic, coordinated, and comprehensive trauma-informed system of care, and to transform the way health and human services are delivered through promotion of trauma-informed practices.

### ***Trauma-Informed Resources for the Community***

Some important goals of the MTP have already been

realized. For example, in collaboration with an interagency advisory committee, **Klinic Community Health Centre** took the lead in development of a **Trauma Toolkit**—a resource to help service organizations and providers deliver trauma-informed services. A second edition will be published this year.

With funding from the **Government of Manitoba**, Klinic produced and delivered a two-day training on trauma-informed counselling and a half-day workshop on trauma-informed care. Service providers consistently report that among the most useful components of this training are information on the neurobiology of trauma and recovery, self-soothing, and grounding approaches based on mindfulness. This training is now in its third year.

Currently, the MTP is developing a workshop on trauma-informed care for government policy makers and senior managers of health care and social service organizations. Policy- and decision-makers need to understand the importance of providing trauma-informed care in departments that address health, addiction services, spiritual care, corrections, and education. Those in leadership positions must also understand how trauma-informed care can be translated into and inform policy, procedures and every aspect of service delivery.

Another goal is the creation of a **Virtual Trauma Resource Centre**. The website [www.trauma-informed.ca](http://www.trauma-informed.ca) provides information about the Trauma Toolkit and available workshops. By Winter 2011, the site will serve as the foundation for a comprehensive virtual resource centre, with on-line supports and resources for people affected by trauma.

Critical to this work is research that provides evidence of effective practices that broaden and deepens our understanding of trauma and recovery. Our vision of a comprehensive trauma recovery system includes a trauma research centre located in Manitoba. Our vision is that not only that Manitoba become the first trauma-informed province, but that we continue to develop our capacity to promote knowledge exchange, transfer and translation to the benefit of all Canadians. ☘

## CONFERENCES



**May 26 - 27, 2011 - Domestic Violence and the Law Conference**, hosted by The Continuing Legal Education Society of British Columbia (CLEBC). The event will be held at the Pan Pacific Hotel, in Vancouver, BC. At this conference you will learn how to spot the signs of domestic violence, how to understand the risks, and the best way to assist clients and others in creating safety. For more information refer to [www.cle.bc.ca/onlinestore/productdetails.aspx?cid=528](http://www.cle.bc.ca/onlinestore/productdetails.aspx?cid=528).

**May 29 to June 1, 2011 - Second International Conference on Violence Against Women: Complex Realities and New Issues in a Changing World**, hosted by The Interdisciplinary Research Centre on Family Violence and Violence against Women (CRI-VIFF). The event will be held in Montreal at the Delta Centre-Ville Hotel. For a discounted rate, register before April 16, 2011. For more information, refer to [www.confERENCEVIOLENCE.COM/english/home/introduction-word/](http://www.confERENCEVIOLENCE.COM/english/home/introduction-word/) or e-mail [conferenceviolence@esersoc.umontreal.ca](mailto:conferenceviolence@esersoc.umontreal.ca).

**June 2 - 4, 2011 - Global Summit on Ending Corporal Punishment and Promoting Positive Discipline**, presented by Southern Methodist University. The purpose of this conference is to unite interested individuals who concur that corporal punishment of children is an unsuitable and potentially damaging way to discipline and teach children. For more information refer to [smu.edu/psychology/html/globalSummit.html](http://smu.edu/psychology/html/globalSummit.html) or contact Dr. George Holden by e-mail at [cpsummit@smu.edu](mailto:cpsummit@smu.edu) or by telephone at 214-768-4696.

### *RELATIONSHIP FACTORS IN DEPLOYMENT AS RISK FACTORS FOR MARITAL CONFLICT IN THE REINTEGRATION PERIOD*



*by Alysha Jones*

*Alysha Jones is a Research Assistant on the Healing Journey Project for RESOLVE, and a Master's student in Family Social Sciences at the University of Manitoba. She was recently awarded the Best Research Poster prize at the Child and Family Research Symposium. In this article she presents the content of her winning poster.*

In the past decade military families have had to face deployments, some many times over. When facing deployment, many challenges and concerns arise, such as isolation, fear, anxiety, role confusion, stress, anger, and ambiguity—all of which increase the risk of marital conflict.

I was interested in understanding whether the risk for marital conflict is a consequence of the deployment or is a pre-existing vulnerability of the marital dyad. Six risk factors that address this question were examined: sociodemographics of the couple; emotional stability of the spouse left at home; possibilities for relationship maintenance; physical separation of the couple; communication skills of the couple; and concerns about infidelity.

Literature suggests that these factors interact to influence post-deployment conflict. In particular, after the first month of deployment these risk factors play a crucial role in determining how the couple's relationship will maintain itself during the separation. Also, the degree to which these factors interact with one another influences the likelihood of conflict within the dyad and of marital dissolution during the reintegration period.

The only preventive approach identified in literature as a potential mediator of risk factors was support groups designed to help the spouses feel comfortable with showing emotion and asking for help, which reduces their social isolation. In these groups, couples can meet one another and build support systems, share experiences, and learn how to deal with stressors from other individuals in the same situation. Effective groups are facilitated by other military spouses who have experienced deployment themselves. However, there is also a risk in having individuals without professional training lead the groups, as serious issues can arise and group participants may have mental or physical health issues.

Future research in this area must explore whether specific factors present during deployment increase risk for marital conflict during reintegration. Findings of such research will have important implications for military administration, deployment policies and protocols, and clinical intervention. Additionally, there is a need for prevention research that addresses not only stress reduction but also the behavioural and psychological impact of the separation on the spouses.



RESOLVEnews is a quarterly newsletter published by RESOLVE Manitoba. Any submissions, announcements and inquiries can be directed to the RESOLVE office in each of the three prairie provinces or to the editor, Ilze Cepelis, RESOLVE Manitoba - phone (204) 474-8965; fax: (204) 474-7686; e-mail: [newsedit@cc.umanitoba.ca](mailto:newsedit@cc.umanitoba.ca)



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## *Dr. Joan Durrant: Humanitarian of the Year*



**Dr. Joan Durrant**, Acting Director of **RESOLVE Manitoba**, is the recipient of this year's **Humanitarian of the Year** award by the Manitoba Chapter of the **Canadian Red Cross**. The Humanitarian award is presented to an individual who has demonstrated the spirit of humanity through volunteer work, advocacy, leadership and philanthropy, in their community and around the world. As such, Durrant's research has centered around the welfare of children, focused on the psychological and cultural factors that contribute to parents' use of corporal punishment.

A child-clinical psychologist and professor in the Department of Family Social Sciences in the Faculty of Human Ecology, Durrant is also the acting director of prairie based research network RESOLVE, and has spent considerable time living in Sweden to study the context, history and implementation of the world's first corporal punishment ban.

Her work includes the groundbreaking book ***Positive Discipline***, published by the international child rights NGO **Save the Children**, and has been translated into 17 languages. She was also the principal researcher and co-author of the ***Joint Statement on Physical Punishment of Children and Youth***. The document has since been endorsed by more than 400 professional organizations across Canada.

She continues to work tirelessly and is currently working with the Save the Children in Indonesia, where hundreds of thousands of children live in institutions. The Indonesian government is undertaking a de-institutionalization process to return many of these children to their homes and communities, and Durrant has been teaching Social Work students how to support the families affected by this process. ☘

### ***RESOLVE Manitoba***

*~ Dr. Joan Durrant ~  
Acting Director (Academic)*

PUBLICATIONS MAIL AGREEMENT NO: 40063171

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