FAMILY VIOLENCE AS A SOCIAL DETERMINANT OF FIRST NATIONS, INUIT AND MÉTIS HEALTH

Kinship ties and strong familial relations are important to the health and well-being of First Nations, Inuit and Métis peoples. It is within families that children come to know their place in the world (National Collaborating Centre for Aboriginal Health [NCCAH], 2015). Families are sites of nurturing and supportive relationships that are critical for promoting healthy child development and fostering self-esteem and other personal traits that can facilitate resilience in times of struggle (Fleming & Ledogar, 2008; Muir & Bohr, 2014). When kinship ties and family functioning are compromised by unhealthy levels of conflict, abuse and family violence, the health impacts can be widespread, long lasting and severe.

Family violence is any behaviour by one person against another, within the context of relationships based on kinship, intimacy, dependence and trust, which can endanger that person's survival, security or well-being (Public Health Agency of Canada [PHAC], 2016). It has been identified as a serious public health issue in Canada, and an issue of concern in Indigenous communities (Chief Public Health Officer [CPHO], 2016; Hunt & Holmes, 2017). Indigenous [1] families bear a disproportionate burden of family violence compared to other Canadian families due to a combination of complex factors at the individual, family, community and societal levels (CPHO, 2016). Many of these factors are rooted in historical and contemporary colonial contexts that have defined the realities of Indigenous peoples' lives, including loss of lands and resources, loss of self-determination, erosion of Indigenous cultural values, and cultural genocide (Truth and Reconciliation Commission [TRC] of Canada, 2015). These contexts have contributed to socio-economic marginalization, high rates of substance abuse and trauma, as well as intergenerational patterns of abuse (Paletta, 2015).

This fact sheet explores family violence as a determinant of health for First Nations, Inuit and Métis peoples. It begins by providing an overview of the potential health and social impacts of family violence. It then examines the prevalence of, risk factors for, and context of family violence in Indigenous communities. The fact sheet concludes with a discussion of barriers to and promising approaches for prevention and intervention.

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[1] The terms 'Indigenous' and 'Indigenous peoples' are used throughout this fact sheet to refer to First Nations, Inuit and Métis peoples inclusively; however, the terms 'Aboriginal' and 'Aboriginal peoples' will be used as substitutes when reflected in the literature under discussion. Whenever possible, culturally specific names are used.

Health and social impacts of family violence

Family violence can encompass dimensions of neglect, physical, emotional, sexual and financial abuse, and cause serious health and social impacts that can be experienced differently across the lifespan and by gender (CPHO, 2016). Physical health impacts can include: direct injuries, burns and homicides (Rossiter, 2011); adverse pregnancy and birth outcomes resulting from violence against pregnant women (Daoud et al., 2012; Meuleners, Lee, Janssen, & Fraser, 2011); as well as increased prevalence of health issues related to sexual abuse, such as HIV/AIDS or sexually transmitted diseases (Dillon, Hussain, Loxton, & Rahman, 2013; PHAC, 2014a). Mental health impacts can include depression, substance abuse, post-traumatic stress disorder (PTSD) and suicide (Alani, 2013; Chmielowska, & Fuhr, 2017; Zahradnik et al., 2010). Children who are abused or witness abuse are at increased risk of experiencing social, psychological and behavioural problems, including "low self-esteem, aggression and conduct disorders, changes in cognitive attitudes and social dependence" (Hughes, Chau, & Poff, 2011, p. 1084). These problems can place children at greater risk of involvement with the criminal justice and social welfare systems, with significant impacts to their health and well-being across the life course (Turpel-Lafonde & Kendall, 2009). Children who experience family violence

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are also more likely to develop behaviours and parenting problems that can perpetuate an intergenerational cycle of violence (Bopp, Bopp, & Lane, 2003). Further, with the increasing prevalence of dementias and functional impairments among aging Canadians, including Indigenous peoples, more seniors have become vulnerable to abuse, neglect and social isolation (Petrasek MacDonald, Ward, & Halseth, 2018). This has impacts not only on the health of the seniors themselves, but also on their communities through the loss of social cohesion, active volunteerism, and valuable experience that seniors bring to communities (National Seniors Strategy, 2015).

Prevalence of family violence in Indigenous communities

While family violence is generally considered to be more prevalent among Indigenous populations compared to the general Canadian population, challenges in collecting data have resulted in numerous gaps in knowledge as well as a likely underestimation of the problem. Data collection in community surveys relies on peoples' memories of past events and may suffer from recall bias, while official types of data like police statistics capture only incidents that come to the attention of authorities which, for a variety of reasons, often go unreported (Brennan, 2011a; CPHO, 2016; Scrim, 2017). Data also fail to account adequately for the diversity of Indigenous peoples and communities (Smylie & Firestone, 2015). The focus is primarily on spousal or Intimate Partner Violence (IPV) and, to a lesser extent, child maltreatment, resulting in a lack of statistical data on the prevalence of elder abuse, and a dearth of research on IPV experienced by Indigenous men, IPV after relationship separation, as well as on non-physical forms of victimization such as emotional, psychological or financial abuse.[2] Most of the research also tends to focus on family violence in the context of First Nations communities or adopts a pan-Indigenous approach,[3] leaving a significant knowledge gap related to the experiences of Métis, Inuit, and Indigenous people living off reserve or in urban centres with family violence. Further research is needed to address these knowledge gaps to fully understand the nature of family violence so that culturally-specific approaches can be developed to meet the unique needs of diverse First Nations, Inuit and Métis communities (Hunt & Holmes, 2017).

Current evidence shows high rates of IPV, spousal or domestic violence in some Indigenous communities. Indigenous people are approximately 2-3 times more likely to report being victims of violence at the hands of a current or former partner compared to non-Indigenous people (Brennan, 2011b; Department of Justice, 2017). Indigenous women consistently report higher rates of IPV, violence on multiple occasions, and the most severe forms of violence compared to both non-Indigenous women and Indigenous men (Boyce, 2016; Scrim, 2017). They are also more likely to fear for their lives as a result of violence by their partner (Brennan, 2011a). The violence experienced by Indigenous women during pregnancy is especially alarming, as this causes considerable risks not only to the mother, but also to the unborn baby. Data from the 2006-2007 Canadian Maternity Experiences

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[2] Some research does exist in these areas, including Brownridge's (2010) exploration of IPV in relationship to Indigenous men and other types of abuse that are occasionally captured in Canadian Centre for Justice Statistics, the General Social Survey, and provincial/territorial crime statistics, but this research is very limited.

[3] The Canadian General Social Survey (GSS), which is often the source of family violence data, collects information from Canadians' personal accounts of victimization for three types of violent crimes: sexual assault, robbery and physical assault. Because of the small number of respondents, the survey cannot distinguish between Indigenous groups.

Data from the 2014 GSS reported that 40% of Indigenous adults had experienced abuse as children compared to only 29% of non-Indigenous adults

(Burczycka & Conroy, 2017).

Survey found that Indigenous mothers were almost three times as likely to experience IPV around pregnancy compared to other Canadian mothers (Daoud et al., 2012, 2013; Kingston et al., 2016). The limited data also suggest that Indigenous men are at elevated risk of IPV compared to non-Indigenous men, especially the most severe forms of violence (Brownridge, 2010). This finding has been linked to higher levels of unemployment and younger average age

There is a dearth of data on the prevalence of specific types of violence in family situations, including sexual, emotional, financial and psychological. Some limited data derived from the General Social Survey (GSS) indicate that Indigenous people are approximately three times more likely to experience

sexual assault compared to non-Indigenous people, and that females are primarily the victims of this assault (Boyce, 2016; Conroy & Cotter, 2017; Department of Justice, 2017). Sexual assault is considered especially prevalent in northern Canada, where there is a substantial Indigenous population (CPHO, 2016; Paletta, 2015; Rotenberg, 2017; Scrim, 2017). In 2017, the sexual assault rate ranged from 41.1 per 10,000 in Nunavut, 38.0 per 10,000 in the Northwest Territories, and 17.9 per 10,000 in the Yukon compared to only 6.7 per 10,000 in the general Canadian population (Allen, 2018). However, these types of studies generally make no distinction with regard to whether the sexual assault has occurred within the context of families. Previous studies have also shown

that compared to their non-Indigenous counterparts, both Indigenous men and women were approximately twice as likely to have experienced emotional and/or financial abuse from a current or previous partner (Brennan, 2011a; Department of Justice Canada, 2017; Ogrodnik, 2007).

Existing data also highlight high rates of childhood physical and/or sexual abuse in Indigenous populations. Several iterations of the Canadian Incidence Study on Reported Child Abuse and Neglect (CIS) highlighted the disproportionate representation of Indigenous children investigated and apprehended due to child abuse and neglect (Blackstock, Trocmé, & Bennett, 2004; Fallon et al., 2013; Trocmé, Knoke, & Blackstock, 2004). First Nations children have been investigated at rates ranging from 2-6 times

higher than non-Indigenous children across all forms of maltreatment[4] (Sinha, Trocmé, Fallon, & MacLaurin, 2013). Data from the 2014 GSS reported that 40% of Indigenous adults had experienced abuse as children compared to only 29% of non-Indigenous adults (Burczycka & Conroy, 2017). Statistically, Indigenous females and males were equally as likely to have reported experiencing childhood abuse;[5] however, Indigenous females were three times more likely than Indigenous males and nearly twice more likely than non-Indigenous females to report suffering from childhood sexual abuse (Burczycka & Conroy, 2017). While rates of child abuse have been higher for Indigenous people compared to the non-Indigenous people, a recent study examining child abuse among Indigenous adults of different age cohorts suggests these rates may be on the decline (Burcycka & Conroy, 2017). Not surprisingly, the data also indicate that Indigenous children have higher rates of exposure to IPV than non-Indigenous children (Sinha et al., 2013).

Currently, an estimated 8-10% of Canadian seniors experience elder abuse (Canadian Association of Retired Persons, 2016). While there is a glaring lack of data on the prevalence of elder abuse among Indigenous populations, given the current context for abuse in Indigenous communities, it is likely that rates of elder abuse will also be disproportionately higher among Indigenous seniors (Dumont-Smith, 2002; PHAC, 2012; Native Women's Association of Canada [NWAC], 2011). This context is defined by historical and contemporary impacts of colonization, including an erosion of roles and respect for elders in families and communities, socio-economic marginalization, and high rates of substance abuse and trauma (Paletta, 2015). When coupled with Indigenous cultural values of sharing and caring, whereby seniors may feel obligated to share their financial resources with other family members, this context may make Indigenous seniors especially vulnerable to abuse (Dumont-Smith, 2002; Health Council of Canada, 2013; Pauktuutit Inuit Women of Canada [PIWC], 2011). Some studies have suggested that financial abuse may be widespread among First Nations, Inuit and Métis seniors (Health Council of Canada, 2013; PIWC, 2011). For example, one study in an Inuit context revealed that grandchildren, who were seeking money for drugs, alcohol and cigarettes, were primary abusers of elders, with some youth using the context of high rates of suicide as leverage to secure this money (PIWC, 2011).

The impacts of family violence on Indigenous peoples' health and well-being

It has been well documented that Indigenous peoples experience a wide range of health inequities, including on indicators that have been directly associated with family violence, such as injuries, mental health issues, and sexually transmitted diseases. However, there is a dearth of research on the direct impacts of family violence on Indigenous peoples' health and well-being in Canada. Current research indicates that Indigenous peoples have much higher rates of injuries, hospitalizations and deaths resulting from family violence or from intentional injuries[6] than non-Indigenous peoples (Brennan, 2011a; Perreault, 2011); especially First Nations people living on-reserve (Brussoni et al., 2016; Carrière et al., 2010; George et al., 2015; Guèvremont, Carrière, Bougie, & Kohen, 2017). Mental health issues have been found to be prevalent among Indigenous

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[4] The gap between First Nations and non-Indigenous children maltreatment rates was highest for cases defined as 'neglect' (six times higher) and lowest for sexual abuse (nearly three times higher) (Sinha et al., 2011).
[5] Defined here as including only sexual and physical abuse.
[6] Intentional injuries can include self-harm, as well as injuries intentionally caused by family members and strangers.

victims of IPV globally, which can be exacerbated by poverty, discrimination and substance abuse (Chmielowska, & Fuhr, 2017). In Canada, associations have been found between mental health outcomes and exposure to violence among Indigenous youth (Zahradnik et al., 2010). The intergenerational nature of abuse and trauma has been identified as a key factor in perpetuating family violence in Indigenous communities (Bopp, et al., 2003; Panetta, 2015). Indigenous peoples also have disproportionately high rates of other health outcomes that may result from family violence, such as HIV/AIDS (PHAC, 2014b; Siemieniuk, Krentz, Gish, & Gill, 2010) and adverse birth outcomes (Halseth & Greenwood, 2019); however, there does not appear to be any other research exploring the prevalence of these health issues among Indigenous victims of family violence.

Family violence in Indigenous communities must be situated within a social determinants of health framework, as well as at the intersection of race, gender, social class, and multiple dimensions of power imbalances

(Brassard, Montminy, Bergeron, & Sosa-Sanchez, 2015; Cripps & Davis, 2012).

Factors that contribute to increased risk of family violence in Indigenous communities

Family violence in Indigenous communities must be situated within a social determinants of health framework, as well as at the intersection of race, gender, social class, and multiple dimensions of power imbalances (Brassard, Montminy, Bergeron, & Sosa-Sanchez, 2015; Cripps & Davis, 2012). The links between social determinants and Indigenous health and well-being have been well-documented, including by the Royal Commission on Aboriginal Peoples (RCAP; 1996) and the Truth and Reconciliation Commission (2015). These determinants are rooted in Indigenous peoples' history of colonization and its intergenerational effects on individuals, families and communities. This history, including disruptions to traditional social systems and societies, the residential school experience, and child apprehensions through the child welfare system, has resulted in high levels of trauma, substance abuse, mental health issues, poverty, unsafe housing, oppression, and other ill effects that act as multiple stressors that can contribute to family violence (Hunt & Holmes, 2017;

Ross, Dion, Cantionotti, Collin-Vézina, & Paquette, 2015). Yet, it speaks to the resilience of Indigenous peoples that many are overcoming these multiple adversities and rebuilding strong relationships within their families and communities. Colonialism has also created multiple levels of power imbalances whereby Indigenous people are seen as an inferior class, and Indigenous women are seen as an inferior gender within this inferior class, amplifying their risk to family violence (Halseth, 2013). It is through these lenses that the disproportionate rates of family violence among Indigenous populations must be viewed.

While many of the risk factors for family violence may be present in any population, their prevalence is often greater among Indigenous populations. Younger age and female gender have been associated with increased vulnerability to victimization generally (Capaldi, Knoble, Shortt, & Kim, 2012; Jaffe et al., 2016), as well as in Indigenous populations in Canada specifically (Boyce, 2016; Scrim, 2017; Perreault, 2015). Indigenous peoples have a higher prevalence of some socio-economic risk factors that can increase vulnerability to family violence by contributing to increased stress and mental health issues. For example, compared to the general Canadian population, a greater proportion of Indigenous people have a lone parent or

common law family structure, are unemployed, have a low level of education, live in crowded or unsafe housing, experience social isolation, and live in poverty (Brownridge, 2003; Daoud et al., 2013; Miller-Graff & Graham-Bermann, 2016; Scrim, 2017). Additionally, small community size and geographic isolation, characteristics of many Indigenous communities, can increase the vulnerability of Indigenous women to domestic violence and make it challenging to address the issue (Alani, 2013; Brassard et al., 2015; Standing Committee on the Status of Women [SCSW], 2011).

Colonial policies such as the *Indian Act*, the establishment of Indian reserves, and the residential school system have also contributed to Indigenous peoples' socio-economic marginalization, increasing their vulnerability to family violence (Miller-Graff & Graham-Bermann, 2016). For Indigenous women, especially First Nations women, who face multiple dimensions of oppression, including ageism, sexism, patriarchy, racism and discrimination, this marginalization is reinforced by public policies, laws and government actions that

institutionalize violence against them and leave them unprotected against it (Brassard et al., 2015; Clark, 2012). These include:

1. sexually discriminatory legislation such as provisions in the *Indian Act*, which removed status and band membership from Status First Nations women who married non-Status First Nations men,[7] and the *Family Homes on Reserves and Matrimonial Interests* or *Rights Act*, which leaves Status First Nations women unprotected against the loss of their homes on reserve in cases of divorce (Brassard et al., 2015; NWAC, 2018);

2. inequitable government funding, which has restricted access to services and resources in Indigenous communities (Alani, 2013); and

3. experiences with sexism, racism, and discrimination in the police and criminal justice systems, whereby Indigenous women are often seen as inherently unworthy or to blame for violence perpetuated against them (Moffitt, Filowski, Mauricio, & Mackenzie, 2013; SCSW, 2011).

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Such representations of Indigenous women in the media further discourages non-Indigenous Canadians from seeing the "high rates of violence as a fundamental violation of the human rights of Indigenous women and girls," and as a social responsibility to address (National Inquiry into Missing and Murdered Indigenous Women and Girls [NIMMIWG], 2017, p. 30). As noted by the Native Women's Association of Canada (2010), violence is often "perpetuated through apathy and indifference towards Aboriginal women" (p. 7).

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[7] While the Federal Government changed the *Indian Act* in 1985 to respond to court decisions to address gender discrimination embodied in the Act, sexual discrimination has not yet been fully eliminated, affecting the ability of First Nations women to pass down 'status' to their descendants (with its corresponding benefits and rights).

Barriers to addressing family violence

Addressing family violence in Indigenous communities is a complex issue because of the diverse socio-economic, geographic, political, cultural, and historical barriers that operate at multiple levels, including the individual, family, community, and system levels. This section summarizes some of the barriers that inhibit Indigenous victims from reporting family violence, prevent them from leaving violent situations, and constrain efforts to effectively reduce family violence within Indigenous communities.

Despite the high rates of family violence in some Indigenous communities, underreporting of domestic violence remains a significant problem (Scrim, 2017). This may be related, in part, to stigma associated with family violence, fear of repercussions from the abuser, or not wanting the abuser to be arrested or punished. However, it is also related to Indigenous peoples' past negative experiences with colonial systems and structures, and a lack of culturally appropriate policing, judicial and child welfare services (Brassard et al., 2015, Brennan, 2011a; Tonmyr, Williams, Hovdestad, & Draca, 2011). Many Indigenous people have experienced attitudes of indifference, racism

and discrimination in these systems, fostering a lack of trust and confidence in them (Boyce, 2016; McMillan, 2011). The adequacy of police and the courts in meeting the needs of Indigenous victims of abuse has also been called into question (Boyce, 2016; Tonmyr et al., 2011) due to factors such as: the length of time it takes to process charges; the lack of culturally appropriate options in court, inadequate sentences, challenges in navigating the legal system, the financial and social costs of going to court (McMillan, 2011); the lack of legal aid for victims to seek recourse against violent perpetrators (SCSW, 2011); and perceptions that the police and criminal justice systems

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are simply unresponsive or ineffective in preventing further violence (NIMMIWG, 2017; Riel, Languedoc, Brown, & Rodgers, 2014; Talaga, 2017).

There is also considerable fear of and mistrust in the child welfare system because of Indigenous peoples' historical and contemporary experiences with it, including the Sixties Scoop [8] and the ongoing over-representation of Indigenous children in the system [9] (Alston-O'Connor, 2010; Aboriginal Justice Implementation Commission, 2001; Gerlach, Browne, Sinha, & Elliott, 2017). In many Canadian provinces, children's exposure to family violence is classified as a form of maltreatment that justifies the transferring of children into child protection services (Alaggia, Gadalla, Shlonsky, Jenney, & Daciuk, 2013; Sinha et al., 2013). Fear of losing their children to this system thus poses a significant barrier to reporting family violence in Indigenous communities (Jenney & Alaggia, 2012; Moffitt et al., 2013; SCSW, 2011). The fragmented system of dealing with domestic abuse, involving both the child welfare and criminal justice systems, also presents a barrier to escaping from family violence, especially

in the context of isolated northern environments with limited resources (Moffitt et al., 2013). This system holds victims of domestic violence unfairly "accountable for failing to protect their children from the same violence that has been inflicted on them" (Vine, Trocmé, MacLaurin, & Fallon, 2012, p. 284), making victims responsible for leaving their abusive partners without providing the necessary supports or assistance to do so (Hughes et al., 2011). Further, a lack of coordination and information sharing between the child welfare and criminal justice systems often creates confusion and uncertainty, placing victims of abuse at greater risk of harm (Jenney & Alaggia, 2012; Riel et al., 2014).

Several social and cultural factors can pose significant barriers to Indigenous women in reporting family violence and leaving their abusive partners, as well as to communities in their efforts to reduce the prevalence of family violence. Indigenous communities often have strong social and family cohesion, which can be sources of strength in helping victims escape violence and facilitating resilience and healing (Barrett & St. Pierre, 2011; Burnette, 2017; Gauthier,

Francisco, & Dombrowski, 2018). However, in the context of the 'normalized' violence that can be present in some Indigenous communities, it can also act as a deterrent to reporting violence or leaving abusers (Health Council of Canada, 2013; Hunt & Holmes, 2017; Kuokkanen, 2015; Richmond & Ross, 2008). Cultural beliefs about the role of men and women in families, societal attitudes towards women, and internalized cultural and family pressures can leave Indigenous women feeling guilt, shame, and unsupported in their endeavors to escape family violence (Asay, DeFrain, Metzger, & Moyer, 2016; Clark, 2012; Riel et al., 2014; SCSW, 2011). Culturally imbued understandings of avoidance and non-interference in Indigenous communities may inhibit victims' access to social supports (McMillan, 2011; Moffitt & Fikowsky, 2017). Finally, language barriers may also prevent Indigenous victims from reporting family violence, especially elders who may only speak their Indigenous language (Moffitt et al., 2013).

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[8] The Sixties Scoop refers to the mass removal of Indigenous children from their families and placement into primarily middle-class Euro-Canadian families during the 1960s (First Nations & Indigenous Studies, 2009).

[9] Indigenous children are over-represented in the child welfare system, often for reasons of 'neglect', which is closely linked to both poverty and caregiver household factors such as overcrowded housing, caregiver mental health and substance abuse (Blackstock et al., 2004; Gerlach et al., 2017; Sinha et al., 2013).

> *The geographic isolation and small size of some Indigenous communities can make it challenging to address family violence.*

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The geographic isolation and small size of some Indigenous communities can make it challenging to address family violence. These communities may lack access to domestic violence resources and supports, such as counselling, child care, legal aid services, and emergency shelters [10] (Brassard et al., 2015; Moffitt et al., 2011; SCSW, 2011), as well as access to courts, options for removing perpetrators of violence, or finding alternative care for their children (SCSW, 2011). Indigenous peoples' reluctance to talk about family violence may be compounded in these types of communities due to challenges in maintaining personal anonymity and confidentiality (Blaney & Janovicek, 2004; Riddell, Ford-Gilboe, & Leipert, 2009; Wisniewski, Arseneault, & Paquet, 2016). Limited access to telephones or the internet may limit victims' ability to report family violence (Alani, 2013), while a lack of public transportation [11] may restrict their ability to escape it (Stam, Ford-Gilboe, & Regan, 2015; Riddell et al., 2009). Fear of being physically injured or killed by one's partner, threats against children's physical and emotional safety, and social and financial dependence on the partner are also key factors in victims' decisions not to leave their abuser (Moffitt et al., 2013). In geographically isolated communities where resources and supports may be lacking, such power imbalances can further isolate victims when their perpetrators limit contact with family, friends and other support networks, thus reinforcing an environment that is conducive to family violence (Riddell et al., 2009). Research suggests that Indigenous women may have greater difficulties leaving their abusive partners compared to non-Indigenous women (Tutty et al., 2009, 2017), and even when they are able to leave, they may not be able to prevent further abuse (Brownridge et al., 2008; Somlak Pederson, Halinka Malcoe, & Pulkingham, 2013). Environmental conditions likely play a role in the ability of Indigenous victims to escape family violence.

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[10] For example, according to Beattie & Hutchins (2015), of 627 emergency shelters existing across Canada in 2014, only 3% exclusively served an on-reserve population and 27% provided some services to an on-reserve population. A total of 32 (5.1%) shelters were located on a reserve, some of which also served population centres and rural populations.

[11] It should be noted that bus transportation has been declining in rural Canada for many years. Recently, many communities in western Canada have lost access to public transportation when Greyhound announced its discontinuation of nearly all western bus service routes (Noakes, 2018).

Finally, socio-economic marginalization remains a significant barrier to addressing family violence in Indigenous communities. Limited access to educational and employment opportunities prevents Indigenous victims from obtaining the financial security needed to escape family violence (SCSW, 2011; Stam et al., 2015). Loss of the marital home in cases of divorce and men's control over economic resources can also make it difficult for Indigenous women to escape family violence (Brassard et al., 2015). Current government policies and systems continue to compound the problem of family violence in Indigenous communities by failing to address its root causes – the intersecting vulnerabilities of gender, race, class, colonization and other systems of inequality that further marginalize Indigenous women and girls by creating and maintaining unsafe environments and leaving them unprotected from victimization (Clark, 2012). There is an urgent need to transform policy processes to address the social needs of Indigenous peoples and improve the environmental conditions that contribute to family violence, including economic growth on reserve, equitable access to educational opportunities and health services, mental health and substance abuse issues, and housing. There is also an urgent need to address discriminatory provisions embedded in current policies and systems that deny Indigenous peoples, particularly women, with equitable access to the tools, resources and supports needed to escape violent situations (SCSW, 2011).

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Strategies to address family violence in Indigenous communities

The complexity of family violence, with its multiple, often overlapping, causes and consequences, makes this public health problem a challenge to remedy in Indigenous communities, especially when the focus of interventions is on the individual and perpetrator rather than on the community and system- or structural-level determinants that are at the root of the problem. While there is a lack of qualitative evidence about the effectiveness of family violence programs in this setting (MacGregor, Wathen, Kothari, Hundal, & Naimi, 2014; Shea, Nahwegahbow & Andersson, 2010), the literature highlights some features of interventions considered as promising or 'wise practices.'[12] First, family violence interventions must be culturally relevant and community-based (Brown & Languedoc, 2004; Cripps & Davis, 2012; Klingspohn, 2018; Riel, Languedoc, Brown, & Gerrits, 2016). Indigenous communities must be involved in defining the problem and context, determining how best to address the issue, and devising interventions that recognize and respect the diversity of Indigenous peoples and reflect their worldviews rather than be imposed from the outside. This is critical to the success of interventions because it helps foster community buy-in (Cripps & Davis, 2012) and builds community skills and capacity to address family violence (Riel et al., 2016). Stakeholders and community members must also be engaged in the communication of violence prevention messages to ensure that it is culturally and linguistically appropriate for the local context, resonates with community members' preferred modes of communication, and provides consistent and effective messages to help overcome entrenched societal beliefs, values, norms and attitudes about violence (Boyko, Wathen, & Kothari, 2017).

Second, family violence interventions must be flexible and holistic in their approach, addressing the broad physical, emotional, mental and spiritual factors that contribute to family violence (Cripps & Davis, 2012; Riel et al., 2016). They should be strengths-based, with a focus on lifting the collective morale of Indigenous peoples (Wesley-Esquimaux & Snowball, 2010), and incorporate Indigenous worldviews, teachings, values and beliefs to rebuild community culture and strengthen social support networks (Shea et al., 2010).

Third, while family violence interventions and programs should be designed and delivered by Indigenous peoples, there is widespread acknowledgement that developing multi-sectoral partnerships can help capitalize on the strengths, resources and capacities of multiple organizations and sectors, especially in rural and remote communities where victims' access to a range of social support services may be lacking (Cripps & Davis, 2012; Cripps & McGlade, 2008). However, these partnerships must be founded upon honesty, reciprocity, respect, trust and a commitment to social justice (Blue Quills First Nations College, 2013).

Fourth, since evidence suggests that the impacts of family violence can accumulate over time, a life course perspective is needed (CPHO, 2016). Efforts must be made to reduce child maltreatment and its negative developmental effects, as well as resolve manifestations of trauma, including substance abuse, loss of self-worth and identity, and mental health issues within Indigenous societies (Brownridge et al., 2017; Riel et al., 2016; Stewart & Power, 2014).

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[12] The term "wise practices" was utilized by Wesley -Esquimaux and Snowball (2010) for their strengths-based and holistic framework for addressing violence, mental illness and addictions in Indigenous communities.

Indigenous communities must be involved in defining the problem and context, determining how best to address the issue, and devising interventions that recognize and respect the diversity of Indigenous peoples and reflect their worldviews rather than be imposed from the outside.

Fifth, family violence prevention in Indigenous communities requires multi-faceted and multi-dimensional approaches, tailored to fit the needs of multiple types of participants, including, men, women, children, families and communities, the young and the elderly, victims as well as perpetrators. A wide array of intervention and prevention initiatives are needed at multiple levels (including the individual, community, system and policy levels) and across multiple domains (including legal, education, health and social services). These can include:

1. health promotion and education programs that foster broad community awareness and alter the attitudes and beliefs about family violence (Cripps & Davis, 2012; Varcoe et al., 2017);

2. programs that restore roles and respect for Elders, revitalize traditional parenting practices, and strengthen families (Houlding, Schmidt, Stern, Jamieson, & Borg, 2012; NWAC, 2011);

3. school- and community-based interventions that foster characteristics that contribute to resilience (ie. cooperation, responsibility and perseverance) and promote opportunities for youth engagement with school and community life (Zahradnik et al., 2009);

4. interventions that build social problem-solving and coping skills (Baskin, 2012; Lys, 2018; Steward & Power, 2014);

5. interventions that promote widespread healing, not only for the victims, but also for perpetrators of violence, other family members and the community in which the violence takes place (Brown & Languedoc, 2004; SCSW, 2011);

6. treatment programs that incorporate Indigenous holistic approaches to healing as well as Western treatment methods, tailored to meet individual needs and preferences (Kwan, 2016; Naseba Marsh, Coholic, Cote-Meek, & Najavits, 2015; Rowan et al., 2014);

7. culturally appropriate approaches to criminal justice (ie. restorative justice), policing, and child welfare services (Dickson-Gilmore, 2014; Goel, 2010; Van Wormer, 2009);

8. policy responses that address deficiencies in, and mistrust of, police, criminal justice and child welfare services (Barrett & St. Pierre, 2011; Hughes et al., 2011; Richardson & Wade, 2010);

9. programs and services that address the impacts of intergenerational trauma, including substance abuse, mental health issues and loss of identity and self-worth (Brownridge et al., 2017; Riel et al., 2016);

10. programs and services that support victims in times of crisis, empower them to seek help, and reduce barriers to seeking help, such as providing assistance with housing, employment, financial and emotional support (Jenney & Alaggia, 2012; LaPierre, 2010; Richardson & Wade, 2010; SCSW, 2011);

11. policy responses to better address socio-economic stressors that act as triggers for family violence and improve Indigenous women's access to economic security, including provisions that govern the division of matrimonial real property on reserve, economic growth on reserve, access to affordable and safe housing, and access to educational opportunities (Miller-Graff & Graham-Berman, 2016; SCSW, 2011); and

12. decolonizing policies, programs and services that address ongoing systemic discrimination and racism within justice, education, economic and health institutions and take actions to address past injustices and promote reconciliation (Kuokkanen, 2015; McMillan, 2011; TRC, 2015).

Effective family violence interventions also require some administrative and structural components to ensure they are sustainable and effective. This includes adequate and stable funding, qualified and stable staff with personal characteristics that facilitate the building of relationships, Indigenous administration of programs, and coordinated service delivery that enables participants to easily access all relevant services and supports, such as legal, justice, health and social services (Brown & Languedoc, 2004; Zellerer, 2003; McMillan, 2011).

Conclusions

The relationship between the conditions in which Indigenous peoples live and their health and well-being is well known, as is the role of colonization policies and practices in fostering these conditions (RCAP, 1996; TRC, 2015). Yet there remain crucial gaps in knowledge about family violence in Indigenous communities that hamper the development of effective interventions, especially with regard to effective local responses. Nevertheless, research has shown that multi-dimensional, multi-sectoral, and multi-faceted approaches are needed to address the complex underlying and interconnected root causes of family violence in these communities. This includes addressing issues of socio-economic marginalization, intergenerational trauma, inequitable access to health and social services, systemic discrimination and racism, and deeply entrenched attitudes within communities that contribute to and perpetuate family violence. Interventions must be culturally appropriate and targeted at healing individuals, families and communities, rather than focusing on the separation of families. They must also be community-based to address issues of self-determination and empowerment for Indigenous peoples, foster community buy-in, and build local capacity and the strengths of communities to tackle the issue of family violence.

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Interventions must be culturally appropriate and targeted at healing individuals, families and communities, rather than focusing on the separation of families.

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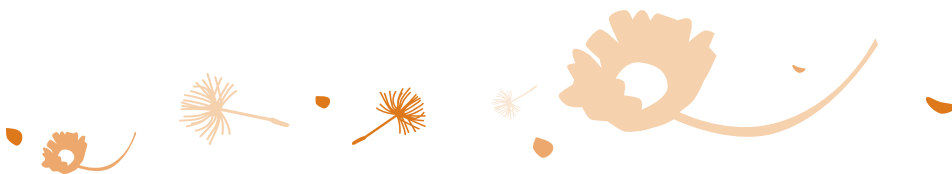
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HOW TO USE THIS FACT SHEET

REFLECT

Talk to others in your community, reflect on the content of this fact sheet, and contemplate how you could make a difference in the health and well-being for yourself, your family or your community.

ENGAGE

Find local friendship centers, community organizations or groups where you can volunteer or participate in healthy positive actions. You too can share knowledge and make a difference in the health and well-being of First Nations, Inuit, and Métis Peoples' of Canada.

sharing knowledge · making a difference
partager les connaissances · faire une différence
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