Final Report

Shift: The Project to End Domestic Violence – Research in the Calgary Aboriginal Community

Submitted by:
Lana Wells, Brenda Strafford Chair in the Prevention of Domestic Violence, Faculty of Social Work, University of Calgary
Sharon Goulet, Mahegun Tails Inc.

Submitted to:
The Centre for Criminology and Justice Research

November 2011

Publication Number
Added by CCJR
About the Centre for Criminology and Justice Research

With support from Alberta Justice and Attorney General, the Centre for Criminology and Justice Research (CCJR) was established in January of 2010, and officially launched in June 2010. The CCJR contributes independently produced, evidence-based research in the study of criminal and social justice issues and the promotion of safe communities. Committed to promotion of collaboration among faculty, students, industry experts, and community members, the CCJR provides independent services to help direct strategy and policy through informed research outcomes.

For more information, please contact:

Dr. John Winterdyk, Director
Centre for Criminology and Justice Research
4825 Mount Royal Gate SW
Calgary, AB T3E 6K6
Phone: 403.440.6380
Fax: 403.440.6201
Email: ccjr@mtroyal.ca
www.mtroyal.ca/ccjr

Shift: The Project to End Domestic Violence – Research in the Calgary Aboriginal Community
Publication Number: 004-12-16

Electronically published by the CCJR in December 2011
© 2011 by the Centre for Criminology and Justice Research and the listed authors.
All rights reserved.
# Table of Contents

About the Authors........................................................................................................................................... 4  
Acknowledgements......................................................................................................................................... 5  
Executive Summary....................................................................................................................................... 6  
Background..................................................................................................................................................... 8  
Objectives ....................................................................................................................................................... 9  
Project Design.............................................................................................................................................. 10  
Outcomes ....................................................................................................................................................... 13  
Discussion ...................................................................................................................................................... 15  
Recommendations........................................................................................................................................... 17  
Dissemination ............................................................................................................................................... 18  
References...................................................................................................................................................... 19  
Appendix/Appendices...................................................................................................................................... 21
About the Authors

Before being appointed the Brenda Strafford Chair in the Prevention of Domestic Violence at the University of Calgary, Faculty of Social Work, Lana Wells was a member of the senior leadership team at the United Way of Calgary and Area, managing funding for 140 agencies, 280 programs, stewarding million-dollar donations, and leading government relations and public policy work. She has worked for numerous non-profit organizations and local and provincial government bodies as a planner, researcher, project manager, evaluator, facilitator and trainer. Her areas of expertise include family violence, women’s issues, social change, children’s services, outcomes management and the not for profit sector. Lana volunteers widely, sits on several boards of directors and was president of the Alberta Council of Women’s Shelters in 2000-2002. She has taught at several post-secondary institutions and holds Bachelor’s and Master’s degrees in Social Work from the University of Calgary and a combined Honours BA in Religious and Women’s Studies from McMaster University.

Sharon Goulet is a Red River Métis and member of the Métis Nation of Alberta. Sharon has lived in Calgary for 25 years, and has worked at the City of Calgary in Aboriginal Services for the past 18 years. As an Aboriginal Issue Strategist, Sharon’s work involved social planning, community development, research, and advocacy on issues that concern the Aboriginal urban community. In 2007, Sharon took on the role of Social Planner with the City of Calgary’s FCSS program and is responsible for funding, social planning and capacity development initiatives, as identified by Aboriginal agencies. Also, as a member of the Provincial FCSS Aboriginal Advisory, this newly formed group has dedicated its work to advocating for systemic and structural changes to how Aboriginal agencies in Calgary report, measure and evaluate their programs. Sharon completed her Master degree at the University of Calgary in 2005, with a focus on Aboriginal leadership.
Acknowledgements

The research team would like to acknowledge the nine Calgary service providers who provided information in relation to this project. Without their input and expertise, this study would not have been possible.

We would also like to thank the following colleagues for their contributions to the research: Caroline Claussen who was the lead project manager for the research project and Saba Amro, a University of Calgary BSW practicum student who assisted with the research.

The development of the research projects was made possible by the grant from the Centre for Criminology and Justice Studies.
Executive Summary

Statistics show that aboriginal women are at significantly higher risk of spousal violence and spousal homicide than non-aboriginal women (Statistics Canada, 2006). This corresponds to international research which indicates that aboriginal women face significantly higher risk of exposure to violence (VicHealth, 2007). While there are some programs to address domestic violence in Aboriginal communities, there are very few examples of primary prevention initiatives targeted at/with this community, with even fewer having been evaluated (VicHealth, 2007). While the inclusion of Aboriginal communities within the scope of primary prevention initiatives has been indicated as essential (VicHealth, 2007), this is rarely the case. In a review of over 28 domestic violence action plans around the world, only six included First Nations communities as a community of focus (Brenda Strafford Chair in the Prevention of Domestic Violence, 2011).

Using an Aboriginal community development perspective, this research project explored the following research questions:

1. What exists in the current literature on meanings and definitions, risk and protective factors, and prevention intervention strategies within the area of domestic violence and urban Aboriginal communities?
2. What services currently exist locally (Calgary) for urban Aboriginal peoples experiencing domestic violence?
3. What is the state of readiness within the community of Calgary to address this pressing social issue from a primary prevention perspective?
4. How can domestic violence be defined from an Aboriginal perspective?

The project employed two different methodologies in order to answer the above questions. They included:

- An initial literature review to determine definitions, risk and protective factors and best practice in the area of Aboriginal communities and domestic violence, focusing on Aboriginal specific prevention approaches to this issue;
- Environmental scan of the Calgary service community to determine if there are services currently addressing the issue of domestic violence, and at what level (micro-level prevention or intervention services and/or macro-level practice such as policy work); and
- In-depth, face-to-face interviews with seven domestic violence service providers from the Calgary community who work with Aboriginal peoples.

Some of the key findings from the above research include the following: (1) Considering the projected urban migration of urban Aboriginal people into Canadian cities, there is a need to focus on the particulars of the urban Aboriginal experience of domestic violence, (2) The needs of urban Aboriginal families and individuals are in some ways different from those of their relatives living on land based communities (i.e., reserves), and very little literature examines this difference, (3) While limited, there was available literature on risk and protective factors, best practices and domestic violence in regards to Aboriginal communities. The same could not be said for Metis communities, (4) Urban Aboriginal concerns have tended to be on the margins of funding and public policy, (5) Greater efforts towards identifying evidence-based domestic violence prevention programming for Aboriginal populations is critical, and (6) domestic violence is not a singular issue, the interconnection between residential schools, historic trauma and colonialism cannot be separated out thus work with the National Truth and Reconciliation Commission, and local events/initiatives related to the Residential School experience to
bring the issue of domestic violence to the table as a legacy from residential schools is an important strategy.

These findings have significant implications for both academics and policy makers interested in domestic violence prevention within Aboriginal communities. Academically, much more attention and research needs to be given towards identifying risk and protective factors for urban Aboriginal populations, given that trends indicate a movement from reserves into urban centers. This migration brings with it additional issues and vulnerabilities that are not currently identified in the literature. Additionally, Aboriginal and Metis populations are not synonymous. Research into risk and protective factors within Metis populations needs to be conducted in order to truly understand and reflect the contextual differences between these two groups. Prevention efforts may look different for Metis populations based on their contextual differences.

As greater numbers of Aboriginals move from reserves to urban centers, the need for quality prevention programming will increase. From a policy perspective, greater funding needs to be allocated towards evaluating and identifying evidence-based prevention programming in the area of domestic violence in order to meet that need and ensure that outcomes of violence prevention are being achieved. Additionally, as our research indicates, the significance of the residential school experience on Aboriginal peoples cannot be isolated from discussions on domestic violence. Any prevention effort must not only understand the legacy of the residential schools and its influence on the issue of domestic violence, but also work with and support Aboriginal leaders in the community in order to truly create change.
Background
The Brenda Strafford Chair in the Prevention of Domestic Violence was created to lead and facilitate Shift: The Project to End Domestic Violence. Shift is a ground breaking, community-based project aimed at significantly reducing, and eventually ending domestic violence in Alberta. The name Shift represents the spirit of this initiative aimed at creating transformational change using a primary prevention approach to stop first time victimization and perpetration of domestic violence. In short, primary prevention means taking action to build resilience and prevent problems before they occur.

As outlined in Shift’s 18-month work plan, we are engaged with key stakeholders and thought leaders, including the provincial government, with a focus on the following activities:

1. Use a community-learning and engagement model to introduce SHIFT, encourage input and feedback, and explore opportunities for collaboration.

2. Determine the full scope and impact of domestic violence in Alberta.

3. Identify prevention initiatives that work and find ways to integrate them at the local and provincial level.

4. Work with local, provincial and national think tanks to identify opportunities to engage government, and influence policy development and reform.

5. Analyze society’s deeply held views and assumptions about domestic violence and identify the levers to create large-scale behavioral change.

In order for Shift to be successful, it’s necessary to work with citizens, community organizations and experts to gather information on the scope of domestic violence here in Calgary, as well as generating a more fulsome understanding of the risk and protective factors of domestic violence. In light of the fact that Aboriginal women face a significantly higher risk of spousal violence and homicide than non-Aboriginal women, the proposed study aimed to examine the risk and protective factors, definitions, and best practice in the area of Aboriginal communities and domestic violence prevention. In addition, through the research process, it was our hope to identify community readiness and momentum for primary prevention work.
Objectives

Due to the complex nature of the issue of domestic violence within the Aboriginal community, this research utilized a phased approach. The funding provided by the Center for Criminology and Justice Research allowed for exploration in the first two phases of the project, specifically:

1) An initial literature review to determine definitions, risk and protective factors, and best practice in the area of urban Aboriginal communities and domestic violence. The review will look both locally and internationally for Aboriginal specific prevention approaches to this issue; and

2) An Environmental Scan of the Calgary service community to determine if there are services currently addressing the issue of domestic violence, and at what level (i.e., micro-level prevention or intervention services and/or macro-level practice such as policy work).

The objectives of the above activities were to determine the following:

1. What exists in the current literature on meanings and definitions, risk and protective factors, and prevention intervention strategies within the area of domestic violence and urban Aboriginal communities?
2. What services currently exist locally for Aboriginal peoples experiencing domestic violence?
3. What is the state of readiness within the community of Calgary to address this pressing social issue?
4. How can domestic violence be defined from an Aboriginal perspective?

It is worthwhile to note that the issue of domestic violence is one that is often difficult for people to discuss. Of the original nine service provider participants recruited, only seven participants consented to being interviewed. Of those seven, only four were willing to be audio-taped. The remaining three consented to only handwritten notes taken during the interview.
Project Design

Due to the complex nature of domestic violence within the Aboriginal community, there are many different frames from which the reality of Aboriginal experiences could be researched. This study was conducted from an Aboriginal community development perspective and the impact and willingness to look at domestic violence as a symptom of unresolved historical trauma.

Understanding the residential school experience is critical to understanding social problems, such as domestic violence, within the Aboriginal community. Residential schools were in existence for over 150 years, impacting multiple generations. The purpose of these schools was to remove Aboriginal children not only from their parents and community, but from their cultural identity as well (Royal Commission on Aboriginal Peoples, 1996). According to some Aboriginal scholars, the answers lie in understanding the true lasting effects of residential schools and historical trauma as the core strategy to addressing ongoing social and economic situations facing Aboriginal people today. In her initial research, Dr. Maria Brave Heart suggests that the ability of her people and all Aboriginal Nations to move away from dysfunctional and destructive behaviors such as domestic violence is to begin to address the core of the social symptoms (Brave Heart, 2000). Dr. Brave Heart conceptualized historical trauma, which is a cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (Brave Heart, 2000, 2001). Understanding this central or core place from which communities mobilize, any work has to first examine not only community readiness, but community health and ability to understand and deal with the presenting issue (domestic violence) from the places of unresolved grief that many indigenous individuals and communities are struggling with (Brave Heart, 2000).

Literature Review

A review of both published and unpublished national and international reports, documents and articles was undertaken with the objectives of identifying:

- Evidence of risk and protective factors for domestic violence in Aboriginal communities;
- Evidence of interventions that are effective in the primary prevention of domestic violence in Aboriginal communities;
- Evidence of the above within the context of urban Aboriginal communities.

There were two main search strategies employed:

- Database searches employing particular search terms, specifically those related to the concept of historical trauma and domestic violence. Journal articles published between 1999-2010 were included in the search. Databases searched included SocINDEX, CINAHL, Social Services Abstracts, and Google Scholars. Search terms included: Aboriginal, Métis, First Nations, Trauma, Historical Trauma, Risk Factors, Root Causes, Protective Factors, Residential Schools, Historical Impacts, Oppression, Racism, Discrimination, Domestic Violence, Family Violence and Lateral Violence. In addition, particular attention was paid to the Aboriginal journal Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health.
- Gray literature such as white papers, research reports and policy papers from other relevant jurisdictions were also reviewed. For the purpose of this report, Aboriginal is defined as inclusive of First Nations, Métis and Inuit peoples as per Section 35 of the Canadian Constitution.
Environmental Scan of Available Services in Calgary
In 2005, an Environmental Scan of Programs that Address Domestic and Sexual Violence was completed by RESOLVE Alberta. This scan was used as the foundation for further investigation on available services in the Calgary area in order to understand the level at which these services are targeted (i.e., micro/macro) and what prevention programs for the urban Aboriginal community currently exist.

In order to expand on the 2005 RESOLVE findings, internet searches and telephone calls with Calgary service staff were completed in order to obtain information on the nature of the services provided. Phone calls focused on the kind of programming offered in each organization, whether those programs are evaluated, the nature of the program (i.e., prevention, early intervention, harm reduction, etc.), and for whom the programs are targeted. For the purposes of the scan two tiers were developed: Tier 1 Agencies are those that are funded for domestic violence program intervention exclusively. Tier 2 Agencies are those agencies that may have programs that are focused on domestic violence but not as an exclusive mandate (See Appendix E for a listing of all programs).

Key Informant Interviews
A recruitment sheet was circulated to Aboriginal service providers in the Calgary area between August and October 2011 asking if they would consent to take part in a key informant telephone or in person interview (See Appendix B). Of the nine service agencies/programs identified, seven agreed to participate. The remaining two did not respond to the email invitations and thus it was assumed that they did not wish to participate. The interviews ranged from 45 minutes to one hour. Four interviewees agreed to be audio recorded; the remaining three refused to be audio-taped, but consented to written notes. Interviewees were sent the consent agreement and list of questions prior to the interview being conducted (See Appendices A and D). The questions were related to participant knowledge of programs and services offered in the Calgary and surrounding communities. Specifically, participants were asked to comment on their perspectives on domestic violence risk and protective factors as relevant to the Aboriginal community, as well as their thoughts on how prevention of domestic violence can be approached in the Aboriginal community.

Participation in the study was strictly voluntary and no remuneration was provided. Participants were guaranteed that their responses would remain confidential, including identifying information about the agency. The questions were:

1. From your experience do you feel that domestic violence is prevalent in the urban Aboriginal community?
2. Should domestic violence be defined from an Aboriginal perspective? What would the definition be?
3. What are the main risk factors, for the perpetuation of domestic violence in the Aboriginal communities? What do you feel are the root causes of domestic violence in the Aboriginal community?
4. What are the main prevention factors for the elimination of domestic violence in the Aboriginal communities?
5. In your opinion, what is the state of readiness within the Aboriginal community of Calgary to address this pressing social issue? Within the broader community? Who should play a role? What is the role of SHIFT?
Outcomes

1. **Current literature on meanings and definitions, risk and protective factors, and prevention intervention strategies within the area of domestic violence and Aboriginal communities**

In the literature, Aboriginal domestic violence has been consistently differentiated through its connection to residential school exposure and other generational trauma. As a result, the entire social syndrome of domestic violence must be understood in the context of the unique historical and present day experiences of Aboriginal communities in order to understand the root causes, risk and protective factors and strategies for prevention (Bopp, Bopp & Lane, 2003).

While most of the literature referred to similar if not identical risk and protective factors, there were several that were particular to Aboriginal communities. However, it is worthwhile noting that these determinants have been drawn primarily from studies and practice on reserve and reservation communities, and may not be as significant or applicable in urban settings. Risk factors specific to Aboriginal communities include:

- Diminished cultural identity (Puchala, Paul, Kennedy and Mehl-Madrona, 2010);
- Participation in residential schools, including first and second generations (Puchala, Paul, Kennedy and Mehl-Madrona, 2010); and
- Racism and discrimination (Brownridge, 2008; Homel, Lincoln & Herd, 1999).

Protective factors specifically relevant to Aboriginal communities include

- Increased degree of knowledge and participation in ceremony and spirituality (Lederman, 1999); (Kirmayer, Simpson, and Cargo, 2003);
- Embracing family strength and support networks (Homel, Lincoln and Herd, 1999);
- Knowledge of, and use of Elders (Heavy Runner and Marshal, 2003);.
- Knowledge of oral traditions  (Heavy Runner and Marshal, 2003); and
- Positive self-identity (Heavy Runner and Marshal, 2003).

Despite the importance of the subject, very few high quality studies of prevention or interventions appeared in the literature and as a result, no best or promising practice intervention strategies were found. This is not to say that the practices were found to be ineffective, but that future research will be needed to determine the long term benefits.

2. **Local services that currently exist for Aboriginal peoples**

There were a total of nine programs and/or services identified in the scan, with four of those funded for domestic violence program intervention exclusively, with the remaining five having programs that are focused on domestic violence but not as an exclusive mandate (See Appendix E). The scan did not result in the identification of prevention programming specifically targeted to the Calgary Aboriginal community.
3. Key Informant Interviews with Service Providers

Respondents unanimously agreed that domestic violence is prevalent in the urban Aboriginal community. In addition, all respondents felt that domestic violence – as it pertains to Aboriginal communities should be defined from an Aboriginal perspective.

Some of the other key findings from the interviews include:

- The need to include additional risk factors and root causes, such as: Fetal Alcohol Syndrome (FAS)/ Fetal Alcohol Spectrum Disorder (FASD), breakdown in cultural values and beliefs, and racism and oppression; and
- The community needs to be viewed as a potential protective factor, as do cultural practices.

Finally, informants suggested that there are opportunities to further this issue through the work of the National Truth and Reconciliation Commission and other ongoing Residential school events and initiatives.
Discussion

Overall, the research project garnered valuable learning that can be applied to the development and understanding of domestic violence prevention in urban Aboriginal communities. In addition to the academic implications, there are numerous policy implications stemming from the research project.

*Academic Implications*

Aboriginal people often mention that they feel that they have been over-researched. Despite this belief, the literature search conducted for this report consistently highlighted that we are not only unsure of the actual prevalence of domestic violence impacting the community, but that we have little to no idea of prevalence from an urban perspective. According to a number of authors in the field of domestic violence research, “the research exploring interpersonal violence among urban Aboriginal women is almost non-existent” (Evans-Campbell, Lindhorst, Huang, & Walters, 2006; Weaver, 2008).

Identifying literature that addresses the nature of urban Aboriginal domestic violence is challenging, as the majority of research and program documentation has been focused on either land based reserves (Canada) or reservations (United States). The needs of urban Aboriginal families and individuals are in some ways different from those of their relatives living on land based communities, and very little available literature explains this difference. Aboriginal peoples in Canada are increasingly living in urban areas, and future research in this area needs to acknowledge this contextual difference and explore what implications this difference may have on domestic violence risk and protective factors.

Literature searches on domestic violence risk and protective factors in relation to Metis communities proved fruitless. This startling finding has enormous implications for future research, as findings that pertain to Aboriginal communities may not be transferable to Metis communities. Through further investigation in this area, there may be risk and protective factors that are contextually different, leading to new thinking around prevention of domestic violence within this community.

*Practical Implications*

Based on the scan of available prevention services for urban Aboriginals, there is an opportunity to fill a significant gap (See Appendix E). Many of the services identified were not specifically targeted to address the issue of domestic violence, and of those that were, most were of the crisis response model (i.e., shelters and treatment programs).

There are a number of other practical implications that arise from this work. Results from the key informant interviews suggest that there is a need for more train the trainer type initiatives, so that knowledge of domestic violence can be brought into communities by Aboriginal trainers. Findings also indicate that more educational messages concerning domestic violence need to be developed by the Aboriginal community themselves.

*Policy Implications*

This work has implications for policy and resource allocation. Canada has yet to come to terms with Government’s continued focus on reserve issues and problems, leaving urban Aboriginal concerns on the margins of funding and public policy (Environics Institute, 2010). Increased funding should be directed towards research and evaluation of prevention and intervention programming in this area. There
are promising areas of prevention and intervention, but more needs to be done in order to ensure that they are effective.

Public policy has, and continues to contribute to the marginalization of Aboriginal people in Canada. There is a need to work with the municipal, provincial and federal government to talk about domestic violence in the Aboriginal community and work at all levels to support change. This includes ensuring that any municipal, provincial or federal plan for prevention includes strategies that specifically pertain to Aboriginal, Inuit and Metis communities.

Learning Opportunities
The project was fortunate to have the participation of a BSW student. This student intends to further her academic career by pursuing a Masters degree in Social Work, and was provided with opportunities to conduct literature searches and assess articles for inclusion.

Limitations
Although the study generated valuable learning in a variety of areas, findings must be explored cautiously for a number of reasons. First, the available literature on risk and protective factors focuses on reserve and reservation communities. The ability to conclude that they are directly applicable to urban Aboriginal communities is limited.

Additionally, the narrow focus on urban Aboriginal communities means that the ability to generalize to Metis and Inuit communities is limited. Further research would be needed in this area to confirm the identified risk and protective factors.

As this research was conducted in Calgary and focused exclusively on programs within Calgary and the immediate surrounding area, there are limits to the generalizability of the findings. The findings should also be viewed as exploratory due to the small sample size.
Recommendations

Based on the findings from the research, there are a number of recommendations to be made in regards to domestic violence prevention:

1. Develop future research in this area that specifically addresses the urban Aboriginal context and what that may mean for the prevention of domestic violence. These findings would have funding and service implications.

2. Develop future research that investigates both Metis and Inuit communities, in addition to First Nations communities. The research should reflect the differences that exist between these three distinct communities. Further understanding of the particulars of each community and how violent norms and behaviors are perpetuated and experienced can inform any prevention effort.

3. Aboriginal peoples are best positioned to address domestic violence within their communities. There is evidence of readiness to address this issue through the National Truth and Reconciliation Commission, and local Residential School events/initiatives. In this way, the issue of domestic violence can be brought to the table as a legacy from residential schools.

4. Funding needs to be directed towards the identification and development of evidence-based prevention and intervention programs. While currently there is much promising work being done, support towards the formalized research and evaluation of these programs would contribute greatly to not only the field as a whole, but to those who participate in such programs.
Dissemination

There are several plans for the dissemination of the research findings. These are:

1) This report and research findings will be shared with the seven participants to identify if there is interest in doing further work in this area.

2) The information found in this report will inform a provincial strategy to prevent domestic violence specific to the aboriginal community.

3) This report will be shared at conferences and presentations throughout Alberta (Diverse Voices, 2011, FCSSAA AGM, Alberta Health Services, etc.)

4) Depending on the next phase of research, these findings will be used in articles submitted to relevant journals.
References

Bopp, Michael; Bopp, Judie; and Lane, Phil. (2003). Aboriginal Domestic Violence in Canada. *Aboriginal Healing Foundation* Publisher. Ottawa.


Appendix A

Semi-Structured Interview Guide:
Understanding available services within the Aboriginal Community and Assessment of Readiness

This guide will be used for telephone and in person interviews as well as to act as a prompting guide for participants. Interviews are open-ended and further prompting will be used during the interviews.

Questions:

1. From your experience do you feel that domestic violence is prevalent in the urban Aboriginal community?
2. Should domestic violence be defined from an Aboriginal perspective? What would the definition be?
3. What are the main risk factors, for the perpetuation of domestic violence in the Aboriginal communities? What do you feel are the root causes of domestic violence in the Aboriginal community?
4. What are the main prevention factors for the elimination of domestic violence in the Aboriginal communities?
5. What services currently exist locally for Aboriginal peoples experiencing domestic violence?
6. (Specifically for their agency) what services do you provide for people experiencing domestic violence? Do you have a program design? Do you have a data collection plan? What outcomes are you trying to achieve with your clients? Is there any evidence of success?
7. In your opinion, what is the state of readiness within the Aboriginal community of Calgary to address this pressing social issue? Within the broader community? Who should play a role? What is the role of SHIFT?
Appendix B – Recruitment Letter

Invitation for Key Informant Telephone Interview
Research Project: Shift: The Project to End Domestic Violence – Research in the Calgary Aboriginal Community

Principal Investigator: Lana Wells, Brenda Strafford Chair in the Prevention of Domestic Violence

Co-Investigator: Sharon Goulet, Mahegun Tails Inc.

Statistics show that aboriginal women are at significantly higher risk of spousal violence and spousal homicide than non-aboriginal women (Statistics Canada, 2006). This corresponds to international research which indicates that aboriginal women do face significantly higher risk of exposure to violence (VicHealth, 2007).

While there are some programs to address domestic violence in Aboriginal communities, there are very few examples of primary prevention initiatives targeted at/with this community, with even fewer having been evaluated (VicHealth, 2007). Due to the complex nature of the issue within the Aboriginal community, we are suggesting a phased approach. This work will be conducted from an Aboriginal community development perspective and the impact and willingness to look at domestic violence as a symptom of unresolved historical trauma.

Research Objectives
This research study is comprised of two data collection components: Component 1: Literature review on the risks and protective factors relevant to the Aboriginal community; Component 2: Environmental scan of services for the Aboriginal community in the Calgary and surrounding areas.

Based on Component 2 – Environmental Scan, we would like to invite program managers, executive directors, and other key service provider personnel to take part in a key informant telephone or in person interview for a research study Shift: The Project to End Domestic Violence – Research in the Aboriginal Community. This research will take place in Calgary and the surrounding areas (i.e. Airdrie, Cochrane, Strathmore, Okotoks, and High River).

If you are a program manager, executive director or other identified key personnel, we would like to invite you to take part in a key informant telephone or in person interview. The interview will take about 1 hour of your time. In the interview, we will have a list of questions to ask you about programs offered to the Aboriginal community and perspectives on the prevention of domestic violence. The questions are related to your knowledge of programs and services offered in the community and specifically your agency, your perspectives on domestic violence risk and protective factors as relevant to the Aboriginal
community, as well as asking your thoughts on how prevention of domestic violence can be approached in the Aboriginal community.

Your participation in the study is strictly voluntary and no remuneration will be provided. The opinions provided will be kept strictly confidential. That includes identifying information about you.

All information provided by you on the services and programs offered by you to the Aboriginal community will be compiled and put into a service compendium in order to help us understand what currently is available in Calgary and the surrounding area, as well to help identify gaps in services that may exist in prevention.

If you are interested in being interviewed or would like more information about this research, please contact Ms. Sharon Goulet at Mahegun Tails Inc at 403-204-1380 or by email at s.small@shaw.ca

For any further inquiry about this research, please contact the principal investigator, Lana Wells, Brenda Strafford Chair in the Prevention of Domestic Violence at the Faculty of Social Work, University of Calgary at (Tel: 403-220-6484; Address 2500 University Dr. NW, Calgary AB T2N 1N4; Email: lmwells@ucalgary.ca). This research has been approved by the Conjoint Faculty Research Ethics Board of The University of Calgary. You may contact Russell Burrows, the Senior Ethics Research Officer, Research Services Office, University of Calgary at (403) 220-3782; email: rburrows@ucalgary.ca for any ethical issues.
Appendix D – Informed Consent

Purpose of Study
Statistics show that aboriginal women are at significantly higher risk of spousal violence and spousal homicide than non-aboriginal women (Statistics Canada, 2006). This corresponds to international research which indicates that aboriginal women do face significantly higher risk of exposure to violence (VicHealth, 2007). While there are some programs to address domestic violence in Aboriginal communities, there are very few examples of primary prevention initiatives targeted at/with this community, with even fewer having been evaluated (VicHealth, 2007).

What we do not know is how to effectively, culturally, and permanently begin to address the myriad of embedded social problems, such as domestic violence in the Aboriginal community. There are many different frames from which the reality of Aboriginal experiences can be researched. Understanding the residential school experience is critical to understanding the social problems, such as domestic violence, within the Aboriginal community.

Due to the complex nature of the issue within the Aboriginal community, this project will be undertaken in a phased approach. This work will be conducted from an Aboriginal community development perspective and the impact and willingness to look at domestic violence as a symptom of unresolved historical trauma. This research study is comprised of two data collection components: Component 1: Literature review on the risks and protective factors relevant to the Aboriginal community; Component 2: Environmental scan of services for the Aboriginal community in the Calgary and surrounding areas.

What Will I Be Asked To Do?
You will be asked to participate in the second part of the project that involves describing the nature of services and supports that you provide, whether those programs are evaluated, the nature of the program (i.e., prevention, early intervention, harm reduction, etc.), and for whom the programs are targeted. Additionally, you will be asked for your perspectives on the domestic violence risk and protective factors, and areas of possible prevention for the Aboriginal community. The interview will be audio taped. In addition to the interviews being audio taped, some handwritten notes may be taken as well. We anticipate that the interviews will last approximately an hour to an hour and a half.

What Type of Personal Information Will be Collected?
No personal identifying information will be collected. Names will not be used, nor any details that may identify you.

Are There Risks of Benefits If I Participate?
The researchers do not see any foreseeable risk to your participation in the research. If for any reasons, the topics of discussion in the research meetings are upsetting for you, arrangements will be made for you to access counseling support via the following non-profit organization in Calgary:

1. Connect Family and Sexual Abuse Network
   Telephone: (403) 237-5888

What Happens To The Information I Provide?
The researchers will have access to the information that you share about your programs and services, as well as your perspectives on the risks and protective factors and possible areas of prevention within the
Aboriginal community. The information you share with us in regards to your programs and/or services will be used by the researchers to understand the continuum of service provision for the Aboriginal community (with a particular focus on areas of prevention). The information you share with us will be confidential and be summarized for presentations to various community groups and services providers in the area of domestic violence, as well as publications that result from the research project.

The information you provide on risk and protective factors, as well as possible areas of prevention within the Aboriginal community will remain strictly confidential. Names will not be used, nor any details that will identify you. However, there are few Aboriginal programs and services that address the nature of domestic and sexual violence. Although every possible measure will be taken to ensure confidentiality and anonymity, it cannot be absolutely guaranteed. The information will be incorporated into a final report prepared by the researchers. Individual names will not be used in the final report. The information you share with us will be confidential and be summarized for presentations to various community groups and services providers in the area of domestic violence, as well as publications that result from the research project.

Participation is completely voluntary, anonymous and confidential. You are free to discontinue participation at any time during the study. If you do choose to withdraw from the study, the data collected until the point of your withdrawal will be retained/used. Withdrawal or refusal to participate will have no consequence to your service(s) or yourself.

All personal details that you provide will be kept confidential. The comments you provide in the interview will be kept anonymous. All the audio files will be stored in password protected computers and all of the written records of the data will be locked in a cabinet in a locked office. Only the researchers and research staff of this research will have access to these data. The information and data you provide us in this research study may also be used in future by the researchers’ for academic research purposes.

All the audio files will be destroyed five years after the final report of this research has been completed. The written interview records, raw data, interview notes, related consenting documents will continue to be kept by the researchers for academic research and publication purposes. The data will be analyzed and the findings will be used and reported in the academic research reports, journals, presentations, and community workshops. However, no personal identifying information will be revealed in reporting of this research. We may use the quotes or stories that you share with us. However, a fictitious name will be used instead of your true name to ensure that your identity will not be revealed.

Signatures (Written Consent)
Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.
I grant permission to be audio taped: Yes: ___ No: ___

Participant’s Name: (please print) __________________________________________
Participant’s Signature __________________________________ Date: ______________

Researcher’s Name: (please print) ____________________________________________
Researcher’s Signature: ___________________________ Date: _______________
Appendix E: Program Listing

1. Aspen Family & Community Network Society
   10, 2115 27th Avenue NE Calgary, AB T2P 7E4

2. Strengthening the Spirit Committee
c/o Homefront
John J. Bowlen Building
#501, 620 7th Avenue SW Calgary, AB, T2P 0Y8

3. The Awo Taan Healing Lodge
   No address, due to it being a shelter

4. Aboriginal Hospital Liaison Services and Locations
   Adult Aboriginal Mental Health Team
   Sheldon M. Chumir Health Centre
   Elbow River Healing Lodge, 7th Floor
   1213 4th Street SW Calgary, AB T2R 0X7

5. Calgary and Area Child and Family Services
   Native Services Multi Service Team
   9th Floor 1520 4th Street, Calgary, AB

6. Calgary Police Service
   Diversity Resources Unit/Aboriginal Liaison Officer
   Fifth Floor, Alberta Trade Centre
   315 10th Avenue SE Calgary, AB T2G 0W2

7. Canadian Red Cross Society
   RespectED: Violence & Abuse Prevention
   Second Floor, 1305 11th Avenue SW Calgary, AB T3C 3P6

8. Native Counselling Services – Calgary
   Second Floor, 614 6th Avenue SW Calgary, AB T2P 0S4

9. Sunrise Native Addictions Services
   1231 34th Avenue NE Calgary, AB T2E 6N4
Appendix F: Risk and Protective Factors Tables

Risk Factors Common to Mainstream Risks

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>With respect to gender, although Aboriginal men do suffer from domestic violence, some studies suggest that Aboriginal women are 5 to 8 times more likely to experience domestic violence than men</td>
</tr>
<tr>
<td>Socio-economic status</td>
<td>Greater risks associated with socio-economic status including under-employment, lower income levels and a lack of formal education.</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Alcohol or other substance abuse is also a contributing factor.</td>
</tr>
<tr>
<td>Age</td>
<td>Studies in the United States have also demonstrated an elevated risk for Aboriginal women under the age of 40 with the highest risk for those women between the ages of 16-24.</td>
</tr>
</tbody>
</table>

Table sources: (Ootzel & Duran, 2004); (Rennison, 2001).

Risk Factors Specific to Aboriginal Communities

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diminished cultural identity</td>
<td>While similar to mainstream risk factors, a lack of, or negative perception of cultural identity has also been noted as a particularly unique risk factor for domestic violence in Aboriginal communities. Many Aboriginal women struggle with the ability to maintain an Aboriginal identity while attempting to live in a non-Aboriginal society.</td>
</tr>
<tr>
<td>Participation in residential schools, including first and second generations</td>
<td>A unique determinant to Aboriginal people was the forced attendance of Aboriginal children and youth in residential schools. As young as 4 years old, children were forcibly taken from their parents and communities. What ensued was an overload of activities and philosophies seeped in violence and abuse in many cases. Therapeutic healing interventions are just beginning to work with the survivors, to understand their past and to begin to break the cycle of violence as a normed behaviour in some instances.</td>
</tr>
<tr>
<td>Racism and discrimination</td>
<td>Puchala, Paul, Kennedy and Mehl-Madrona suggest that Aboriginal women in Canada encounter unique obstacles and complexities compared to non-Aboriginal women such as racial discrimination against Aboriginal women in particular, further contributing to the risk of becoming a victim of domestic violence.</td>
</tr>
</tbody>
</table>
**Protective Factors for Aboriginal Communities**

| Increased degree of knowledge and participation in ceremony and spirituality | Spirituality and the re-learning of cultural practices, norms and worldviews was consistently identified as a powerful source of strength, specifically differentiated from organized religion. “Healing traditions were also deemed a protective factor - currently being used in many Aboriginal communities as a way to restore or enhance the use of language, communal and religious practices and core values that served to integrate and bond the community within a system of meaning, and assert positive cultural identities”.

| Embracing family strength and support networks | Homel, Lincoln and Herd note that support that emerges from within Aboriginal families in times of crisis oftentimes provide invisible resources to those in greatest need, due to the comfort of shared identity, history and coping strategies.

| Knowledge of, and use of Elders | Healthy Elders can transmit message to individuals or through programming that allow participants to re-build a positive connection to traditional values and ways of life.

| Knowledge of oral traditions | Oral traditions contain valuable lessons about scared teachings as well as traditional lifestyles, values, and pre-contact roles of both men and women as equally contributing to the health of the community.

| Positive self-identity (Heavy Runner and Marshal, 2003) | Individuals who are able to re-build, or re-discover Aboriginal identity through a de-colonizing lens have greater resilience in times of stress.

Table sources: (Lederman, 1999); (Kirmayer, Simpson and Cargo, 2003); (Homel, Lincoln and Herd, 1999) (Heavy Runner and Marshal, 2003).