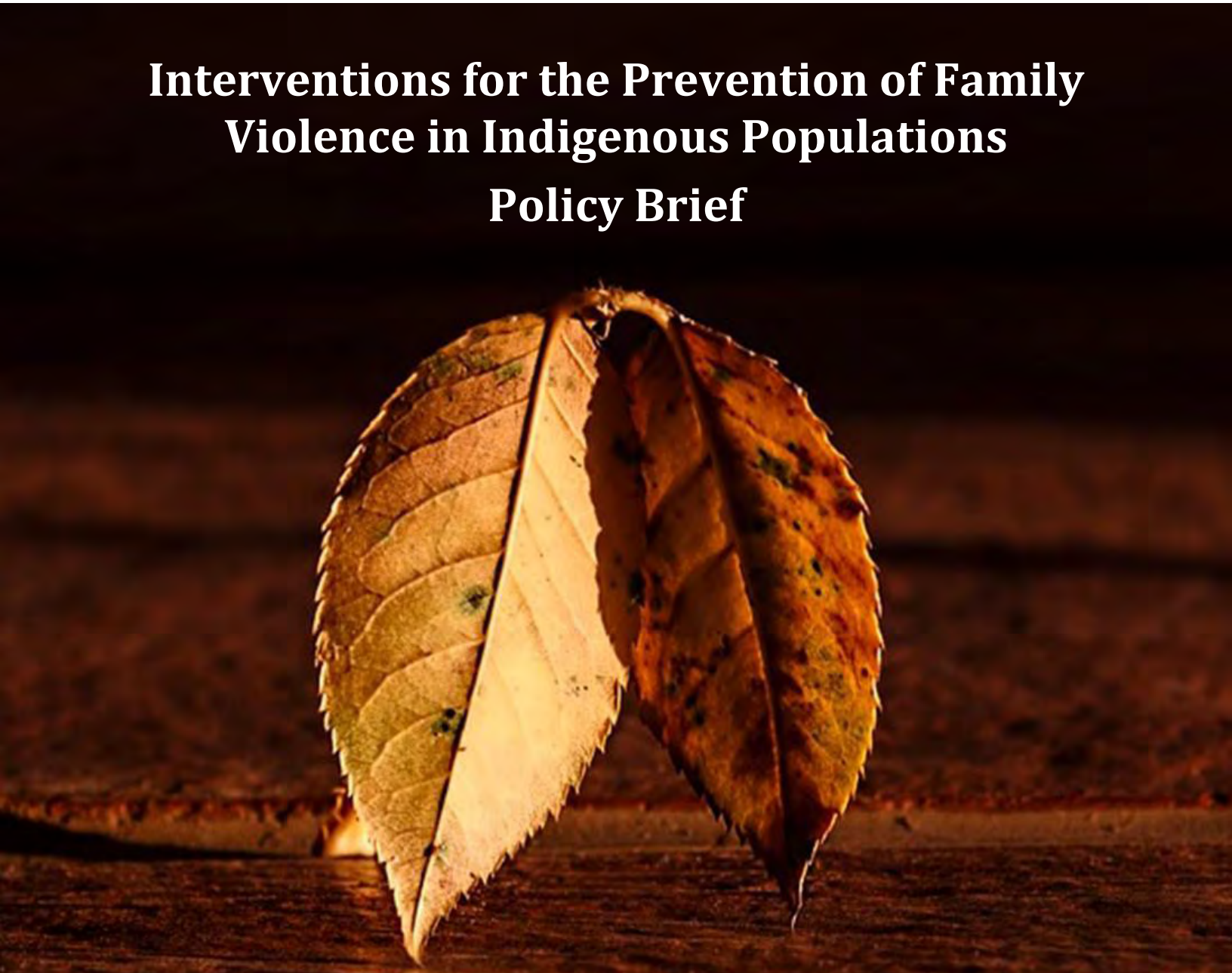
Interventions for the Prevention of Family Violence in Indigenous Populations

Policy Brief



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Executive Summary

This policy brief identifies interventions for the prevention of family violence in Indigenous populations, with a focus on intimate partner violence (IPV) and child maltreatment—two predominant forms of family violence. The issue requires attention for two central reasons. First, Indigenous peoples—particularly Indigenous women and children—are much more likely to experience some form of family violence than their non-Indigenous counterparts. A second reason why the issue of prevention strategies requires attention rests on demographic changes. Canada's Indigenous population is young and growing. In 2016, the average age of Canada's Aboriginal population was 32.1 years, almost a decade younger than the non-Aboriginal population (40.9 years). Population projections indicate that the Indigenous population will continue to grow at a rapid pace, reaching well over 2.5 million persons in the next two decades.

Any approach to addressing and preventing family violence among Indigenous groups should take the following considerations into account in order to have the greatest impact. First and foremost, solutions and/or prevention strategies should be targeted so that they address the unique needs and circumstances of Canada's diverse Indigenous peoples. This will require greater involvement and/or participation of Indigenous peoples themselves in all aspects of program development. Second, evidence showing that IPV and child maltreatment are intrinsically linked requires that these forms of family violence are addressed in tandem rather than in isolation from one another. Third, addressing inherit institutional biases and discrimination resulting from decades of government policies is critical to the success of a program and/or initiative. Frontline healthcare workers provide a key role in not only the provision of healthcare services to Canadians, but also the transfer of valuable knowledge that can help to dispel myths about Canada's Indigenous peoples. Ensuring that healthcare workers are provided with the necessary funds, resources and training will require a commitment by decision makers to provide adequate and ongoing financial support for programs. Finally, although the focus of this policy brief is on prevention, it is important to note that prevention is not always successful. In such cases, measures to alleviate the effects of IPV and child maltreatment are necessary if the cyclical flow of violence is to be mitigated.

The path towards reconciliation with Canada's Indigenous peoples is a long and challenging one. Addressing the issue of family violence will help Canadians move one step closer to reconciliation by ensuring that future generations of Indigenous peoples do not experience the same degree and depth of pain and suffering inflicted by past policies and biases.

Interventions for the Prevention of Family Violence in Indigenous Populations

1.0 Introduction

This policy brief identifies interventions for the prevention[1] of family violence in Indigenous[2] populations. Interventions designed to prevent intimate partner violence (IPV) and child maltreatment—two predominant forms of family violence—are examined. The issue requires attention for two central reasons. First, Indigenous peoples—particularly Indigenous women and children—are much more likely to experience some form of family violence than their non-Indigenous counterparts. According to the 2014 General Social Survey (Boyce, 2016), Indigenous women are about three times as likely to report being a victim of spousal violence as non-Indigenous women. Indigenous identity is a key risk factor for violent victimization among women, even when controlling for other risk factors. Data from Canada's Department of Justice (2017b: 1) reveal that Indigenous peoples are

[1] Levels of prevention include: primary; secondary; and tertiary. As described by the Learning Network (2016:5), primary prevention is designed to "intervene before the occurrence of IPV [and/or] maltreatment] by preventing the development of associated risk factors" ; secondary prevention is designed to "target individuals at high risk of experiencing or perpetrating child maltreatment or IPV, with the goal of preventing its occurrence or progression"; and tertiary prevention "occurs after child maltreatment or IPV has been identified, with interventions designed to minimize its impact for survivors and decrease the risk of recurring abuse" (Learning Network, 2016: 5).

[2] The term "Indigenous" in this brief refers to all Aboriginal peoples of Canada. As defined by the Government of Canada, Aboriginal identity refers to whether a person identifies with the Aboriginal peoples of Canada. This includes those who are First Nations (North American Indian), Métis or Inuk (Inuit) and/or those who are Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band. Aboriginal peoples of Canada are defined in the Constitution Act, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada (Statistics Canada, 2017b). Although the term "Indigenous" is used as a collective term for all Indigenous peoples and identities, it is important to note that Indigenous peoples are not a homogeneous group. Indigenous Peoples of Canada are a diverse population with distinct histories, languages, cultural practices and spiritual beliefs (Government of Canada, 2017; Voyageur and Calliou, 2000/2001).

much more likely to have experienced some type of childhood maltreatment before the age of 15 relative to non-Indigenous populations, an estimated 40% and 29% respectively. Child welfare statistics also show that Indigenous children are overrepresented at every phase of child welfare intervention from reports, investigation, and substantiation, to entry into care and placement in permanent child welfare care (das McMurtry, 2015; Blackstock, 2007; Trocmé et al., 2006). Data from the *2016 Census* reveal that Indigenous children were overrepresented in foster care relative to the rest of Canada's child population,[3] with Indigenous children accounting for only 8% of Canada's child population but 52% of children in foster care (Government of Canada, 2021). The percentage of Indigenous children in care varies across the provinces and territories, reaching 90% in Manitoba (Micklefield et al., 2018). More recent data from across Canada also demonstrates the higher rate of child maltreatment investigations for First Nations children and families. For example, the First Nations Ontario Incidence Study of Reported Child Abuse and Neglect found that in Ontario in 2018, child welfare investigations were about three times more likely to involve a First Nations child than a non-Indigenous child, an estimated rate of 174.43 per 1,000 children compared to 59.51 per 1,000 among non-Indigenous children (Crowe et al., 2021). These rates are even higher at the national level - according to the results of the *2019 First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS-2019),* First Nations children in Canada were 3.6 times as likely to be the subject of a child maltreatment investigation and 4.7 times as likely to be the subject of substantiated[4] maltreatment investigations compared to non-Indigenous children in Canada in 2019 (Fallon et al., 2021).

A second reason why the issue of prevention strategies requires attention rests on demographic changes. Canada's Indigenous population is young and growing. In 2016, the average age of Canada's Aboriginal population was 32.1 years, almost a decade younger than the non-Aboriginal population (40.9 years) (Statistics Canada, 2017a). The Indigenous population in Canada has grown by over 40% since 2006, and population projections indicate that it will continue to grow at a rapid pace, reaching well over 2.5 million persons in the next two decades (Statistics Canada, 2017a). In order to prevent the victimization of future generations of Indigenous peoples, it is necessary to identify interventions

[3] Data is for children under the age of 15.

[4] Substantiation distinguishes between cases where maltreatment is confirmed following an investigation, and cases where maltreatment is not confirmed. The FN/CIS-2019 uses a three-tiered classification system, in which a suspected level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the investigating worker, but cannot be substantiated (Fallon et al., 2021).

that can provide decision makers and practitioners with the necessary knowledge and tools to provide targeted and effective family violence prevention programs and/or measures.

2.0 Canada's Indigenous Population

A Snapshot of Canada's Indigenous Population, 2016

- Of Canada's total population, 1,673,785 or approximately 5% reported an Aboriginal identity.
- Indigenous populations are both growing in number and young in age.
- Population projections indicate that the Indigenous population will continue to grow at a rapid pace, reaching well over 2.5 million persons in the next two decades.
- In 2016, the average age of Canada's Aboriginal population was 32.1 years, almost a decade younger than the non-Aboriginal population (40.9 years).
- Women accounted for approximately 51% and men 49% of the total Indigenous population.

Canada's most recent census data is from 2016[5]. At the time, Canada's population was counted at 35,121,728, of which 1,673,785 or approximately 5% reported an Aboriginal identity - which includes those who are: First Nations (North American Indian); Métis; Inuk (Inuit); Registered or Treaty Indians (that is, registered under the Indian Act of Canada); and/or those who have membership in a First Nation or Indian band (Statistics Canada, 2017a). Women accounted for approximately 51% and men 49% of Canada's total Indigenous population in 2016 (Statistics Canada, 2017a). The 2016 Census, as with previous censuses, revealed two key population trends: Indigenous populations are both growing in number and young in age (Statistics Canada, 2017a). Between 2006 and 2016, Canada's Indigenous population grew by approximately 43 percent—more than four times the growth rate of Canada's non-Indigenous population for the same period (Statistics Canada, 2017a). Population projections indicate that Indigenous population will continue to grow at a rapid pace, reaching well over 2.5 million persons in the next two decades (Statistics Canada, 2017a). Two key factors fueling the growth of Canada's Indigenous population are: (1) natural patterns of growth which include increased life expectancy and high fertility rates; and (2) changes in self-reported identification which has increased the number of individuals identifying as Indigenous on the census (Statistics Canada, 2017a). In addition, Canada's Indigenous population is young in age – in 2016, the average age of Canada's Aboriginal population was 32.1 years, almost a decade younger than the non-Aboriginal population (40.9 years). Census data for 2016 revealed that, for the first time, seniors (those 65 years of age and older) outnumbered Canada's total child population. However, this was not the case among the Indigenous population: 29% of First Nations people were 14 years of age or younger in 2016, over four times the proportion of those 65 years of age and older (6%). For Métis, 22% of the population was 14 years of age or younger, compared with 9% who were 65 years of age and older. Among the Inuit population, 33% were 14 years of age or younger, while only 5% were 65 years of age and

[5] The most recent census was conducted in 2021, but data was not yet available at the time of writing this report.

older (Statistics Canada, 2017a). Population projections estimate that the Indigenous population will age along with the rest of Canada's population; however, the Indigenous population is projected to remain younger relative to Canada's general population. The median age of the Aboriginal population is projected to rise from 27.7 years in 2011 to between 34.7 years and 36.6 years by 2036. In contrast, the median age of the non-Aboriginal population will also rise, but at a slower pace, from 40.5 years to 44.5 years for the same period (Statistics Canada, 2015).

3.0 Conceptualizing Family Violence

Family violence[6] can be understood as a situation where there is "violence, abuse, unhealthy conflict or neglect by a family member toward a family member that has the potential to lead to poor health" (Public Health Agency of Canada, 2016:5) Family violence can occur in many forms, including physical abuse, sexual abuse, emotional abuse, financial abuse, neglect, and exposure to IPV; and can be carried out by either family members or intimate partners. Anyone can become a victim of family violence regardless of their age, gender, socioeconomic background, race/ethnicity, or family; although some Canadians are at higher risk for family violence than others, including women, Indigenous people, people with disabilities, and people who identify as lesbian, gay, bisexual, trans, or questioning (LGBTQ) (Public Health Agency of Canada, 2016).

In 2014, a total of 323,643 Canadians were the victims of a violent crime reported to the police, and over one-quarter (85,000) of these incidents were committed by a family member; however, many incidents of family violence are never reported to the police at all, meaning that the actual rates may be higher (Public Health Agency of Canada, 2016). More recently, the proportion of violent crimes committed by family members remained about the same in 2019 (26% of police-reported violent crimes), and women accounted for two-thirds (67%) of all victims of family violence in 2019 (Conroy, 2021).

[6] The term "domestic violence" has dominated the discourse concerning male perpetrated violence against women in non-Indigenous communities; however, it has been the subject of considerable criticism by Indigenous peoples regarding its ability to adequately capture the complexities of violence in Indigenous communities (Shaw, 2013: 5). Indigenous peoples argue that the term is "overly individualist and devoid of any conception of colonization's link to the prevalence of violence in indigenous communities" (Shaw, 2013: 5). For many Indigenous peoples, the term "family violence" is considered to be a much more appropriate construct by which violence, particularly violence against women in Indigenous communities can be understood because it is much more broad in scope in its treatment of violence (Shaw, 2013: 5). More specifically, the term is argued to better reflect "the suffering of all family members (including the perpetrator) and encompass the impacts of this abuse on children, often in the form of increased risk of developing personality disorders, mental health problems, poor self-esteem, and low educational achievement" (Shea, Nahwegahbow and Andersson, 2010; Shaw, 2013: 5).

Most research on family violence focuses on three broad categories: intimate partner violence (IPV); child maltreatment; and elder abuse and neglect. The focus of this brief is on the first two categories—IPV and child maltreatment—of family violence that occur in Indigenous populations.

4.0 Intimate Partner Violence

4.1 Definition of Intimate Partner Violence

IPV involves "physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner" (Breiding, Basile, Smith et al., 2015: 11). An intimate partner refers to "a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives. The relationship need not involve all of these dimensions" (Breiding, Basile, Smith et al., 2015: 11). This includes current or former spouses (e.g. married spouses, common-law spouses, civil union spouses, domestic partners); boyfriends/girlfriends; dating partners; and ongoing sexual partners (Breiding, Basile, Smith et al., 2015: 11) and comprises both opposite-sex and same-sex relationships. The frequency of IPV can range from a single incident to repetitive and ongoing abuse in the form of verbal abuse or much more serious abuse resulting in deaths (Schwartz, Waddell, Barican et al., 2012: 3). Perpetrators of IPV include both men and women; however, women are much more likely to experience serious physical harm and other negative consequences such as economic inequality and post-traumatic stress associated with IPV (Schwartz, Waddell, Barican et al., 2012: 3;). In Canada, statistics have indicated that men account for over 80% of perpetrators of violence against women (Learning Network, 2016: 1). Recent statistics from 2019 indicate that 79% of victims of police-reported intimate partner violence in Canada were female – a higher proportion than the overall rate of any form of violence committed against females (53%) (Conroy, 2021).

4.2 Forms of Intimate Partner Violence

Physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) represent the four central forms of IPV (Breiding, Basile, Smith et al., 2015: 11). Table 1 identifies each of the categories along with a brief description.

Table 1: Forms of Intimate Partner Violence

Form	Description
Physical violence	• Defined as the intentional use of physical force with the potential for causing death, disability, injury, or harm. • Includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, hair-pulling, slapping, punching, hitting, burning, use of a weapon and use of restraints or one's body, size, or strength against another person. • Also includes coercing other people to commit any of the above acts
Sexual violence	• Defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. • Includes: forced or alcohol/drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; non-physically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. • Can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party.
Stalking	• A pattern of repeated, unwanted, attention and contact that causes fear or concern for one's own safety or the safety of someone else (e.g., family member, close friend).
Psychological Aggression	• Use of verbal and non-verbal communication with the intent to: harm another person mentally or emotionally; and/or exert control over another person. • Psychologically aggressive acts are not physical acts of violence, and in some cases may not be perceived as aggression because they are covert and manipulative in nature. Frequently co-occurs with other forms of IPV and research suggests that it often precedes physical and sexual violence in violent relationships. • Acts of psychological aggression can significantly influence the impact of other forms of IPV. Impact of psychological aggression by an intimate partner is every bit as significant as that of physical violence by an intimate partner.

Source: Breiding, Basile, Smith, et al. (2015). *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0*. Atlanta, Georgia: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf. Pages

4.3 Prevalence of Intimate Partner Violence in Indigenous communities

Violence Against Indigenous Women in Canada According to the Numbers

- Indigenous women are 3.5 times more likely to experience some form of spousal violence than non-Indigenous women.
- Indigenous women (54%) are more likely than non-Indigenous women (37%) to report the most severe forms of spousal violence, such as being beaten, choked, threatened with a gun or knife, or sexually assaulted.[1]
- Emotional abuse by male partners—a major risk factor for spousal violence—is more frequent for Indigenous women than non-Indigenous women.
- Approximately 75% of survivors of sexual assault in Indigenous communities are young women under 18 years of age. Approximately 50% of these girls are under the age of 14 and approximately 25% are under the age of seven.
- Indigenous women between the ages of 25 and 44 are five times more likely than all other women in the same age group to die as a result of violence.
- Between 1997 and 2013, the murder rate for non-Indigenous women was 0.9/100,000. The murder rate for Indigenous women during this same time period was 5.8/100,000—almost seven times higher than that of non-Indigenous women.

Source: Ontario Federation of Indigenous Friendship Centres. (2015). Breaking Free, Breaking Through. Toronto, Ontario: Ontario Federation of Indigenous Friendship Centres

[1] According to 2004 General Social Survey data

IPV does not discriminate – anyone can be a victim or perpetrator of IPV regardless of gender, age, religion, race, sexual orientation, ethnicity, socioeconomic background, education and relationship status (Marques, n.d.). However, research shows that "the overwhelming burden of IPV is endured by women, and the most common perpetrators of violence against women are male intimate partners or ex-partners" (Marques, n.d.).

In Canada, women are identified as victims of IPV more frequently and are affected more severely by IPV than men (Government of Canada, 2018). Research indicates that approximately 80% of IPV is against women and women victimized by IPV are four times more likely than men to die of IPV homicide (Government of Canada, 2018; Burczycka and Conroy, 2018; David, 2017; Learning Network, 2018: 1). Compared to men, women who are victims of IPV are: two times more likely to be sexually assaulted, beaten, choked or threatened with a weapon such as a gun or a knife; subject to higher rates of injury resulting from abuse (40% of female victims compared to 24% of male victims); more likely to suffer long term post-traumatic stress disorder effects than men; and are more likely to be verbally abused in the form of insults, being put down or called names than men (Canadian Centre for Justice Statistics, 2016; Government of Canada, 2018).

IPV is even more pronounced throughout Canada's Indigenous population. Research indicates that Indigenous peoples of Canada have an increased risk of experiencing IPV compared to non-Indigenous Canadians, and Indigenous women are more likely to experience spousal violence compared to non-Indigenous women (Brownridge, Taillieu, Afifi et al., 2017; Holmes and Hunt, 2017; Boyce, 2016). In 2014, 9% of Indigenous

people in Canada (10% of women and 8% of men) reported unhealthy conflict, abuse or violence committed against them by a spouse or common law partner in the last five years, compared to only 4% of non-Indigenous people (3% of women, 4% of men) (Public Health Agency of Canada, 2016:13; Boyce, 2016). Rates of spousal violence among Indigenous men and women are even higher in the territories (18% overall) compared to the provinces (9%) (Boyce, 2016). Indigenous women are also more likely to experience more severe forms of spousal violence and more severe impacts on their health compared to non-Indigenous women (Public Health Agency of Canada, 2016). This includes the most severe form of IPV—homicide. From 2014 to 2019, one-quarter (25%) of victims of intimate partner homicide in Canada were Indigenous, despite the fact that only 5% of the total population was Indigenous (Conroy, 2021). Moreover, while rates of family violence, including spousal violence, have decreased in recent years across Canada, rates among Indigenous women have not decreased over time (Public Health Agency of Canada, 2016).

Table 2 provides a comparison of rates of self-reported spousal violence for Aboriginal and non-Aboriginal populations in 2014, aged 15 and over.

Table 2: Percentage of self-reported spousal violence for Aboriginal and non-Aboriginal populations, aged 15 and over, Canada 2014[1]

Victims of Spousal Abuse		Aboriginal (Percentage)	Non-Aboriginal (Percentage)
Percentage who reported being physically or sexually victimized by a spouse in the previous five years	Total	9	4
	Males	8[3]	4
	Females	10[3]	3
Percentage[2] who reported that they experienced the most severe forms of spousal violence[4]	Total	51	23
	Males	41[3]	15
	Females	60[3]	32
Percentage[2] who reported physical injuries resulting from the abuse	Total	45[3]	30
	Males	n/a	n/a
	Females	n/a	n/a

Notes:
[1] Findings presented here are extracted from the 2014 General Social Survey and are for Aboriginal people living in both provinces and territories.
[2] Of those who had been physically or sexually victimized by a spouse in the previous five years
[3] Use data with caution.
[4] Includes being sexually assaulted, beaten, choken or threatened with a gun/knife

Source: Boyce, J. (2016). *Victimization of Aboriginal people in Canada, 2014*. Ottawa, Ontario: Canadian Centre for Justice Statistics. Retrieved from https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14631-eng.pdf

Table 3 provides the most recent findings on rates of IPV against Indigenous women compared to non-Indigenous women in Canada, according to data from the 2018 Survey of Safety in Public and Private Spaces (SSPPS). Overall, findings revealed that about six in ten Indigenous women have experienced some form of IPV (physical, sexual, or psychological) in their lifetime. First Nations (59%) and Métis (64%) women were both significantly more likely than non-Indigenous women (44%) to report any type of IPV, but there was no difference between non-Indigenous vs. Inuit women (44%).

Table 3: Percentage of self-reported IPV[1] for Indigenous and non-Indigenous women, aged 15 and over, Canada 2018

Form of IPV	Aboriginal (Percentage)	Non-Aboriginal (Percentage)
Experienced some form of IPV in lifetime (since age 15) (total)	61	44
Experienced some form of IPV in last 12 months (total)	17	12
Experienced physical abuse in lifetime	42	22
Experienced physical abuse in last 12 months	4	2
Experienced psychological, emotional or financial abuse in lifetime	60	42
Experienced psychological, emotional or financial abuse in last 12 months	17	12
Experienced sexual abuse in lifetime	21	11
Experienced sexual abuse in last 12 months	2	1

[1] In the SSPPS, intimate partner violence is defined as any act or behaviour committed by a current or former intimate partner, regardless of whether or not these partners lived together.

Source: Heidinger (2021). Intimate partner violence: experiences of First Nations, Métis and Inuit women in Canada, 2018. Statistics Canada. Retrieved from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00007-eng.htm

4.4 Risk factors

Higher rates of IPV among Indigenous women can be attributed to a number of highly complex factors. This includes broader historical factors associated with Canada's legacy of colonialism and the intergenerational effects of unresolved trauma from events and experiences such as residential schools, the Indian Act, the Sixties Scoop and millennium scoop. It also includes political and societal factors such as gaps in health and social services, racism and discrimination, and a lack of safe places and housing; individual factors such gender, socio-economic status, age, and substance abuse; and cultural factors such as

diminished cultural identity, loss of traditional culture, breakdown of community kinship systems and Aboriginal law, and the loss of traditional Aboriginal male role and status and its replacement by male rights over women and children (Goulet, Lorenzetti, Walsh et al., 2016: 13; Government of Canada, 2018; Holmes and Hunt, 2017; Canadian Centre for Justice Statistics, 2016; Shaw 2013: 7; Riggs, 2012; Public Health Agency of Canada, 2016). Table 3 summarizes the risk factors according to three levels of influence: individual; community and interpersonal; and societal/policy that increase the likelihood that an Indigenous woman will experience IPV.[7]

Table 3: Individual, community/interpersonal and societal-policy risk factors for IPV among Indigenous women

Level	Risk Factor	General or Aboriginal Specific	Defining Feature
Individual	Gender	General	Aboriginal women more likely to experience domestic violence than men.
	Socio-economic status	General	Aboriginal women may be more vulnerable to economic dependency on an abusive partner.
	Age	General	More young Aboriginal women may be at risk for domestic violence victimization in urban Aboriginal populations than non-Aboriginal populations.
	Substance misuse	General	Research on substance misuse in Aboriginal communities must consider historical trauma and the impact of residential schools; to negate these issues heightens the risk of perpetuating stigma and discrimination.
Community and Interpersonal	Residential school experience	Aboriginal specific	Forced participation of Aboriginal children and youth in residential schools over multiple generations is a risk factor for domestic violence that is unique to Aboriginal communities.

[7] The three levels of influence were developed by Goulet, Lorenzetti, Walsh et al. (2016) using classifications developed by the World Health Organization and London School of Hygiene and Tropical Medicine (2010). These are: "individual (biological and personal history factors that increase someone's risk of being a victim or perpetrator of domestic violence; interpersonal or relational (factors that increase risk as a result of relationships with peers, intimate partners and family members); community (contexts in which individuals and relationships are embedded, such as schools, workplaces and neighborhoods) and; societal/policy (societal norms, attitudes and policies that create gaps and tensions between groups of people)" (Goulet, Lorenzetti, Walsh et al., 2016: 13-14).

Societal/Policy	Discrimination and racism	Aboriginal specific	Aboriginal women in Canada encounter unique obstacles and complexities as compared to non-Aboriginal women including racial discrimination, profiling and marginalization, which further contribute to the risk of domestic violence victimization.
	Diminished cultural identity	Aboriginal specific	Urban Aboriginal women specifically struggle to maintain an Aboriginal identity while attempting to live in a non-Aboriginal society.

Source: Goulet, Lorenzetti, Walsh et al. (2016). "Understanding the Environment: Domestic Violence and Prevention in Urban Aboriginal Communities," *First Peoples Child & Family Review*, 11 (1). Page 14.

Furthermore, the structural and systemic factors noted above, such as racism and discrimination, not only increase the risk of experiencing IPV among Indigenous women, but they also contribute to barriers that may prevent many Indigenous women from seeking help after an experience of IPV (Heidinger, 2021). This includes "cultural barriers to accessing resources, inaccessibility of supports and services, and the mistrust in the police, criminal justice system, and institutions intended to protect" (Heidinger, 2021). Barriers to accessing services may be disproportionately harmful for Indigenous women living in remote geographic areas, where communities are more isolated and victims' services are less available (Heidinger, 2021).

4.5 Effects of Intimate Partner Violence

The effects of IPV are "profound and long-lasting" (Marques, n.d.). Victims of IPV experience a host of physical, psychological and social problems resulting from exposure to IPV (Marques, n.d.). This includes: "poor physical health; depressed mood and/or anxiety; trauma and posttraumatic stress disorder (PTSD); feelings of guilt or shame; increased risk of substance abuse; cardiac symptoms such as hypertension and chest pain; chronic disorders and chronic pain; gastrointestinal problems due to stress; reproductive problems; unsafe sexual behavior; low self-esteem; self-harm and suicide; inability to trust others; and difficulty maintaining a job" (Marques, n.d.).

While all victims of IPV experience these negative effects, women are more likely than men to experience health impacts from IPV, including physical injuries (40% of women vs. 24% of men in Canada in 2014) and symptoms of PTSD (22% of women vs. 9% of men) (Public Health Agency of Canada, 2016). Moreover, evidence shows that the impact of IPV on women is similar for both Indigenous and non-Indigenous women in Canada. According to the 2018 SSPPS, similar proportions of Indigenous and non-Indigenous women who experienced IPV in the last 12 months reported that the incident had an emotional impact (94% and 92%, respectively); experienced an injury from the abuse (19% vs. 20%); and experienced symptoms of PTSD (25% vs. 12%) (Heidinger, 2021).

Intersection of risk factors for Indigenous women

Research shows that while Indigenous women are more likely to experience IPV than non-Indigenous women overall, the intersection of Indigenous identity with other socioeconomic and demographic characteristics can increase their vulnerability to IPV even further. As a result, Indigenous women who are part of other marginalized groups (i.e., low SES, LGBTQ2S, those with disabilities) face an even more disproportionate risk and consequences of IPV.

For example, in Canada in 2018:

- LBGTQ2S Indigenous women were more likely to report experiencing IPV in their lifetime compared to non-LBGTQ2S Indigenous women (86% vs. 59%)
- Indigenous women with a disability were more likely to report experiencing IPV in their lifetime compared to Indigenous women without a disability (74% vs. 46%)

Source: Heidinger (2021). Intimate partner violence: experiences of First Nations, Métis and Inuit women in Canada, 2018. Statistics Canada. Retrieved from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00007-eng.htm

The caption below provides just a small sample of the effects of IPV as told by Indigenous women who have experienced IPV.

In Their Own Words: Voices of Indigenous Women

"I almost got killed last year; he tried to choke me to death."

"Physical violence is bad and it hurts on impact, but verbal abuse stays and it destroys." [Translation]

"The first time I was abused by my husband, he said 'it's not my fault; I'm doing what my father used to do. I'm following in his footsteps.' Same genes."

"There's lots of tragedy behind our lives. Nobody sees it, it's nothing to laugh at … every week I had different coloured eyes."

"Abusers have toned it down. Abusers will keep you in the home until the bruising goes down."

"I have lived a lot of violence. I didn't complain because I was afraid to lose my children. I would go to the shelter to rest a little and then return. If the police intervene, often I'm afraid to lose them because of the violence at home. That's what we see often." [Translation]

"It's difficult to go get help and it's embarrassing. It's my mother that forced me to get help." [Translation]

"You're told, 'You are worthless.' To hear that for years, it goes in and it stays." [Translation]

"If you get beat up all the time, you can't be healthy." "The person often remains anxious for a very long time … and when you're really anxious, it can impact you in other ways, your relationships with other people, whether or not you can actually get a job …"

"Most people are told, 'If you leave, you won't get a penny and you won't have the children.'" [Translation] "You leave everything behind. You have no money, no self-esteem, poor education"

Source: Canada (2008). *National Clearinghouse on Family Violence. Aboriginal Women and Family Violence*. Ottawa, Ontario: Public Health Agency of Canada. Retrieved from http://publications.gc.ca/collections/collection_2009/aspc-phac/HP20-10-2008E.pdf. Pages 8-35

5.0 Child Maltreatment

5.1 Definition of child maltreatment

Child maltreatment refers to "the harm, or risk of harm, that a child or youth may experience while in the care of a person they trust or depend on, including a parent, sibling, other relative, teacher, caregiver or guardian. Harm may occur through direct actions by the person (acts of commission) or through the person's neglect to provide a component of care necessary for healthy child growth and development (acts of omission)" (Canada, 2006: 1). According to Statistics Canada, family violence against children also includes violence committed by non-biological family members, such as foster parents/siblings, adoptive and step-parents/siblings (Conroy, 2021).

5.2 Types of child maltreatment

Five categories of child maltreatment commonly identified in the literature are: physical abuse; sexual abuse; neglect; emotional harm; and exposure to family violence (or IPV) (Canada, 2006: 2). Table 4 provides a definition of each type of child maltreatment along with examples of behaviours commonly associated with each category.

Table 4: Categories of child maltreatment and examples of associated behaviours

Category	Definition	Examples of Abusive Behaviours
Physical abuse (assault)	The application of unreasonable force by an adult or youth to any part of a child's body.	Harsh physical discipline, forceful shaking, pushing, grabbing, throwing, hitting with a hand, punching, kicking, biting, hitting with an object, choking, strangling, stabbing, burning, shooting, poisoning and the excessive use of restraints.
Sexual abuse	Involvement of a child, by an adult or youth, in an act of sexual gratification, or exposure of a child to sexual contact, activity or behaviour.	Penetration, attempted penetration, oral sex, fondling, sex talk, voyeurism and sexual exploitation.
Neglect	Failure by a parent or caregiver to provide the physical or psychological necessities of life to a child.	Failure to supervise, leading to physical harm or to sexual harm; permitting criminal behaviour; physical neglect; medical neglect; failure to provide psychological treatment; abandonment; and educational neglect.
Emotional harm	Adult behaviour that harms a child psychologically, emotionally or spiritually.	Hostile or unreasonable and abusive treatment, frequent or extreme verbal abuse (that may include threatening and demeaning or insulting behaviours), causing non-organic failure to thrive*, emotional neglect, and direct exposure to violence between adults other than primary caregivers.
Exposure to family violence (or IPV)	Circumstances that allow a child to be aware of violence occurring between a caregiver and his/her partner or between other family members.	Allowing a child to see, hear or otherwise be exposed to signs of the violence (e.g., to see bruises or physical injuries on the caregiver or to overhear violent episodes).

Sources: Canada. National Clearinghouse on Family Violence. (2006). *Child Maltreatment in Canada: Overview Paper*. Prepared by Susan Jack, et al. Ottawa, Ontario: Public Health Agency of Canada. Retrieved from http://publications.gc.ca/collections/Collection/HP20-2-2006E.pdf

It is important to note that child maltreatment can be difficult to detect, especially in the context of family violence that occurs within the home, thus reported rates of child maltreatment from sources such as police reports may underestimate the actual extent of the issue (Conroy, 2021). This may be because children are unaware that they are being victimized, or may be unable to report the experience or know how to seek help.

5.3 Prevalence of child maltreatment in Indigenous communities

Statistics from the *FN/CIS-2019* show that in 2019, an estimated 299,217 child maltreatment investigations were conducted in Canada, 19% of which involved Indigenous (First Nations, Inuit and Métis) children (Fallon et al., 2021). For both First Nations and non-Indigenous children, the majority of investigations (70%) involved alleged incidents of maltreatment, while 30% focused on the risk of future maltreatment. The highest proportion of maltreatment investigations among First Nations children was related to neglect (44%), while the largest proportion of investigations among non-Indigenous children focused on physical abuse (31%) (Fallon et al., 2021).

The 2019 study also revealed that the rate of substantiated child maltreatment investigations was 4.7 times higher for First Nations children compared to non-Indigenous children. As shown in Table 5, among First Nations child investigations, an estimated 59% were substantiated, compared to 46% of investigations involving non-Indigenous children.

Table 5: Rate of substantiated child maltreatment investigations in Canada[1] in 2019 for First Nations vs. non-Indigenous children

Sample	Level of Substantiation	Number of Investigations	Rate per 1,000 Children	Percentage
First Nations children	Substantiated	19,143	62.95	59%
	Suspected	2,190	7.20	7%
	Unfounded	10,950	36.01	34%
	Total Maltreatment Investigations	**32,283**	**106.16**	**100%**
Non-Indigenous children	Substantiated	76,899	13.43	46%
	Suspected	9,995	1.75	6%
	Unfounded	81,676	14.26	48%
	Total Maltreatment Investigations	**168,570**	**29.44**	**100%**

[1] Based on a sample of 23,670 cases extracted from the Quebec administrative system in 2019, 4,422 investigations in Ontario in 2018, and 9,319 investigations in the rest of Canada in 2019. Twenty-eight cases from the Quebec administrative system did not have information about substantiation.

Source: Fallon, B., Lefebvre, R., Trocmé, N., et al. (2021). *Denouncing the continued overrepresentation of First Natinos children in Canadian child welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019.* Ontario: Assembly of First Nations. Page 40.

Child Maltreatment of Indigenous Children

Self-Report Experiencing a Form of Childhood Maltreatment

- ***A higher proportion of Indigenous people self-report experiencing some form of childhood physical and/or sexual maltreatment before the age of 15 compared to their non-Indigenous counterparts (40% and 29%, respectively).***
- ***Indigenous women are more likely than Indigenous men to self-report experiencing both physical and sexual maltreatment as a child (14% and 5%, respectively).***
- ***Indigenous men are more likely than Indigenous women to self-report experiencing physical maltreatment only as a child (31% and 21%, respectively).***

Perpetrators in Maltreatment Cases

- ***In cases of physical child maltreatment, a family member is frequently self-reported as the adult perpetrator for Indigenous people and non-Indigenous people (74% and 70%, respectively).***
- ***In cases of sexual child maltreatment, for Indigenous and non-Indigenous people a family member (44% and 37%, respectively) or an acquaintance (35% and 38%, respectively) is more often self-reported as the adult responsible.***

Form of Maltreatment

- ***Neglect is the most commonly substantiated form of maltreatment for investigations involving First Nations children, whereas exposure to domestic violence is the most commonly substantiated form of maltreatment for investigations involving non-Aboriginal children.***

Source: Department of Justice. Canada. (2017b). Victimization of Indigenous Children and Youth. Ottawa, Ontario: Department of Justice. Retrieved from <https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2017/docs/july03.pdf>

5.4 Child maltreatment risk factors

As with IPV, the risk factors associated with child maltreatment result from an interaction of a number of complex factors occurring in vulnerable communities over a period of time (Schwartz, Waddell, Barican et al., 2009: 5). Table 6 lists a number of child maltreatment risk factors according to three categories: caregiver; community; and society.

Table 6: Caregiver, community and societal child maltreatment risk factors

Caregiver	Community	Society
• difficulty bonding with child • limited awareness of child development • unrealistic expectations of child • approving of physical punishment • limited parenting skills • personal history of being maltreated • physical and/or mental health problems • drug and alcohol misuse • criminal involvement • social isolation	• lack of adequate housing • lack of family supports and services • high unemployment levels • poverty • transient neighbourhoods • easy availability of alcohol and drugs • tolerance of violence • gender and social inequalities	• norms diminishing the status of children • public policies leading to poor living standards or socio-economic instability or inequality • norms promoting violence, including physical punishment • rigid gender role norms

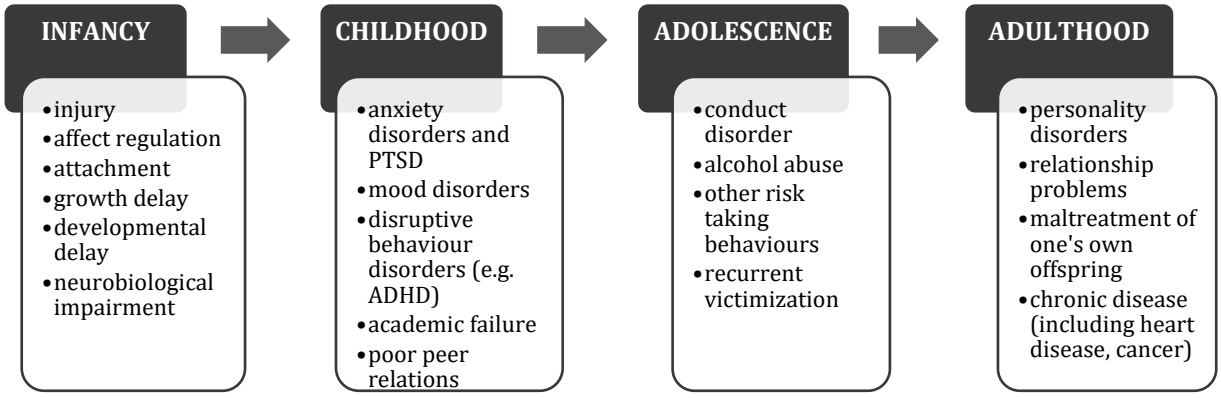
Source: Schwartz, Waddell, Barican et al. (2009). "Preventing and Treating Child Maltreatment," *Children's Mental Health Research Quarterly*, 3(2): 1–20. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2012/12/RQ-2-09-Spring.pdf. Page 5.

5.5 Effects of child maltreatment

Child maltreatment has significant and long lasting physical and psychological impacts on children, regardless of the type of maltreatment exposure. This includes both direct and indirect effects on physical and mental health and development (Public Health Agency of Canada, 2016). Family violence is a source of chronic stress, and when it occurs early in life, it can increase the risk of poor health outcomes as well as risky behaviours later in life, such as substance abuse, violence/aggression, and unsafe sexual behaviours (Public Health Agency of Canada, 2016; Conroy, 2021). Evidence also suggests that child maltreatment can affect the child's ability to form healthy relationships in life and their academic performance in school (Public Health Agency of Canada, 2016).

Figure 1 identifies a few of the most documented impairments correlated with child maltreatment during each stage of a child's developmental cycle.

Figure 1. Impairments correlated with child maltreatment



Source: MacMillan and Wathen. (2014). *Research Brief: Interventions to Prevent Child Maltreatment*. London, Ontario: PreVAiL: Preventing Violence Across the Lifespan Research Network. Retrieved from https://prevailresearch.ca/wp-content/uploads/sites/10/2018/01/PreVAiL-CM-Research-Brief-March-2014.pdf. Page 2.

6.0 Concurrence of Intimate Partner Violence and Child Maltreatment

A growing and substantial body of literature shows that IPV and child maltreatment are intrinsically linked (Women and Gender Equality Canada, 2019; Learning Network, 2016; Etherington and Baker, 2016; Ahmadabadia, Najman, Williams et al., 2013; Guedes and Mikton, 2013; McKay, 1994). Research indicates that "[IPV and child maltreatment] often occur within the same household and that exposure to violence in childhood—either as a victim of physical or sexual abuse or as a witness to IPV—may increase the risk of experiencing or perpetrating different forms of violence later in life" (Guedes and Mikton, 2013: 377). According to 2014 dataalmost half of women who were exposed to IPV also reported experiencing physical or sexual abuse during childhood (Women and Gender Equality Canada, 2019: 14). Boys exposed to this type of violence during childhood also have an increased risk of being arrested for violent offences throughout adolescence and adulthood (Women and Gender Equality Canada, 2019: 14; Learning Network, 2016:1). Evidence from a broad range of studies and populations provides strong support for the link between experiencing some form of maltreatment in childhood and perpetrating violence including IPV later in adulthood (Learning Network, 2016: 1). For example, research shows that approximately 17 percent of boys who have experienced some form of maltreatment perpetrate violence themselves in adulthood (Learning Network, 2016:1).

However, it is also important to note that many people who experienced abuse or maltreatment as children do not experience abuse or become violent later in life. Factors that may reduce the risk of future family violence include children who experience fewer or less severe types of abuse, and those who have access to safe and supportive family relationships (Public Health Agency of Canada, 2016).

6.1 Concurrence of child maltreatment and IPV among Indigenous populations

Given the lasting and ongoing effects of historical events and intergenerational trauma on Indigenous populations (see section 4.4), some researchers have examined the impact of historical trauma from past and continuing colonization on the risk of family violence among Indigenous people today in the form of intergenerational trauma (Heidinger, 2021; Brownridge et al., 2017). According to colonization theory, Indigenous people have internalized the oppression, neglect and abuse they have experienced over time and have passed this on to subsequent generations, resulting in enduring and perpetuating cycles of family violence and harm (Heidinger, 2021; Brownridge et al., 2017). As a result, Indigenous people have a higher risk of both experiencing maltreatment or exposure to violence during childhood, and experiencing or perpetrating IPV during adulthood.

Evidence from Canada supports the link between child maltreatment and IPV among Indigenous people. For example:

- Findings from the 2014 GSS showed that childhood exposure to violence, as well as direct physical or sexual child abuse victimization were all predictors of IPV in adulthood among both Indigenous and non-Indigenous respondents. However, comparisons showed that Indigenous respondents not only had greater odds of experiencing IPV than non-Indigenous respondents, but also that the elevated risk of IPV among Indigenous people was reduced after controlling for childhood maltreatment and other proximal risk factors tied to Indigenous people's unique histories (e.g. younger age, lower education, unemployment, rural areas) (Brownridge et al., 2017). These results are consistent with the theory that higher risk of IPV among Indigenous people is largely due to the effects of historical and intergenerational trauma.
- Findings from the 2018 SSPPS showed that Indigenous women were almost twice as likely to experience IPV if they had also experienced physical or sexual abuse in childhood (before the age of 15). Specifically, among Indigenous women who were victims of childhood abuse, 80% reported experiencing IPV in their lifetime and 22% experienced IPV in the last 12 months – a higher proportion than women who did not experience childhood abuse (47% reported lifetime IPV; 13% in past 12 months) and higher than non-Indigenous women who experienced childhood abuse (66% reported lifetime IPV; 18% in past 12 months) (Heidinger, 2021).

7.0 Family Violence Interventions in Practice — Evidence from the Field

7.1 Findings from review studies

A systematic review of child maltreatment prevention programs by Schwartz, Barican, Yung, et al. (2018) identified three randomized controlled trials (RCTs) that evaluated three different interventions: Child FIRST, Nurse-Family Partnership and SafeCare+. According to the authors, each program had unique features, however they all shared a common focus: "preventing at-risk parents from maltreating their young children through delivery of services in their homes." (Schwartz, Barican, Yung, et al., 2018:7). Overall, two of the intervention programs (Child FIRST and Nurse-Family Partnership) were found to successfully prevent child maltreatment by providing skilled interventions to parents in the home. Given the greater intensity and duration of Nurse-Family Partnership, this program in particular was shown to have many more long-term benefits for both children and mothers (Schwartz, Barican, Yung, et al., 2018:9-10).

Table 7 provides a summary of the prevention programs reviewed, highlighting key components of each program and outcomes.

Table 7: Review of child maltreatment prevention programs

Program	Participants	Aim	Visits	Sample Size	Ages at Start (Location)	Follow-Up	Outcomes
Child FIRST	Families (mostly mothers and children, but other individuals also included)	Help at-risk families with specific challenges (i.e. IPV, substance use, behaviour problems)	12 home visits (average) by mental health practitioner plus case manager; also telephone consultations over five months	157	3-36 months (United States)	2.5 years	↓ involvement with child protection services
Nurse Family Partnership	Mothers	Help at-risk first time mothers with no prior CPS involvement	50 home visits by nurses over 29 months (average)	460	Prenatal-2 years(Netherlands)	1 year	↓ involvement with child protection services
SafeCare+	Parents (mostly mothers)	Help at-risk rural parents	36 hours (average) of home visits by practitioners over six months	105	Birth-5 years (United States)	1.5 years	NS time until first report to child protection services
Notes: ↓ Statistically significant reductions for program families over controls. NS No statistically significant difference between program and control families							

Source: Schwartz, Barican, Yung et al. (2018). "Preventing Child Maltreatment," *Children's Mental Health Research Quarterly*, 12 (3): 1–16. Vancouver, British Columbia: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2018/09/RQ-12-18-Summer.pdf

An earlier review of child maltreatment prevention programs by Schwartz, Waddell, Barican, et al. (2009) identified five RCTs of four different interventions: Healthy Families; Healthy Start; Nurse Home Visitation; Parent-Child Interaction Therapy (PCIT); and PCIT Enhanced. Three trials (Healthy Families, Healthy Start and Nurse Home Visitation) focused on primary prevention, that is: "the prevention of abuse among high-risk parents who had no history of maltreating their children" while the remaining two trials (Nurse Home Visitation, PCIT and PCIT Enhanced) focused on secondary prevention, that is: "prevent[ing] abuse from reoccurring among parents involved with child protection services" (Schwartz, Barican, Yung, et al., 2009: 8). Findings revealed that some of the programs had a limited effect in preventing child abuse. Only Nurse Home Visitation was successful in preventing abuse; however, it was not effective at preventing the recurrence of abuse in the secondary prevention program – suggesting that different interventions are needed for higher-risk families where abuse has already occurred (Schwartz, Barican, Yung, et al., 2009). Moreover, other programs such as the Parent-Child Interaction Therapy secondary prevention program were successful at preventing certain types of child maltreatment (e.g. physical re-abuse), but not all types (e.g neglect). Understanding the elements of successful and unsuccessful interventions can help to inform future strategies for preventing family violence.

Table 8 provides a summary of the prevention programs reviewed, highlighting key components of each program and outcomes. Table 9 provides additional positive outcomes for each of the programs.

Table 8: Review of child maltreatment prevention programs

Program	Type	Approach	Sample Size*/Location	Outcomes
Healthy Families	Primary prevention	42 home visits by paraprofessionals providing parent education, child safety promotion, crisis support and assistance to access other needed services	Program participants (179) Control: no service (185) (United States)	After 2 years of program participation: • no significant difference in substantiated child abuse (16% versus 17%) or neglect (12% versus 13%) by child protective services (CPS)records • less frequent use of psychological aggression and mild physical assault by parent self-report • no significant difference in physical or psychological abuse or neglect in previous year by parent self-report
Healthy Start	Primary prevention	13 home visits by paraprofessionals providing parent education and assistance in accessing other needed services, including housing, child care and vocational training	Program participant (395) Control: no service (185)** (United States)	After 3 years of program participation parents† had: • no significant difference in child abuse or neglect by CPS records • significantly lower rates of neglect by parent self-report (22% versus 27%) • no significant difference in physical or psychological abuse by parent self-report

Table 8: Review of child maltreatment prevention programs (continued)

Program	Type	Approach	Sample Size*/Location	Outcomes
Nurse Home Visitation	Primary prevention	32 to 46 home visits by public health nurses, including intensive family support, parent education, and referral to other health/social services (plus standard child protection services in one trial	Program participants (116) Control: developmental screening (184) (United States)	At 15-year follow-up (after 2-year program), mothers had had: • significantly fewer reports of child maltreatment by CPS records
Nurse Home Visitation	Secondary prevention	32 to 46 home visits by public health nurses, including intensive family support, parent education, and referral to other health/social services (plus standard child protection services in one trial)	Program participants (89) Control: standard child protective services (74) (Canada)	At 1-year follow-up (after 2-year program), mothers had: • no significant difference in recurrence of physical abuse (33% versus 43%) or neglect (47% versus 51%) by CPS records • significantly higher recurrence of either physical abuse or neglect (24% versus 11%) by hospital records

Table 8: Review of child maltreatment prevention programs (continued)

Program	Type	Approach	Sample Size*/Location	Outcomes
Parent-Child Interaction Therapy (PCIT)	Secondary prevention	23 behavioural parent training sessions, including alternatives to physical discipline, using direct coaching with one-way mirror and earphone (secondary prevention program)	Program participants (36) Control: parenting group (37) (United States)	At 22-month follow-up (after 6-month program), regular *PCIT* parents had: • significantly fewer re-reports of physical abuse (19%) compared to parenting group (49%), while *Enhanced PCIT* parents had no significant difference in re-reports of physical abuse (36%) by CPS records • no significant group differences in re-reports of neglect by CPS records
PCIT Enhanced	Secondary prevention	regular PCIT plus home visits for managing crises and helping parents implement skills, along with as-needed treatment for parental depression, substance use and domestic violence (secondary prevention program)	Program participants (36) ‡ Control: parenting group (37) (United States)	

Source: Schwartz, Waddell, Barican, et al. (2009). "Preventing and Treating Child Maltreatment," *Children's Mental Health Research Quarterly*, 3(2): 1–20. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2012/12/RQ-2-09-Spring.pdf. Pages 8-9

Table 9: Additional positive outcomes of Healthy Families, Healthy Start, Nurse Home Visitation and Parent-Child Interaction Therapy Programs

Program	Outcomes	
Healthy Families	↓ impoverished home environments ↓ use of corporal punishment	
Healthy Start	↓ threats to spank or hit child	
Nurse Home Visitation	Maternal:* ↓ food stamps use ↓ criminal arrests and convictions ↓ impairment from drug and alcohol use	Child: ↓ running away incidents* ↓ criminal arrests and convictions ↓ days of alcohol consumption* ↓ sexual partners*
Parent-Child Interaction Therapy	↓ negative parent behaviours toward child (for both regular and enhanced program versions)	
Notes: *Positive outcomes limited to subsample of the highest-risk families		

Source: Schwartz, Waddell, Barican, et al. (2009). "Preventing and Treating Child Maltreatment," *Children's Mental Health Research Quarterly*, 3(2): 1–20. Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2012/12/RQ-2-09-Spring.pdf. Page 10

Table 10 provides the results of a systematic review by Schwartz, Waddell, Barican, et al. (2012) of programs designed to help women and children who have experienced intimate partner violence. The authors identify five randomized control trials (RCTs) evaluating four different programs: Advocacy, Child Parent Psychotherapy, Nurse Case Management and Project Support (the original study is labeled "Project Support I" and the replication trial as "Project Support II"). Each of the programs focus on women who have experienced IPV. All programs provide services to women and children with the exception of the Nurse Care Management program which provides services only to women and not children. Program services were delivered in urban American communities, to economically disadvantaged families and ethnically diverse populations (Schwartz, Waddell, Barican, et al., 2012: 6). Follow-up evaluations revealed that all programs except for one (Nurse Case Management) produced at least one beneficial outcome for children, and one program (Advocacy) produced significant benefits for women as well. Common features of successful programs included: comprehensive and intensive; helping women access new resources; providing parenting education; and providing support directly to children (Schwartz, Waddell, Barican, et al., 2012: 9-10). In addition, all programs first addressed safety concerns using different approaches, demonstrating the importance of ensuring the safety of women and children when responding to IPV.

Table 10: Program Name: Advocacy

Study Elements	Details
Program Components	Women: Trained university students taught strategies for accessing needed resources during twice-weekly home visits over 4 months. Children: Leaders facilitated education on safety and emotions during weekly group sessions (location unspecified) over 2½ months.
Participants*	80 women plus children
Child Age (Gender)	6–11 years (45% male)
Comparison Condition	"no intervention"
Follow-Up	4 months
Statistically Significant Findings (Child Outcomes)	• increase in general self-confidence • increase in athletic self-confidence • increase in confidence in appearance • decrease in daily contact with perpetrator (11% vs. 27%)[1]
Non-Significant Findings (Child Outcomes)	• behaviour problems • academic self-confidence • social self-confidence • ongoing IPV exposure • other abuse by IPV perpetrator
Assesses Outcomes for Women	Yes
Outcomes for Women	• led to gains: o reduced women's depressive symptoms o improved women's self-esteem • failed to: o improve women's quality of life or social supports o reduce the recurrence of IPV
Notes: * Includes both intervention and comparison conditions. [1] Percentages refer to intervention and control children, respectively.	

Table 10: Program Name: Child-Parent Psychotherapy

Study Elements	Details
Program Components	Women and Children: Psychotherapists encouraged positive child behaviours, positive parenting and trauma resolution during weekly clinic-based sessions over 11 ½ months.**
Participants*	75 women plus children
Child Age (Gender)	3–5 years (48% male)
Comparison Condition	provision of support to access services and manage crises at monthly meetings†
Follow-Up	6 months
Statistically Significant Findings (Child Outcomes)	• decrease in behaviour problems (medium effect size)[2]
Non-Significant Findings (Child Outcomes)	• none
Assesses Outcomes for Women	Yes
Outcomes for Women	• failed to: o reduce women's mental disorder symptoms
Notes: * Includes both intervention and comparison conditions. ** Individual sessions with mother were interspersed with joint mother-child sessions as clinically indicated. † Face-to-face meetings were also provided on an as needed basis. [2] Effect sizes (small, medium or large) identify how much the outcomes made a meaningful "clinical" difference in children's lives.	

Table 10: Program Name: Nurse Case Management

Study Elements	Details
Program Components	Women: Nurses reviewed safety, provided information about additional services (legal, housing, job training) during 4 clinic-based sessions over 18 months.
Participants*	260 women
Child Age (Gender)	1–18 years (47% male)
Comparison Condition	Provision of safety plan and list of relevant services at one meeting.
Follow-Up	6 months[3]
Statistically Significant Findings (Child Outcomes)	• none
Non-Significant Findings (Child Outcomes)	• behavioural problems • emotional problems
Assesses Outcomes for Women	No
Outcomes for Women	N/A
Notes: * Includes both intervention and comparison conditions. [3] Study included a 12 month follow-up data but with attrition levels that exceeded the authors' inclusion criteria.	

Table 10: Program Name: Project Support I

Study Elements	Details
Program Components	Women: Psychotherapists addressed resources, safety, parenting and problem-solving during weekly home visits for up to 8 months. Children: Trained university students provided support and positive role modeling during weekly home visits for up to 8 months.
Participants*	36 women plus children
Child Age (Gender)	4–9 years (72% male)
Comparison Condition	Provision of support to access services at monthly meetings.
Follow-Up	24 months
Statistically Significant Findings (Child Outcomes)	• Oppositional defiant or conduct disorders (15% vs. 53%)[1] • Clinically significant behavioural problems (15% vs. 53%)[1] • Clinically significant emotional problems (0% vs. 35%)[1] • Happiness/social relationships • Perpetration of physical[4] abuse by mother (31% vs. 71%)[1]
Non-Significant Findings (Child Outcomes)	none
Assesses Outcomes for Women	Yes
Outcomes for Women	• failed to: o reduce the recurrence of IPV o numbers of women returning to violent partners
Notes: * Includes both intervention and comparison conditions. [1] Percentages refer to intervention and control children, respectively. [4] Includes being hit with object, slapped, spanked, pushed, grabbed, shoved or having object thrown during previous four months.	

Table 10: Program Name: Project Support II

Study Elements	Details
Program Components	Women: Psychotherapists addressed resources, safety, parenting and problem-solving during weekly home visits for up to 8 months. Children: Trained university students provided support and positive role modeling during weekly home visits for up to 8 months.
Participants*	66 women plus children
Child Age (Gender)	4–9 years (50% male)
Comparison Condition	Provision of support to access services at monthly meetings.
Follow-Up	12 months
Statistically Significant Findings (Child Outcomes)	• decrease in behaviour problems (medium effect size)[2]
Non-Significant Findings (Child Outcomes)	• Oppositional behaviours • Physical or emotional abuse by mother • Punitive parenting by mother • Inconsistent parenting by mother
Assesses Outcomes for Women	Yes
Outcomes for Women	• failed to: o reduce women's mental disorder symptoms
Notes: * Includes both intervention and comparison conditions. [2] Effect sizes (small, medium or large) identify how much the outcomes made a meaningful "clinical" difference in children's lives.	

Source for Table 10 studies: Schwartz, Waddell, Barican, et l. (2012). "Intervening after Intimate Partner Violence," Children's Mental Health Research Quarterly, 6(4): 1–15. Vancouver, British Columbia: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2012/12/RQ-4-12-Fall.pdf. Pages 6 and 8.

7.2 Examples of specific tools and methods for Indigenous populations

The Life Story Board

The LSB is a medium of symbolic communication that facilitates personal storytelling by providing a flexible, visual depiction of an individual's personal, relational, and temporal experience. The LSB toolkit consists of a colourful table-top board, and sets of cards, markers, and tokens codified to represent a broad range of people, events, conditions, behaviours, interests, and feelings. By placing these symbols onto areas of the board representing self, households, community, and the passage of time, the storyteller creates a unique picture of significant life events, relationships, and activities in a manner that enables the individual to explain cultural and contextual significance. The result is an informative, psychosocial eco-map depicting a personalized, contextual narrative that identifies patterns and sources of risk and resilience. Through the LSB's taxonomy of symbols, a storyteller's life experiences appear as an externalized landscape of elements, entities, and meanings that can be seen and reflected upon. LSB methods are amenable to a broad range of applications and cultural contexts. The process is versatile and can follow an individual's narrative flow, making it adaptable and engaging. The LSB's visual nature is useful in cases where literacy and cultural differences may reduce the effectiveness of conventional language-based interview approaches. Professionals can use the LSB both for assessment and as a therapeutic intervention with older children, youth, or adults.

Source: Chase, Mignone and Diffey (2010). "Life Story Board: A Tool in the Prevention of Domestic Violence," *Pimatisiwin*, *8* (2): 145–154. Page 146.

The Life Story Board (LSB) is an innovative and unique approach to addressing the problem of IPV in Indigenous populations. Initially designed as an interview tool in an expressive art program for children exposed to warfare, the LSB involves a game board with sets of cards, markers, and a notation system used to develop a visual representation of an individual's life experience at personal, family, and community levels (Chase, Mignone and Diffey, 2010: 145). As a therapeutic tool, the focus on visual expression introduces new methods of expression and trust building (Chase, Mignone and Diffey, 2010: 146). As a research tool, the LSB methods provide a qualitative alternative to traditional tools such as questionnaires, verbal interviews and focus group sessions (Chase, Mignone and Diffey, 2010: 147).

Since 2002, a number of exploratory studies have been carried out regarding the applicability and utility of the LSB for Indigenous contexts (Chase, Mignone and Diffey, 2010: 148). Although studies are ongoing, initial results suggest that the LSB approach can be used to explore areas and issues such as the multigenerational effects of residential schools and domestic violence (Chase, Mignone and Diffey, 2010: 148). Women's shelter staff, individuals working with violent offenders and community based researchers are ideal users of LSB methods by allowing them to help draw out individuals' experiences with domestic violence, the underlying factors that have contributed to the problem, and determining whether the individual has the necessary resources to make a change in their current path (Chase, Mignone and Diffey, 2010: 149).

Although the full range of applications of the LSB have yet to be explored, it is believed that LSB methods are highly compatible with long-held Indigenous traditions of storytelling (Chase, Mignone and Diffey, 2010: 149).

You are not alone: A toolkit for Aboriginal women escaping domestic violence

The Native Women's Association of Canada (2018) developed a toolkit to provide Indigenous women with information, strategies, and community safety planning resources to address domestic violence. Specifically, the toolkit includes: "understanding and knowledge of various topics relating to family violence, background knowledge on the impacts of colonization on Indigenous communities, and community safety plans to help women, girls and gender-diverse people identify their support networks and strategies for leaving an abusive situation." (Native Women's Association of Canada, nd)

8.0 Indigenous Considerations When Designing Family Violence Interventions

8.1 What Doesn't Work?

A review of the literature by Shaw (2013: 12) found that interventions designed to reduce violence against Indigenous women and violence that occurs in the family are less likely to succeed if they share one or more of the following attributes:

- Policies that are top-down and paternalistic (Sieder and Sierra 2010; Shaw, 2013:12-13);
- Interventions that reinforce gender inequalities and privilege the maintenance of the family over the abuse survivor's wishes (Sieder and Sierra 2010; Shaw, 2013:12-13);
- Policies that embrace a "one-size fits all" approach that models gender relations from a Western liberal perspective and stands in opposition to the traditional roles found in Indigenous cultures (United Nations Permanent Forum on Indigenous Issues, 2009: 7; Shaw, 2013: 12-13);
- Approaches that are unstable resulting from poor funding and lack of capacity (Keel 2004; Shaw, 2013: 12-13); and
- Initiatives that do not address the analytical tension between universalism and relativism. Sometimes there is a "reluctance to address the gendered dimensions of issues facing Indigenous communities since to do so is feared to be 'interfering with culture' or 'imposing western values'" (United Nations Permanent Forum on Indigenous Issues, 2009: 1,9; Shaw, 2013: 12-13).

8.2 What Does Work?

A review of the literature also found that interventions designed to reduce violence against Indigenous women and violence that occurs in the family are more likely to succeed if they adopt one or more of the following elements:

- Reconciliatory efforts that harmonize policies and interventions across the international, national, and local community-based levels of government (United Nations Inter-Agency Network On Women and Gender Equality, 2006; Shaw, 2013: 14-15);
- Approaches that are holistic by means of understanding the relationship between discrimination and violence against Indigenous people, particularly the distinct triple discrimination faced by Indigenous women (Sieder and Sierra 2010; Shaw, 2013: 14-15);
- Approaches that involve the whole community in the development, design, and implementation of family violence initiatives, particularly the involvement of community Elders (Shea, Nahwegahbow, and Andersson 2010; Shaw, 2013: 14-15; Puchala et al., 2010);
- Interventions that take preventative approaches to addressing family violence (Shea et al. 2010; Shaw, 2013: 14-15);
- Initiatives that include all parties – parents and children - in the conflict resolution process; this includes both the perpetrator and victim of the violence;
- Interventions that promote non-violent masculinities (Sieder and Sierra 2010; Shaw, 2013: 14-15);
- Approaches that draw on elements or whole parts of traditional Indigenous culture (Puchala, Paul, Kennedy, and Mehl-Madrona, 2010; Shaw, 2013: 14-15);
- Services and supports that are culturally and community based and that accommodate the family as a whole unit, seeking to keep the family intact rather than separating or dividing the family (Riggs, 2012);
- Models that address the historical legacy and trauma impacting family violence and the need for individual and family healing as key components in addressing the violence (Riggs, 2012).

8.3 Principles to Inform Indigenous Family Violence Initiatives

Indigenous knowledge has historically been disregarded in favour of Western approaches to programs and service delivery. However, the ability to support Indigenous families and reduce or prevent violence within the family requires a greater understanding of Indigenous cultural, knowledge, values, and worldviews (Riggs, 2012). In their work on family violence and Indigenous communities, Holmes and Hunt (2017) identify six key principles that should guide not only how family violence is understood among Indigenous populations, but also how it can effectively be addressed through meaningful change. Central to this approach is the concept of reframing Indigenous family violence using a broader determinants of health framework that identifies systemic and structural factors resulting from ongoing colonialism as overarching causes of violence, rather than focusing

on risk factors at the individual or family level. Table 11 identifies each of the six principles and provides a brief overview of the associated components.

Table 11: Principles to inform future Indigenous family violence initiatives

Principle	Description
Recognition of ongoing colonialism and dispossession	• The ongoing involvement of state actors in Indigenous homes and families is an expression of colonial power, as is the belief that this involvement is expected, unavoidable, or necessary. • Colonialism is furthered through the devaluation of Indigenous knowledge, worldview, languages and lives and the normalization of western hierarchies of race, gender, class and other axes of power • Colonization, racism, heterosexism and sexism are embedded in systems of health care, justice, education and child welfare, contribution to the levels of violence experienced by Indigenous peoples.
Locate risk within colonial systems	• Decolonial approaches call for the examination of racism within educational, health care, justice and other systems, such as the lack of culturally appropriate curricula, racism, among service providers and links to residential school histories as being related to low educational attainment, employment and health outcomes, and the impacts of these factors on cycles of violence. • In decolonial analyses, state systems are identified as the source of "risk" rather than being inherent to Indigenous peoples.
Foster self-determination of individuals, families and communities	• Self-determination is necessarily defined and expressed differently across diverse Indigenous cultural contexts, requiring localized, culturally-specific examinations of what ending violence means for each Indigenous community, family and person. • Self-determination also means respecting and upholding each Indigenous person's sexual orientation, gender presentation, gender identity, and family makeup—including adoptive families, queer families, single parent families and intergenerational households.
Indigenous gender-based analysis	• Indigenous gender-based analyses are critical to decolonization, as they require that we recognize the importance of gender roles and identities which fall far beyond the western binary. • This decolonization of gendered relations is imperative for ending the normalization of violence against Indigenous

	women and girls, as well as other forms of homophobic and transphobic violence faced by Two-Spirit people, and indeed all forms of violence that Indigenous people experiences.
Localized solutions	• There is no singular solution to ending family violence. Solutions are as diverse as indigeneity itself, as solutions must come from within Indigenous place-based, cultural practices and teachings. • Localized solutions allow for quickly adaptive responses to violence, as locally emergent issues can be dealt with more easily than those imposed from afar. • Local approaches allow for the deepening of individual agency, as community members look to one another rather than to outside actor to create change.
Kinship systems as integral to Indigenous law	• It is possible to link the revitalization of Indigenous legal traditions to ending violence within Indigenous communities. • Involves recovering Indigenous law which has at its center the family and [Indigenous] kinship relations.

Source: Canada. Holmes and Hunt. (2017). *Indigenous Communities and Family Violence: Changing the Conversation*. Prince George, British Columbia: National collaborating Centre for Aboriginal Health. Retrieved from https://www.nccih.ca/docs/emerging/RPT-FamilyViolence-Holmes-Hunt-EN.pdf. Pages 52-53

It is important to note that there is no single intervention or solution that is appropriate and relevant for all Indigenous people, as different cultural groups and communities have different approaches to healing and prevention of family violence (Riggs, 2012). However, there are some key traditional approaches to community healing and wellness that have been used consistently across many Indigenous groups and which may be relevant for addressing family violence. These include:

- *The circle* – a process in which each individual sees the connection between themselves and others and faces the impact of their behaviours on others in a safe space. There are different types of circles, including the talking circle, the sharing circle, the healing circle and the spiritual circle. Circles can involve the family, the extended family, and/or the community. "Circles provide an environment where individuals can learn, alter their values, and model and see new behaviours while also receiving support from people in similar situations" (Riggs, 2012:88).
- *Storytelling* – allowing a family member (i.e. a woman who has experienced violence) to tell their story by gaining their trust, rather than the professional practice of asking directive questions.

9.0 Conclusions and Policy Implications

This policy brief has attempted to highlight the problem of and possible solutions to family violence —with an emphasis on IPV and child maltreatment—affecting Canada's Indigenous population. In reviewing the literature, a number of common themes can be identified to help inform future family violence prevention strategies:

- First and foremost, solutions and/or violence prevention strategies should be targeted and tailored so that they address the unique needs and circumstances of Canada's diverse Indigenous peoples.
    - This includes a focus on the disproportionate level of risk factors for family violence among Indigenous people along with the ongoing effects of intergenerational trauma resulting from colonization.
    - This will require greater involvement and/or participation of Indigenous peoples themselves in all aspects of program development.
- Second, evidence showing that IPV and child maltreatment are intrinsically linked requires that IPV and child maltreatment be addressed in tandem rather than in isolation from one another. Preventing maltreatment and exposure to violence among Indigenous children is critical for reducing the risk of IPV in adulthood.
- Third, recognizing and addressing inherit institutional biases and discrimination resulting from decades of government policies is critical to the success of a program and/or initiative.
- Frontline healthcare workers provide a critical role in not only the provision of healthcare services to Canadians, but also the transfer of valuable knowledge that can help to dispel myths about Canada's Indigenous peoples. Ensuring that healthcare workers are provided with the necessary funds, resources and training will require a commitment by decision makers to provide adequate and ongoing financial support for programs.
- Finally, although the focus of this policy brief has been on prevention, it is important to note that prevention is not always successful. In such cases, measures to alleviate the effects of IPV and child maltreatment are necessary if the cyclical flow of violence can be mitigated.
    - Continued investment into community-based, culturally-informed strategies and programs to promote healing, including programs focusing on mental health, coping skills, and parenting skills are needed to support future generations of at-risk Indigenous families (Brownridge et al., 2017).

The path towards reconciliation with Canada's Indigenous peoples is a long and challenging one. Addressing the issue of family violence will help Canadians move one step closer to reconciliation by ensuring that future generations of Indigenous peoples do not experience the same degree and depth of pain and suffering inflicted by past policies and biases.

References

Admon Livny, K., & Katz, C. (2018). "Schools, Families, and the Prevention of Child Maltreatment: Lessons That Can Be Learned From a Literature Review," *Trauma, Violence and Abuse*, 19(2): 148–158. doi.org/10.1177/1524838016650186

Ahmadabadia, Z., Najman, J.M., Williams, G.M. et al. (2013). "Maternal Intimate Partner Violence Victimization and Child Maltreatment," *Child Abuse and Neglect*, 82: 23-33. doi.org/10.1016/j.chiabu.2018.05.017

Alvarez, C. P., Davidson, P. M., Fleming, C. et al. (2016). "Elements of Effective Interventions for Addressing Intimate Partner Violence in Latina Women: A Systematic Review," *PloS one*, 11(8): e0160518. doi:10.1371/journal.pone.0160518

Anderson, K. and van Ee, E. (2018). "Mothers and Children Exposed to Intimate Partner Violence: A Review of Treatment Interventions," *International Journal of Environmental Research and Public Health*, *15*(9): 1955. doi:10.3390/ijerph15091955

Andersson, N. and Nahwegahbow, A. (2010). "Family Violence and the Need for Prevention Research in First Nations, Inuit, and Métis Communities," *Pimatisiwin*, 8(2): 9–33.

Appel, A. E. and Holden, G. W. (1998). "The Co-Occurrence Of Spouse And Physical Child Abuse: A Review and Appraisal," *Journal of Family Psychology*, 12(4): 578-599. doi.org/10.1037/0893-3200.12.4.578

Armour, C. and Sleath, E. (2014). "Assessing The Co-Occurrence Of Intimate Partner Violence Domains Across The Life-Course: Relating Typologies To Mental Health," *European Journal of Psychotraumatology*, 5 (1). doi:10.3402/ejpt.v5.24620

Black, M. C. (2011). "Intimate Partner Violence and Adverse Health Consequences: Implications for Clinicians," *American Journal of Lifestyle Medicine*, 5(5), 428–439. doi.org/10.1177/1559827611410265

Blackstock, C. (2007). "Residential Schools: Did They Really Close or Just Morph into Child Welfare?," *Indigenous Law Journal*, 6 (1):71-78.

Boyce, J. (2016). *Victimization of Aboriginal people in Canada, 2014*. Ottawa, Ontario: Canadian Centre for Justice Statistics. Retrieved from https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14631-eng.pdf

Breiding, M.J., Basile, K.C., Smith, S.G. et al. (2015). *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0*. Atlanta, Georgia: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf

Brownell, M.D., Nickel, N.C., Enns, J.E. et al (2017). "Association Between Home Visiting Interventions And First Nations Families' Health And Social Outcomes In Manitoba, Canada: Protocol For A Study Of Linked Population-Based Administrative Data," *BMJ Open*, 7: e017626. doi: 10.1136/bmjopen-2017-017626

Brownridge, D.A., Taillieu, T., Afifi, T., et al. (2017). Child maltreatment and intimate partner violence among Indigenous and non-Indigenous Canadians. *Journal of Family Violence*, 32:607-619.

Burczycka, M. and Conroy, S. (2017). "Family Violence In Canada: A Statistical Profile, 2015," *Juristat*: Canadian Centre for Justice Statistics, 2-77. Retrieved from http://myaccess.library.utoronto.ca/login?url=https://search-proquest-com.myaccess.library.utoronto.ca/docview/1872177580?accountid=14771

Burnette, C.E. and Cannon, C. (2014) "It Will Always Continue Unless We Can Change Something": Consequences Of Intimate Partner Violence For Indigenous Women, Children, And Families," *European Journal of Psychotraumatology*, 5 (1). doi: 10.3402/ejpt.v5.24585

Burnette, C.E. and Sanders, S. (2017). "Indigenous Women and Professionals' Proposed Solutions to Prevent Intimate Partner Violence in Tribal Communities," *Journal of Ethnic and Cultural Diversity in Social Work*, 26 (4): 271-288. doi:10.1080/15313204.2016.1272029

Campbell, J.C. and Manganello, J. (2006). "Changing Public Attitudes as a Prevention Strategy to Reduce Intimate Partner Violence," *Journal of Aggression, Maltreatment and Trauma*, 13 (3-4): 13-39. doi: 10.1300/J146v13n03_02

Canada. National Clearinghouse on Family Violence. (2008). *Aboriginal Women and Family Violence*. Ottawa, Ontario: Public Health Agency of Canada. Retrieved from http://publications.gc.ca/collections/collection_2009/aspc-phac/HP20-10-2008E.pdf

Canada. National Clearinghouse on Family Violence. (2006). *Child Maltreatment in Canada: Overview Paper*. Prepared by Susan Jack, et al. Ottawa, Ontario: Public Health Agency of Canada. Retrieved from http://publications.gc.ca/collections/Collection/HP20-2-2006E.pdf

CAMH. (2016). *Home Visiting and Group Based Parenting Interventions: Evidence Brief: The Early Years*. Toronto, Ontario: CAMH. Retrieved from <https://eenet.ca/sites/default/files/pdfs/EarlyYears_English_EENetEvidenceBrief_Final.pdf>

Canadian Centre for Justice Statistics. (2016). "Family Violence in Canada: A Statistical Profile, 2014." *Juristat,* Statistics Canada Catalogue no. 85-002-X. 4. Ottawa, Ontario: Statistics Canada. Retrieved from https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2016001/article/14303-eng.pdf?st=R5UPnhaZ

Chartier, M. J., Brownell, M. D., Isaac, M. R. et al. (2017). "Is the Families First Home Visiting Program Effective in Reducing Child Maltreatment and Improving Child Development?," *Child Maltreatment*, 22 (2): 121–131. doi:10.1177/1077559517701230

Chase, R., Mignone, J. and Diffey, L. (2010). "Life Story Board: A Tool in the Prevention of Domestic Violence," *Pimatisiwin*, 8(2): 145–154.

Chen, M. and Chan, K. L. (2016). "Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis," *Trauma, Violence and Abuse*, 17(1): 88–104. doi.org/10.1177/1524838014566718

Chernaik, D., Grant, L., Mason, R. et al. (2005). "Intimate Partner Violence Consensus Statement," *Journal of Obstetrics and Gynaecology Canada*, 27 (4): 365–388. doi: https://doi.org/10.1016/S1701-2163(16)30465-0

Conroy, S. (2021). Family violence in Canada: a statistical profile, 2019. Canadian Centre for Justice and Community Safety Statistics at Statistics Canada. Retrieved from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001-eng.htm

Crowe, A., Schiffer, J., Fallon, B., et al. (2021). Mashkiwenmi-daa Noojimowin: Let's Have Strong Minds for the Healing (First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018). Toronto, ON: Child Welfare Research Portal.

Das McMurtry, N. (2015). “What Happens To Kids Who Authorities Determine Can’t Live Safely With Their Own Parents Or Caregivers?” *Policy Options*. October 15, 2015. Montreal, QC: Policy Options. Retrieved from <https://policyoptions.irpp.org/2015/10/15/kids-in-care-in-canada-the-alarming-facts-2/>

David, J.D. (2017). "Homicide in Canada, 2016." *Juristat*, Ottawa, Ontario: Canadian Centre for Justice Statistics, Statistics Canada, Catalogue no. 85-002-X.

DeBruyn, L., Chino, M., Serna, P. and Fullerton-Gleason, L. (2001). “Child Maltreatment in American Indian and Alaska Native Communities: Integrating Culture, History, and Public Health for Intervention and Prevention,” *Child Maltreatment*, 6 (2): 89–102. https://doi.org/10.1177/1077559501006002002

Department of Justice. Canada. (2017a). *Programming Responses for Intimate Partner Violence*. Ottawa, Ontario: Department of Justice. Retrieved from <https://www.justice.gc.ca/eng/rp-pr/jr/ipv-vpi/toc-tdm.html>

Department of Justice. Canada. (2017b). *Victimization of Indigenous Children and Youth*. Ottawa, Ontario: Department of Justice. Retrieved from <https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2017/docs/july03.pdf>

Etherington, N.A. and Baker, L.L. (2016). *The Link between Boys’ Victimization and Adult Perpetration of Intimate Partner Violence: Opportunities for Prevention across the Life Course*. London, Ontario: Centre for Research & Education on Violence against Women & Children. Retrieved from http://www.vawlearningnetwork.ca/our-work/reports/2016-4-PHAC_Boys_report_Final.pdf

Fallon, B., Lefebvre, R., Trocmé, N., et al. (2021). *Denouncing the continued overrepresentation of First Natinos children in Canadian child welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019.* Ontario: Assembly of First Nations.

Forum on Global Violence Prevention; Board on Global Health; Institute of Medicine. (2011). *Preventing Violence against Women and Children: Workshop Summary.* Washington, D.C.: U.S. National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK236956/>

Gerino, E., Caldarera, A. M., Curti, L. et al. (2018). “Intimate Partner Violence in the Golden Age: Systematic Review of Risk and Protective Factors,” *Frontiers in Psychology*, 9 (1595). doi:10.3389/fpsyg.2018.01595

Guedes, A. and Mikton, C. (2013). “Examining the Intersections between Child Maltreatment and Intimate Partner Violence.” *Western Journal of Emergency Medicine*, 14 (4): 377-379. doi:10.5811/westjem.2013.2.16249

Goulet, S., Lorenzetti, L., Walsh, C. A. et al. (2016). “Understanding the Environment: Domestic Violence and Prevention in Urban Aboriginal Communities,” *First Peoples Child & Family Review*, 11 (1). Retrieved from https://journals.sfu.ca/fpcfr/index.php/FPCFR/article/view/292

Government of Canada (2021). *Reducing the number of Indigenous children in care*. Ottawa, Ontario: Government of Canada. Retrieved from https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851

Government of Canada. (2018). *Family violence: How big is the problem in Canada?* Ottawa, Ontario: Government of Canada. Retrieved from https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html

Government of Canada. (2017). *Indigenous Peoples and Communities*. Ottawa, Ontario: Government of Canada. Retrieved from https://www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303

Guedes, A., Bott, S., Garcia-Moreno, C. and Colombini, M. (2016). "Bridging The Gaps: A Global Review Of Intersections Of Violence Against Women And Violence Against Children," *Global Health Action*, 9 (31516). doi:10.3402/gha.v9.31516

Hartley, C. C. (2002). "The Co-occurrence of Child Maltreatment and Domestic Violence: Examining Both Neglect and Child Physical Abuse," *Child Maltreatment*, 7(4), 349–358. doi.org/10.1177/107755902237264

Heidinger, L. (2021). Intimate partner violence: experiences of First Nations, Métis and Inuit women in Canada, 2018. Statistics Canada. Retrieved from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00007-eng.htm

Herrenkohl, T. I., Sousa, C., Tajima, E. A. et al. (2008). "Intersection of Child Abuse and Children's Exposure to Domestic Violence," *Trauma, Violence and Abuse*, 9(2): 84–99. doi.org/10.1177/1524838008314797

Holmes, C. and Hunt. S. (2017). Indigenous Communities and Family Violence: Changing the Conversation. Prince George, British Columbia: National collaborating Centre for Aboriginal Health. Retrieved from https://www.nccih.ca/docs/emerging/RPT-FamilyViolence-Holmes-Hunt-EN.pdf
Institute of Medicine. (2011). *Preventing Violence against Women and Children: Workshop Summary*. Washington, DC: The National Academies Press. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK189835/pdf/Bookshelf_NBK189835.pdf

Keel, M. (2004). "Family Violence and Sexual Assault in Indigenous Communities—Walking the Talk," *Policy Briefing, Australian Center for the Study of Sexual Assault*, 4: 1-31.

Kimber, M., Adham, S., Gill, S. et al. (2013). "The Association between Child Exposure to Intimate Partner Violence (IPV) and Perpetration of IPV in Adulthood—A Systematic Review," *Child Abuse and Neglect*, 76: 273-286.

Klingspohn, D.M. (2018). "The Importance of Culture in Addressing Domestic Violence for First Nation's Women." *Frontiers in Psychology*, 9(872): doi:10.3389/fpsyg.2018.00872

Kuokkanen, R. (2015). "Gendered Violence and Politics in Indigenous Communities," *International Feminist Journal of Politics*, 17 (2): 271-288. doi: 10.1080/14616742.2014.901816

Learning Network. (2016). "Boys' Victimization & Adult IPV Perpetration: Opportunities for Prevention Across the Life Course," *Newsletter*, March (16). Retrieved from http://www.vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-16/Newsletter_Issue_16_Final_01.pdf

Lewis, N.V., Feder, G.S., Howarth, E., et al. (2018). "Identification and initial response to children's exposure to intimate partner violence: a qualitative synthesis of the perspectives of children, mothers and professionals," *BMJ Open*, 8:e019761. doi:10.1136/bmjopen-2017-019761.

MacMillan, H.L., Wathen, C.N. With the Canadian Task Force on Preventive Health Care. (2001). *Prevention and Treatment of Violence against Women: Systematic Review and Recommendations*. CTFPHC Technical Report #01-4. London, Ontario: Canadian Task Force on Preventive Health Care. Retrieved from https://canadiantaskforce.ca/wp-content/uploads/2016/09/2003-violence-against-women-systematic-review-and-recommendations-en.pdf

MacMillan, H.L. and Wathen, C.N.(2014). *Research Brief: Interventions to Prevent Child Maltreatment*. London, Ontario: PreVAiL: Preventing Violence Across the Lifespan Research Network. Retrieved from <https://vegaproject.mcmaster.ca/docs/default-source/pdf/research-brief_-interventions-to-prevent-child-maltreatment-march-2014.pdf?sfvrsn=912afec1_0>

Marques, L. (n.d.). *Intimate Partner Violence—What Is It and What Does It Look Like?* Silver Spring, MD: Anxiety and Depression Association of America. Retrieved from https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/intimate-partner-violence-what-it-and-what-does

Martell, B. (2013). *Information Sheet: Structural Interventions in Child Welfare*. Ottawa, Ontario: First Nations Child and Family Caring Society. Retrieved from <https://fncaringsociety.com/sites/default/files/Information%20Sheet%20_%20Structural%20Interventions%20in%20Child%20Welfare.pdf>

Mcnab, M. (2019). "Indigenous Women's Issues in Canada," In *The Canadian Encyclopedia*. Retrieved from https://www.thecanadianencyclopedia.ca/en/article/native-womens-issues

Micklefield, A., Armbruster, S., Crate, J., et al. (2018). Opportunities to improve outcomes for children and youth: Reports of the Legislative Review Committee. Government of Manitoba. Retrieved from https://www.gov.mb.ca/fs/child_welfare_reform/pubs/final_report.pdf

Moffitt, P., Fikowski, H., Mauricio, M. et al. (2013). "Intimate Partner Violence In The Canadian Territorial North: Perspectives from a Literature Review and a Media Watch," *International Journal of Circumpolar Health*, 72: 10.3402/ijch.v72i0.21209. doi:10.3402/ijch.v72i0.21209

MacGregor, J.C.D., Wathen, C.N. and MacMillan, H.L. (2016). *Research Brief: Identifying and Responding to Children's Exposure to Intimate Partner Violence*. London, Ontario: PreVAiL: Preventing Violence Across the Lifespan Research Network. Retrieved from https://vegaproject.mcmaster.ca/docs/default-source/pdf/prevail-research-brief_-identifying-and-responding-to-childreng%C3%A7%C3%B6s-exposure-to-intimate-partner-violence-fall-2016.pdf?sfvrsn=6472ed57_0

MacMillan, H.L. and Wathen, C.N. (2014). *Research Brief: Interventions to Prevent Child Maltreatment*. London, Ontario: PreVAiL: Preventing Violence Across the Lifespan Research Network. Retrieved from https://prevailresearch.ca/wp-content/uploads/sites/10/2018/01/PreVAiL-CM-Research-Brief-March-2014.pdf

McKay, M. M. (1994). "The link between domestic violence and child abuse: Assessment and treatment considerations," *Child Welfare: Journal of Policy, Practice, and Program*, 73(1): 29-39.

McTavish, J.R., MacGregor, J.C.D., Wathen, C.N. et al. (2016). "Children's Exposure to Intimate Partner Violence: An Overview, *International Review of Psychiatry*, 28 (5): 504-518. doi: 10.1080/09540261.2016.1205001

Mikton, C. (2015). "Adapting And Retesting Evidence-Based Child Maltreatment Prevention Programs: A Case Study in Canada," *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 35 (8-9): 168–170.

Mikton, C. and Butchart, A. (2009). "Child Maltreatment Prevention: A Systematic Review of Reviews," *Bull World Health Organization*, 87: 353-361. doi:10.2471/BLT.08.057075

Moss, E., Dubois-Comtois, K., Cyr, C. et al. (2011). "Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment, and behavioral outcomes for maltreated children: A randomized control trial," *Development and Psychopathology*, 23 (1): 195-210.

Native Women's Association of Canada (nd). "MMIWG & Violence Prevention". Retrieved from https://www.nwac.ca/policy-areas/mmiwg/

Native Women's Association of Canada (2018). You are not alone: a toolkit for Aboriginal women escaping domestic violence. Retrieved from https://www.nwac.ca/wp-content/uploads/2015/04/NWAC-You-Are-Not-Alone-Handbook-with-weblinks.pdf

Newton, B.J. (2019). "Understanding Child Neglect in Aboriginal Families and Communities in the Context of Trauma," *Child & Family Social Work*, 24: 218–226. doi.org/10.1111/cfs.12606

Nowak, C. and Heinrichs, N. (2008). "A Comprehensive Meta-Analysis of Triple P-Positive Parenting Program Using Hierarchical Linear Modeling: Effectiveness and Moderating Variables," *Clinical Child and Family Psychology Review*, 11: 114. doi.org/10.1007/s10567-008-0033-0

O'Donnell, V. and Wallace, S. (2011). *First Nations, Métis and Inuit Women*. Ottawa, Ontario: Statistics Canada. Retrieved from https://www150.statcan.gc.ca/n1/en/pub/89-503-x/2010001/article/11442-eng.pdf?st=-15pbmBZ

Ogunsiji, O. and Clisdell, E. (2017). "Intimate Partner Violence Prevention And Reduction: A Review of Literature," *Health Care for Women International*, 38 (5): 439-462. doi: 10.1080/07399332.2017.1289212

Ontario Federation of Indigenous Friendship Centres. (2015). *Breaking Free, Breaking Through*. Toronto, Ontario: Ontario Federation of Indigenous Friendship Centres

Ontario Human Rights Commission. (2018). *Interrupted Childhoods: Over-Representation of Indigenous and Black Children in Child Welfare*. Toronto, Ontario: Ontario Human Rights Commission.

Perreault, S. (2015). *Criminal victimization in Canada, 2014*. Ottawa, Ontario: Statistics Canada. Retrieved from https://www150.statcan.gc.ca/n1/pub/85-002-x/2015001/article/14241-eng.pdf

Peters, O., Ursel, J., Hoffart, R et al. (2018). *Domestic Violence Risk Assessment, Risk Management and Safety Planning with Indigenous Populations*. London, Ontario: Canadian Domestic Homicide Prevention Initiative. ISBN: 978-F-988412-25-2. Retrieved from http://cdhpi.ca/sites/cdhpi.ca/files/Brief_5-Online.pdf

Prosman, G., Wong, S.H., Van Der Wouden, J.C., et al. (2015). "Effectiveness of home visiting in reducing partner violence for families experiencing abuse: A systematic Review," *Family Practice*, 32(3): 247-256.

Public Health Agency of Canada. (2010). *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings*. Ottawa, Ontario: Public Health Agency of Canada. Retrieved from https://cwrp.ca/sites/default/files/publications/en/CIS-2008-rprt-eng.pdf

Public Health Agency of Canada (2016). A Focus on family violence in Canada: the Chief Public Health Officer's Report on the State of Public Health in Canada 2016. Ottawa, ON.

Puchala, C., Paul, S., Kennedy, C. et al. (2010). "Using Traditional Spirituality to Reduce Domestic Violence Within Aboriginal Communities," *Journal of Alternative and Complementary Medicine*, 16 (1): 89-96. doi.org/10.1089/acm.2009.0213

Rhodes, K.V. and Levinson W. (2003). "Interventions for Intimate Partner Violence against Women: Clinical Applications," *JAMA*, 89 (5): 601–605. doi:10.1001/jama.289.5.601

Riggs, J. (2012). *Working With First Nations, Inuit and Métis Families Who Have Experienced Family Violence*. Toronto, Ontario: Ontario Association of Children's Aid Societies.

Schwartz, C., Barican, J., Yung, D. et al. (2018). "Preventing Child Maltreatment," *Children's Mental Health Research Quarterly*, 12 (3): 1–16. Vancouver, British Columbia: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2018/09/RQ-12-18-Summer.pdf

Schwartz, C., Waddell, C., Barican, J. et al. (2012). "Intervening after Intimate Partner Violence," *Children's Mental Health Research Quarterly*, 6(4): 1–15. Vancouver, British Columbia: Children's

Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2012/12/RQ-4-12-Fall.pdf

Schwartz, C., Waddell, C., Barican, J. et al. (2009). "Preventing and Treating Child Maltreatment," *Children's Mental Health Research Quarterly*, 3(2): 1–20. Vancouver, British Columbia: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2012/12/RQ-2-09-Spring.pdf

Vancouver, BC: Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. Retrieved from https://childhealthpolicy.ca/wp-content/uploads/2012/12/RQ-2-09-Spring.pdf

Shaw, C. (2013). *The Contours of Family Violence in Indigenous Communities: the Prevalence and Effectiveness of Initiatives Implemented to Address Indigenous Family-Based Violence*. Montreal, Quebec: Institute for the Study of International Development. Retrieved from < https://www.mcgill.ca/isid/files/isid/pb_2013_02_shaw.pdf>

Shea, B., Nahwegahbow, A. and Andersson, N. (2010). "Reduction of Family Violence in Aboriginal Communities: A Systematic Review of Interventions and Approaches," *Pimatisiwin: Journal of Aboriginal and Indigenous Community Health*, 8 (2): 35–60.

Sieder, R. and Sierra, M. T. (2010). "Indigenous Women's Access to Justice in Latin America". Working Paper (2): *CHR Michelsen Institute:* 1-45.

Sinha, V., Trocmé, N., Fallon, B. et al. (2011). Kiskisik Awasisak: *Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System*. Ontario: Assembly of First Nations. Retrieved from https://cwrp.ca/sites/default/files/publications/en/FNCIS-2008_March2012_RevisedFinal.pdf

Statistics Canada. (2017a). Aboriginal Peoples in Canada: Key Results from the 2016 Census," *The Daily*, October 25, 2017. Retrieved from https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm

————. (2017b). *Canada [Country] and Canada [Country]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/abo-aut/Table.cfm?Lang=Eng&T=101&S=99&O=A

————. (2016a) *Census of Population*. Statistics Canada Catalogue no. 98-400-X2016162. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&Lang=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1341679&GK=0&GRP=1&PID=110517&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2017&THEME=122&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0>

————. (2015). "Projections of the Aboriginal Population and Households in Canada, 2011 to 2036," *The Daily*, September 17, 2015. Retrieved from https://www150.statcan.gc.ca/n1/en/daily-quotidien/150917/dq150917b-eng.pdf?st=G_9TWAo9

————. (2009). *General Social Survey.* Ottawa, Ontario: Statistics Canada.

Trabold, N., McMahon, J., Alsobrooks, S., et al. (2018). "A Systematic Review of Intimate Partner Violence Interventions: State of the Field and Implications for Practitioners," Trauma, Violence and Abuse. 1-15: doi.org/10.1177/1524838018767934

Trocmé, N., MacLaurin, B., Fallon. B., Knoke, D., Pitman, L. and McCormack, M. (2006). *Mesnnmimk Wasatek: Catching a drop of light: Understanding the over-representation of First Nations children in Canada's child welfare system: An analysis of the Canadian incidence study of reported child abuse and neglect (CIS-2003).* Ottawa, Ontario: First Nations Child and Family Caring Society of Canada.

Turner, W., Hester, M., Broad, J. et al. (2017). "Interventions to Improve the Response of Professionals to Children Exposed to Domestic Violence and Abuse: A Systematic Review," *Child Abuse Review*, 26(1): 19–39. doi:10.1002/car.2385

United Nations Inter-Agency Network On Women and Gender Equality. (2006). "Indigenous Women". *IANGWE Task Manager Report: Fifth Session.* New York.

United Nations Permanent Forum on Indigenous Issues (UNPFII). (2009). "Analysis Prepared By the Secretariat of the Permanent Forum on Indigenous Issues: Indigenous Women". *Eighth Session: United Nations Economic and Social Council.* Item 3(B) Of The Provisional Agenda. New York, New York.

Van der Put, C. E., Assink, M., Gubbels, J. et al. (2018). "Identifying Effective Components of Child Maltreatment Interventions: A Meta-analysis," *Clinical Child and Family Psychology Review*, 21(2): 171–202. doi:10.1007/s10567-017-0250-5

Vu, C. (2017). *Narrating Intimate Partner Violence : Reclaiming Indigenous Women's Voices*. University of British Columbia. Retrieved from https://open.library.ubc.ca/collections/ubctheses/24/items/1.0357257

Wathen, C.N., MacGregor, J.C.D. and MacMillan, H.L. (2016). *Research Brief: Identifying and Responding to Intimate Partner Violence Against Women*. London, Ontario: PreVAiL: Preventing Violence Across the Lifespan Research Network. Retrieved from https://vegaproject.mcmaster.ca/docs/default-source/pdf/prevail-ipv-research-brief-2016.pdf?sfvrsn=367dd4d0_0

Women and Gender Equality Canada. (2019). *A Year In Review 2018-2019: Canada's Strategy To Prevent And Address Gender-Based Violence*. Ottawa, Ontario: Government of Canada. Retrieved from https://women-gender-equality.canada.ca/en/gender-based-violence-knowledge-centre/year-review-2019.html

Wong, J. and Mellor, D. (2014). "Intimate Partner Violence and Women's Health and Wellbeing: Impacts, Risk Factors and Responses," *Contemporary Nurse*, 46 (2): 170-179. doi: 10.5172/conu.2014.46.2.170

World Health Organization and London School of Hygiene and Tropical Medicine. (2010). *Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence*. Geneva: World Health Organization.

Voyageur, C.J. and Calliou, B. (2000/2001). "Various Shades of Red: Diversity within Canada's Indigenous Community," *London Journal of Canadian Studies*, 16: 103-118.