



## **Background Document**

### **Rapid Review of Peer Reviewed Literature of Housing and Homelessness and Women Fleeing Domestic Violence, with a Focus on Aboriginal Women**

#### **Background Document for Mar 11, 2015 Dialogue**

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## A. Introduction

The Alberta Centre for Child Family and Community Research (ACCFCR) has developed a research strategy on homelessness, and stakeholders have recently identified three priorities including homelessness among women fleeing intimate partner violence/domestic violence, with a special focus on Aboriginal women. As part of preparation for stakeholder discussions about priorities and foci for potential research projects, ACCFCR commissioned a very brief rapid review of the peer-reviewed literature on the topic. A parallel search of the grey literature that used similar subject terms was also conducted and is reported elsewhere.

A rapid review aims to quickly compile very recent and very relevant published literature to inform a specific project, policy or decision. The time period of the review is usually relatively short; in the range of three to seven years but can be adjusted dependent on abstract yields. The number of search databases is typically very limited to one or two that are known to be most comprehensive in relation to the topic. With respect to personnel involved, usually only one or two researchers (ideally with a lot of prior expertise in the subject matter) select and review materials. Findings are typically briefly summarized as annotated abstracts (sometimes in tables drawing key comparisons) as well as a few key points across the materials found. The primary value of a rapid review is to bring evidence to the decision-making process when time-lines are short, which is often the case with policy-making. As such, rapid reviews typically take days instead of months, as in conventional systematic reviews. As such rapid reviews are more prone to biases in selection of materials and extraction of key points; however initial evidence suggests that they can be reasonably valid and provide value in many instances where otherwise little to no evidence would be tabled.

An initial, broader search was conducted in the Medline database for a seven-year period which yielded 157 abstracts. Of these, 100 were selected for further consideration using a range of terms related to intimate partner violence, homelessness and housing, and emergency shelter services. The primary subject matter of the papers topics were classified as follows:

- Risk factors (N=22)
- Broader context (e.g. primary care/prevention/population level) (N=18)
- Providers' views (N=8)
- Clients' views (N=7)
- Clinical interventions to benefit women (N=19)
- Clinical interventions to benefit children (N=12)
- Effectiveness of programs/models of care (N=7)
- Special clients (ethnocultural, disabled, LGBT, rural) (N=5)
- Aboriginal women (N=2)

The latter five topics were considered to be of greatest interest to inform action research. There were many promising articles in the set. For example, a systematic review of interventions provided in shelters in improving health and social outcomes and reducing the violence published by Jonker et al. in the European Journal of Public Health was found on the effectiveness topic. However, given the paucity of articles identified pertinent to the important topic of aboriginal women, this broader literature was set aside for later review and a more focused search and review was conducted on that topic; which is reported here. A powerpoint presentation summarizing the findings of this rapid review is available at [http://www.research4children.com/theme/common/document\\_launch.cfm?ItemId=7310](http://www.research4children.com/theme/common/document_launch.cfm?ItemId=7310).

## B. Methods for the Review focused on Aboriginal Women

The more focused study was also limited to the MEDLINE database but the search was expanded to allow for abstracts for the past 10 years. Although the use of MEDLINE as the only database could be questioned in terms of its coverage of important articles, especially from the social sciences, a study by Kelly & Pierre-Hanson published in 2008 in Canadian Family Physician found coverage of topics related to Aboriginal peoples to be very good. Even so, future searches of other important databases including those indexing the social sciences specifically and specialty sources such as the Native Health Database would be necessary to ensure comprehensive capture of important evidence. The search strategy is shown below:

Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) <1946 to Present> Search Strategy:

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1  aboriginal women.mp. or *Indians, North American/ (8649)
2  indigenous women.mp. (281)
3  domestic violence.mp. or *Domestic Violence/ (7217)
4  emergency shelters.mp. or *Emergency Shelter/ (82)
5  1 or 2 (8900)
6  3 and 4 and 5 (0)
7  3 and 5 (47)
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Abstracts were reduced by removing those published before 2005 and those not deemed to be sufficiently relevant to the topic of interest. One additional abstract that appeared twice in the set was also removed. The full papers for the remaining 17 abstracts were procured for full review. One additional relevant article from a prior environmental scan of the work of Alberta authors was added to the set, for a total of 18 full articles read and reviewed. Twelve of the articles were from the US, six from Canada and one was an international review. The abstracts, annotated comments of the reviewer, and authors' conclusions are provided below. Topics were too variable to allow for meaningful topic groupings so the abstracts are provided in date order from oldest to most recent. Terms as used in the articles are retained in the reviewer comments, but this does not imply that those are optimal or recommended terms.

## C. Annotations

### 1. Intimate partner violence in American Indian and/or Alaska Native communities: a social ecological framework of determinants and interventions. [Review] [22 refs]

Oetzel J; Duran B.

American Indian & Alaska Native Mental Health Research (Online). 11(3):49-68, 2004.

#### ABSTRACT

This essay synthesizes the research on intimate partner violence (IPV) in American Indian and/or Alaska Native communities using a social ecological framework. The review of literature demonstrates that American Indian and/or Alaska Native women are at an elevated risk for IPV compared to non-American Indian women and thus this essay describes multi-level interventions that are culturally appropriate for American Indian and/or Alaska Native communities. The interventions address a variety of determinants including gender, age, socioeconomic status, alcohol, European colonization, and infrastructure.

### Review Points

- US-based stats for prevalence but likely parallel in Canadian context
- Stats are dramatic – e.g. aboriginal women 5x more likely to be killed by partner and 2x more likely to be raped; they outline measurement problems of this phenomenon including definitions, instruments used and selected sample characteristics
- Authors note literature is not integrated with broader field (10 years ago and also my very strong impression now) – good overview and principles but too dated to count on for innovative approaches
- They say effective approaches require addressing cultural aspects and need to consider multi-level determinants, but do not mention housing approaches specifically.
- Authors provide a very useful discussion of risk (and protective factors) in relation to the five levels of the social ecological framework (individual, interpersonal, organizational, community and policy).
- They go on to discuss interventions at each level – they note that most of these approaches have not been evaluated in the AI/AN population. Examples of interventions at each level are:
  - Individual level – traditional healing approaches should not be imposed but should be available incl. sweat lodges, traditional healers, cultural identity. 'Hybrid therapy'
  - Interpersonal – culturally appropriate couples/family therapy and 'Healing Circle'
  - Organizational – continued outreach after shelter discharge, screening in primary care, provider training in culturally appropriate approaches and communication
  - Community – therapy and shelters need to be integrated with health care and legal services but confidentiality must be very strong – and cultural approaches must be bound with each community
  - Policy – note that research on legal mechanisms absent – things like protection orders, arrests and domestic violence courts not well evaluated and for sure not in AI/AN. The state that multi-level models are rare but do list a mainstream funding mechanism in the US in late 90s to early 2000s that funded many projects – more evaluation info on that project described in a subsequent paper

### Authors' Conclusion

In conclusion, AI/AN women have a greater prevalence of IPV than do non-AI women. In order to adequately assess this health disparity, it will be necessary to utilize culturally appropriate multi-level interventions that adequately address determinants that occur at individual, interpersonal, organizational, community, and policy levels. While the social ecological framework makes intuitive sense, there are few multi-level interventions to address IPV and none in AI/AN communities. Further research is needed to better understand how interventions at different levels work together to reduce IPV (both universal and selected/indicated prevention). If we are to reduce IPV in AI/AN communities, we will have to overcome several barriers including the lack of funding for AI/AN communities and the lack of practitioners of Western psychotherapy and traditional AI/AN practices.

## 2. Interpersonal violence in the lives of urban American Indian and Alaska Native women: implications for health, mental health, and help-seeking.

Evans-Campbell T; Lindhorst T; Huang B; Walters KL.

American Journal of Public Health. 96(8):1416-22, 2006 Aug.

### ABSTRACT

**OBJECTIVE:** We surveyed American Indian/Alaska Native (AIAN) women in New York City to determine the prevalence of 3 types of interpersonal violence among urban AIAN women and the behavioral health and mental health factors associated with this violence. **METHODS:** Using a survey, we questioned 112 adult AIAN women in New York City about their experiences with interpersonal violence, mental health, HIV risk behaviors, and help-seeking. The sampling plan utilized a multiple-wave approach with modified respondent-driven sampling, chain referral, and target sampling. **RESULTS:** Among respondents, over 65% had experienced some form of interpersonal violence, of which 28% reported childhood physical abuse, 48% reported rape, 40% reported a history of domestic violence, and 40% reported multiple victimization experiences. Overwhelmingly, women experienced high levels of emotional trauma related to these events. A history of interpersonal violence was associated with depression, dysphoria, help-seeking behaviors, and an increase in high-HIV risk sexual behaviors. **CONCLUSIONS:** AIAN women experience high rates of interpersonal violence and trauma that are associated with a host of health problems and have important implications for health and mental health professionals.

### Review Points

- *Just a descriptive prevalence single site US-based study with non-random sample selection that confirms what is, in various versions is already documented in broader population-based surveys though this provides a focus on urban aboriginal women.*
- *Not that helpful for informing intervention research, but some of the measures might be useful to include in a dataset enhancement initiative. These include risk and protective factors; trauma events; victimization, various negative mental health states, help-seeking (incl. conventional and traditional healing).*
- *Recommendations are also not earth-shattering or very specific: violence prevention efforts, culturally responsive standards for violence prevention; assessment of violence history and trauma; and culturally specific interventions.*
- *The one finding that is of interest is that in their sample the majority were willing to seek conventional mental health services (70%) and an even higher proportion traditional healing (75%) though there may be some volunteer bias operating. They note that health professional validation is important to disclosure and empowerment.*
- *They also note (see below) the importance of longitudinal research (and advanced statistical models) – though I would again question the value of that if it means postponing intervention research. A comparison group in an intervention design can serve the purpose of longitudinal research on natural history and associations. In my view this is mostly a self-serving recommendation.*

### Authors' Conclusion

This study has several limitations that should be considered when interpreting the results. First, the sample is based on a network sampling strategy for identifying hidden populations, and there are some areas in which the sample may be biased, including the number of respondents who noted higher incomes and education levels than are typically the norm in studies of American Indians and Alaska Natives. Because the sample was generated in New York City, these levels may reflect differences that are unique to that geographic location. In addition, the research design is cross-sectional, and so cannot offer insight into the causal relationships among the constructs studied or the developmental correlates for violence and

its health/mental health outcomes, suggesting that longitudinal research related to these factors is needed. Notwithstanding these limitations, our findings highlight the significance of the problem of interpersonal violence in urban AIAN communities, and underscore the need for advanced statistical models that identify mediational pathways to various health and mental health outcomes....”

### 3. Violence against American Indian Women and the Services-Training-Officers-Prosecutors Violence Against Indian Women (STOP VAIW) program.

Luna-Firebaugh EM.

Violence Against Women. 12(2):125-36, 2006 Feb.

#### ABSTRACT

When Congress appropriated funds to develop ways to reduce violence against American Indian women, tribal elders faced a challenging task: find ways to cooperate with various tribal and nontribal criminal justice agencies and navigate the maze of law enforcement authority. An evaluative study was conducted of these programs and the different approaches used to help keep women safe by American Indian tribal governments. This study found that the tribes rose to the challenge; the money was making a difference. The grants to stop violence against Indian women have made a significant impact in the 134 native communities that received awards.

#### Review Points

- *Funding was aimed (mostly) at justice-interventions – and in particular coordinating/integration justice system and community service providers. Their strategy was to require minimum proportions of the grant to be aimed at various strategies. They also required projects to develop products that could be shared with other jurisdictions (i.e. KT). There was also flexibility in allowing individual or consortia to apply. 134 projects were funded; this paper describes the evaluation of 123.*
- *Benefits are listed as awareness raising, police training and efficiency, development of codes and protocols, facilitation and use of court protective orders, victimless prosecution, increase in case disposition.*
- *The funding “allowed tribes to address crimes against women in a coherent, innovative, and culturally relevant way”.*
- *Challenges – need to address broader issues – enforcement is not enough. Coordination of services was difficult; effectiveness of components varied according to the host agency – if law enforcement then legal components were implemented more successfully – if human services – then things like counseling, call lines, groups, shelter referrals and transportation were better delivered. Both did hotlines, child protection and crisis intervention.*
- *Alcohol issues were prevalent and difficult to deal with.*
- *Many challenges with data- often cross-jurisdictional agreements were needed.*
- *Other innovative approaches were prosecutorial advocates, new approaches to shelter services (e.g. safe houses in rural areas). Nothing along the lines of HF is discussed, again likely due to the early date of this paper.*
- *A list of recommendations is included but they are quite generic and focused on legal interventions. I suspect that they will not be that innovative for our purposes.*

#### Authors’ Conclusion

The STOP VAIW programs have made a significant impact in Indian Country. The development and enhancement of tribal programs that address the safety of Indian women have empowered tribes and tribal officials, program personnel, and women. These programs have also supported the furtherance of both de facto and de jure tribal sovereignty. The tribal programs have enhanced the safety of Indian women in tribal communities. Although the programs differed by location, custom, and law, there was one factor that was common to those programs showing marked success in addressing domestic violence, sexual assault,



and stalking: the development of coordinated, community- wide responses to the problem of domestic violence. A number of recommendations based on the best practices were derived from the evaluation. These recommendations have been communicated to the National Institute of Justice as a means to enhance tribal STOP VAW programs and to improve the situation in tribal and mainstream communities for all of their citizens.

#### **4. Understanding the Elevated Risk of Partner Violence Against Aboriginal Women: A Comparison of Two Nationally Representative Surveys of Canada**

Browidge DR

##### **ABSTRACT**

Using two large-scale representative samples of Canada collected in 1999 and 2004, this study examined Aboriginal women's elevated risk for violent victimization relative to non-Aboriginal women. Aboriginal women had about four times the odds of experiencing violence compared to non-Aboriginal women in both surveys. In general, there were fewer differences in the impact of risk factors between Aboriginal and non-Aboriginal women in the 2004 than the 1999 survey, resulting in risk factors accounting for less of Aboriginal women's elevated odds of experiencing violence in the 2004 than the 1999 survey. In both surveys, controlling for all available risk factors did not fully account for Aboriginal women's elevated odds of experiencing violence. Results were consistent with the theory that much of Aboriginal women's elevated odds of violent victimization may be linked to colonization. Future research is needed to provide direct evidence of a connection between cultural loss and Aboriginal women's elevated odds of violent victimization.

##### **Review Points**

- *Thorough lit review and helpful Canadian context epidemiology including more precise estimates but not much to inform collaborative research other than providing a rationale – which is already pretty much known – based on two cycles of the GSS survey – the latter is already a decade old.*
- *CTS seems to be the standard instrument to measure violence – psychosocial aspects not really attended to though.*
- *Some concerning potential biases in sampling and data collection in this telephone interview incl. lower prevalence of phones on reservations – very likely those at higher risk. Territories not included and English or French only – producing further bias. Other issues were limitations in what could be measured in this standardized survey and treatment of Aboriginal women as a homogeneous group. They express an interest in future research looking specifically at colonization trauma as a risk factor and that is contextually relevant to the task at hand (ideas for collaborative action research).*

##### **Authors' Conclusion**

Bearing these caveats in mind, the results of the current study point to the conclusion that Aboriginal women in Canada continue to face an elevated risk of violent victimization by an intimate partner and they indirectly suggest support for the theory that much of this elevated risk may be linked to the colonization of Aboriginal peoples. Future research is needed to directly test whether a link exists between colonization and Aboriginal women's elevated risk of violent victimization. Such studies should examine violence in the context of cultural continuity at the individual and community levels. Support for colonization theory would serve as a basis for change through buttressing efforts to reclaim essential cultural elements that have been diminished or lost through colonization. Of course, this would not absolve perpetrators from responsibility for violence and, in fact, in pre-colonial times perpetrators of violence were dealt with harshly (Bopp et al. 2003). It also would not mean a step back in time. The past cannot be changed and Aboriginal peoples' cultures would have evolved and changed even without colonization (Kahn 1982). Nevertheless, if future research determines



that cultural continuity is a protective factor for partner violence against Aboriginal women, then efforts to reclaim and enhance essential elements of Aboriginal culture would be important for reducing Aboriginal women's elevated risk of violent victimization.

#### 5. **Breaking the cycle/mending the hoop: adverse childhood experiences among incarcerated American Indian/Alaska Native women in New Mexico.**

De Ravello L; Abeita J; Brown P.

Health Care for Women International. 29(3):300-15, 2008 Mar.

##### **ABSTRACT**

Incarcerated American Indian/Alaska Native (AI/AN) women have multiple physical, social, and emotional concerns, many of which may stem from adverse childhood experiences (ACE). We interviewed 36 AI/AN women incarcerated in the New Mexico prison system to determine the relationship between ACE and adult outcomes. ACE assessment included physical neglect, dysfunctional family (e.g., household members who abused substances, were mentally ill or suicidal, or who were incarcerated), violence witnessed in the home, physical abuse, and sexual abuse. The most prevalent ACE was dysfunctional family (75%), followed by witnessing violence (72%), sexual abuse (53%), physical abuse (42%), and physical neglect (22%). ACE scores were positively associated with arrests for violent offenses, lifetime suicide attempt(s), and intimate partner violence.

##### **Review Points**

- *First paper found to use ACE assessment (though they reference others) but sample size very small and analysis cross-sectional – also focused on incarcerated women who are likely to be part of the population of interest in the Alberta setting but a minority.*
- *Not very useful for our purposes – in a general way the risk factors are similar to non-incarcerated aboriginal women but are at a higher level of frequency and intensity, as would be expected.*

##### **Authors Conclusion**

In a field where data and information are scarce, this study is one of the few that has taken a detailed look at the lives of incarcerated AI/AN women. Still, the analysis had several limitations, including small sample size, no comparison group, self-reports, and recall bias. In addition, there was no information on how the women who chose not to participate in the project differed in their experiences from those who did participate. Also, there was possible confounding in the high rates of drug and alcohol abuse, given that half of the women had been incarcerated for a drug or alcohol offense. Importantly, the women who participated in this project may not be representative of incarcerated AIs/ANs in other parts of the country, as AIs/ANs are culturally diverse and vary from one another considerably in their health behaviors and associated outcomes (IHS, 2002). As was noted, there is a lack of similar studies with which to make comparisons. Last, with regard to calculating ACE, the relative impact of different kinds of abuse was not assessed, nor was the relationship and strength of the association between frequency of early trauma and ACE and the impact of age at time of first abuse (Foege, 1998).

6. **Potentially violent disagreements and parenting stress among American Indian/Alaska Native families: analysis across seven states.**

Probst JC; Wang JY; Martin AB; Moore CG; Paul BM; Samuels ME.  
Maternal & Child Health Journal. 12 Suppl 1:91-102, 2008 Jul.

**ABSTRACT**

**OBJECTIVES:** We examined the prevalence and correlates of potentially violent disagreements among AI/AN families with children. **METHODS:** We conducted a cross-sectional examination of data from the 2003 National Survey of Children's Health, limited to seven states for which AI/AN race/ethnicity was available in public use files (Alaska, Arizona, Montana, New Mexico, North Dakota, Oklahoma, and South Dakota). Disagreements were classified based on how the family deals with conflict. If disagreements involved actual (hitting) or symbolic (throwing) violence, even rarely, the household was categorized as having "potentially violent disagreements," with heated argument and shouting being classified as "heated disagreement." Parenting stress and demographic characteristics were included as potential correlates. **RESULTS:** Potentially violent disagreements were reported by 8.4% of AI/AN and 8.4% of white families. The odds for potentially violent disagreements were markedly higher among parents reporting high parenting stress, in both AI/AN (OR 7.20; CI 3.45-15.00) and white (3.59, CI 2.71-4.75) families. High parenting stress had similar effects on the odds for heated discussion. Having a child with special health care needs was associated with parenting stress. **CONCLUSIONS:** Questions about disagreement style may be useful as potential screens for domestic violence.

**Review Points**

- *Another fairly descriptive paper using survey data though the sample of AI/AN is fairly large and crosses several states.*
- *The finding that disagreement style could serve as a screening variable for risk of domestic violence – still that would apply to broader settings than the focus for the collaborative project such as primary care.*
- *The role of parenting stress is also interesting, and parenting stress is a potential variable for measure for assessment of parent and child needs in the domestic violence context. There are specific parenting stress indicators suggested.*
- *Prevalence of potentially violent disagreements similar between AI/AN and white.*
- *The authors outline methodologic and measurement limitations including the usual ones related to telephone survey sampling, none of which is of particular importance at this juncture. The point below about culturally appropriate interventions to address parenting stress might be of interest as part of new clinical approaches that might be included in a project.*

**Authors' Conclusion**

What is the appropriate response of the public health community to potential violence in AI/AN or white households? Much of the available research has been done in white or non-AI/AN minority populations. Among such families, screening for domestic violence during pediatric visits has been demonstrated to increase case finding [32] and is acceptable to most mothers [33], and has been recommended by the American Academy of Pediatrics [34]. However, little evidence supports the effectiveness of screening, or currently available interventions, at reducing domestic violence [34]. Multiple educational programs are available to assist practitioners in providing anticipatory guidance to parents, such as the Academy of Pediatrics' Guidelines for Health Supervision, AAP and Maternal and Child Health Bureau's Bright Futures, and the American Medical Association's Guidelines for Adolescent Preventive Services [35]. However, few of these programs have been tested with AI/AN populations.

Culturally appropriate interventions for addressing parenting stress, and thus possibly reducing the prevalence of violent disagreement, form an area of future research. Solutions must reflect local needs and priorities, and must be undertaken with input and guidance from the populations involved [36].

## **7. Intimate partner violence and alcohol, drug, and mental disorders among American Indian women in primary care.**

Duran B; Oetzel J; Parker T; Malcoe LH; Lucero J; Jiang Y.

American Indian & Alaska Native Mental Health Research (Online). 16(2):11-27, 2009.

### **ABSTRACT**

The relationship of intimate partner violence (IPV) with mental disorders was investigated among 234 American Indian/Alaska Native female primary care patients. Results indicated that unadjusted prevalence ratios for severe physical or sexual abuse (relative to no IPV) were significant for anxiety, PTSD, mood, and any mental disorder. Adjusted prevalence ratios showed severe physical or sexual IPV to be associated with any mood disorder. Patterns of IPV and mental health have implications for detection and service utilization.

### **Review Points**

- *Another conventional cross-sectional correlational study conducted in a relatively small sample in an outpatient setting. By this date the authors are using the second version of the CTS, but associations are very diagnostic and clinical.*
- *This is a pathology-focused study that does not sound very participant friendly. The opportunity to do research of a more phenomenological and psychosocial nature was there but not taken so unfortunately the findings are entirely expected and not very sensitive to the complexities of participants and thereby not very informative of more sophisticated solutions. Not surprising that the authors recommend screening in these and similar settings. Nothing really innovative is suggested.*

### **Authors' Conclusion**

Despite these caveats, the findings illustrate that IPV is a common occurrence for AI/AN women presenting in primary care settings and has significant associations with ADM disorders. The study suggests the importance of developing procedures for identifying, reporting, and/or treating IPV and ADM disorders in primary care settings. The challenge will be training health care providers on these procedures, as IPV and ADM are historically under-identified and underreported.

## **8. Using traditional spirituality to reduce domestic violence within aboriginal communities.**

Puchala C; Paul S; Kennedy C; Mehl-Madrona L.

Journal of Alternative & Complementary Medicine. 16(1):89-96, 2010 Jan.

### **ABSTRACT**

**OBJECTIVES:** We report the results of involving traditional healing elders (THE) in the clinical care of aboriginal families who were involved in domestic violence in the context of a clinical case series of referrals made for domestic violence. **METHODS:** Psychiatric consultations were requested from senior author L.M.M. for 113 aboriginal individuals involved with domestic violence as recipients or perpetrators (or both) between July 2005 and October 2008. As part of their clinical care, all were encouraged to meet with a THE, with 69 agreeing to do so. The My Medical Outcomes Profile 2 scale was being used as a clinical instrument to document effectiveness. Elders used traditional cultural stories and

aboriginal spirituality with individuals, couples, and families to transform the conditions underlying domestic violence. RESULTS: For those people who met with the THE, a statistically significant change ( $p < 0.0001$ ) occurred in symptom severity from baseline to final interview of 4.6-1.52 on a scale of 0-6. The most common presenting symptom was being beaten (39 people), followed by drinking (37 people), drugs (13 people), grudges and anger (12 people), sadness (9 people), hates self (8 people), fear (7 people), sleep problems (6 people), anxiety (5 people), and lost spirituality (2 people). Each person chose two primary symptoms to rate. CONCLUSIONS: Including elders in the care of people who are the recipients of domestic violence is effective. We speculate that it helps by providing traditional stories about relationships and roles that do not include violence. Spiritual approaches within aboriginal communities may be more effective than more secular, clinical approaches. Research is indicated to compare elder-based interventions with conventional clinical care.

### Review Points

- *Encouraging that this paper is intervention research in the population of interest. Provides citations for stats on the issue in Canada but they are still a decade old. Themes arising from a small piece of qualitative work that they site may have some resonance for the project (see Murphy 2003). Very thorough background and lots of other citations for same.*
- *Not a strong design and the measurement of outcomes are a bit rudimentary and the measured outcomes (symptoms) not ideal, and lots of potential biases in the case series design. Used a standard diagnostic interview and narrative-style inquiry. The p-value is very small but one wonders about the effect size and how clinically important the change is. Some lack of clarity on who constituted the final sample for analysis?*
- *Still it provides some evidence that could guide and support the inclusion of traditional healing (not just guidance from elders but also sweat lodges, “doctoring”, talking circles, prayer, pipe ceremonies and occasionally shaking tent ceremonies) in similar programs in Alberta if this is not already being done. Notably often both victim and perpetrator were treated. The description of what the elders did and the approach taken is quite detailed.*

### Authors' Conclusion

The best way to eliminate domestic violence for aboriginal people may be community-based spiritual approaches using traditional elders. Interventions that restore tradition and involve all affected families with interested elders may work best. Although progress has been gained in recent years regarding the unique experiences of aboriginal people and domestic violence, further research should explore and honor their personal stories. Increased levels of cross-cultural training must become the norm in order to appropriately meet the needs of their culture. In addition, reducing the harmful effects of excessive drinking and of drug use should be a priority. Programs involving traditional healing elders could help restore balance, as well as increase the self-efficacy and empowerment of aboriginal people so that domestic violence no longer needs to hold a place within their story. Traditional spirituality has been the best addition to psychiatric practice with people affected by domestic violence that L.M.M. has seen to date.

## 9. “Home and Native Land”: Aboriginal Young Women and Homelessness in the City

Lia Ruttan, Patti LaBoucane-Benson, and Brenda Munro  
First Peoples Child & Family Review: 5(1) 2010; 67-77.

### ABSTRACT

The homelessness of Aboriginal young women takes place in the historical context of lost homes and lost homelands. This article focuses on homeless Aboriginal women in the city of Edmonton and explores their perception of this experience. Involving nine young women who were interviewed over a two year period, families and their attempts to transition out of homelessness. Part of a larger study of the homeless experience of eighteen girls and young women in Edmonton, this article breaks out data that focuses on the experience of Aboriginal participants and contextualizes their discourse in light of enforced home loss in western Canada. While their experience overlaps with the non-Aboriginal participants in our study we also find significant cultural and historically located differences.

### Review Points

- *Paper by a group of Alberta researchers with an interesting academic background (Human Ecology U of A). Topic and location very relevant to a potential collaborative project in Alberta. Of note LaBoucane-Benson has done work on Aboriginal family resilience and healing – sounds very relevant and very progressive.*
- *In this study an assets model was used (the Search Institute’s 40 Assets for Youth Development). The term ‘homefulness’ is an interesting contrast to homelessness. A very good narrative of the history and context of Aboriginal homelessness in Alberta – though does not discuss the topic of IPV/DV.*

### Authors’ Conclusion

In a video produced by the second author of this article, Blackfoot Elder Leo Pard says that learning the answer to the question, “Where you come from?” is an essential place to start in dealing with questions of identity and home for Aboriginal youth (Bearpaw Media, 2006). Where you come from connects peoples, relationships and the knowledge of being in place, at home. Homelessness for these young women is an aspect of continuing home loss. However, an aspect of coming out of homelessness and transitioning to successful life roles is found in locating and understanding home spaces, not only personally, but as families and peoples with particular historical and cultural backgrounds (Ruttan et al, 2008). Where you come from is not identical with having a place to stay, but it is an important aspect of understanding that allows for beginning to understand home loss and, for our participants, to move towards homefulness. As these young women have experienced, this issue has become complicated for many Aboriginal youth affecting the balance necessary for secure homes and healthy identities. Youth in our study look for answers in order to move out of homelessness and find homes and enhanced futures for themselves and their families. While there are limitations to this study in terms of sample size, the policy implications of these findings are significant and need to be addressed in future research.



## 10. Reduction of Family Violence in Aboriginal Communities: A Systematic Review of Interventions and Approaches

Beverley Shea, Amy Nahwegahbow, Neil Andersson

Pimatisiwin: A Journal of aboriginal and Indigenous Community Health 8(2); 35-57

### ABSTRACT

Many efforts to reduce family violence are documented in the published literature. We conducted a systematic review of interventions intended to prevent family violence in Aboriginal communities. We retrieved studies published up to October 2009; 506 papers included one systematic review, two randomized controlled trials, and fourteen nonrandomized studies or reviews. Two reviews discussed interventions relevant to primary prevention (reducing the risk factors for family violence), including parenting, role modelling, and active participation. More studies addressed secondary prevention (where risk factors exist, reducing outbreaks of violence) such as restriction on the trading hours for take away alcohol and home visiting programs for high risk families. Examples of tertiary prevention (preventing recurrence) include traditional healing circles and group counselling. Most studies contributed a low level of evidence.

### Review Points

- *Very detailed and more recent systematic review on prevention approaches of relevance to Canadian communities but notably also includes interventions with those who already have experienced IPV – so very relevant to collaborative research in Alberta. The authors note in the Background that the “Aboriginal-specific literature on family violence is sparse” which corroborates the findings of the current review.*
- *Interventions are tabulated by type in Table 1. The 7 types of tertiary prevention are screening, early childhood visiting, support programs, refuges and shelters, justice programs, dispute resolution and composite programs (combinations of the above)*
- *16 studies were included (2 RCTs and 14 non-randomized studies. 9 were in nonindigenous communities and are listed in Table 2 – some or all of these could potentially be adapted.*
- *Descriptions of qualitatively evaluated aboriginal community studies are provided in Table 3 – with three of tertiary prevention including Luna-Friebaugh 2006 already described above. The other two are of interest. Heilbron & Guttman (2000) evaluated a healing circle approach which combined counseling, cognitive therapy including group with traditional healing approaches. The second was Mokuau 2002 – culturally based interventions among indigenous Hawaiians – just involving the integration of mainstream and cultural-specific approaches.*
- *The quantitative study of tertiary prevention reported was by Becker and colleagues (2008) who tested a 12- week culturally influenced group for adults and children with a pre-post design in Asian/Pacific Islanders but with variation raising questions about the degree of cultural appropriateness. Positive results in externalizing and internalizing behaviors were noted but the study design was not strong.*
- *The authors noted a common theme of the importance of community involvement in the development, design and implementation of programs.*
- *Some potentially valuable detail on primary and secondary prevention is contained in the paper but not summarized here given it is more tangential to a potential collaborative project.*
- *Finally, noting the RCT recommendation in the conclusion may be objected to by some in the target community on ethical/philosophical grounds and does not need to be the only approach.*

### Authors' Conclusion

The causes of family violence are complex and deeply rooted. Once established, the cycle is difficult to break. Interventions most likely to be effective are those designed to prevent family violence rather than, once established, to reduce its frequency and severity. This review highlights the need for high quality research to inform interventions that reduce family violence in Aboriginal communities. Barriers to prevention in this context include the instability of programs, funding, and lack of capacity. Even with a potentially effective



intervention, these implementation factors will need consideration. Future research priorities include the development and implementation of evidence-based interventions tested in pragmatic randomized controlled trials.

### 11. A women's shelter in a rural American Indian community.

Begay RC.

Family & Community Health. 34(3):229-34, 2011 Jul-Sep.

#### ABSTRACT

The author presents a case study and personal story about a group of community members initiating a women's shelter in a rural American Indian reservation community. Problems are identified and their resolutions described in organizing a community group, encountering community resistance, locating the shelter, raising funds, and developing procedures for operating the shelter. Lessons learned by the group are provided to illustrate possible solutions to problems that other community groups may encounter when seeking to open a women's shelter in a rural American Indian community.

#### Review Points

- *Describes the development and establishment of a women's shelter in a very isolated AI community. The impetus for the shelter came from a Navajo social worker who was often called to speak with women whose injuries were severe enough to be seen by medical staff. It was established in 1989 and the paper was written about it after 20 years of operation. The Reservation crosses New Mexico, Colorado and Utah – total population: 15000 people. Mostly it is a unique story with some notable learnings – but not very relevant to the current Alberta context.*

#### Authors' Conclusion

- The mission of the shelter must be clear. In our case, it was to protect women and children from domestic abuse.
- The working group must be committed and able to work together and support one another in order for the project to come to fruition. True leaders work to foster and support the group. Our most effective leaders were not always the most vocal or dominant people.
- It is important to gain support of elders and tribal leaders, show respect, listen to their concerns, and clearly present the ways a women's shelter benefits everyone.
- Getting people to talk about domestic violence is a beginning. Then people in the community will know the best way to get the information out and foster further discussion.
- Barriers to setting up the shelter can include denial of abuse as a problem, belief in family autonomy, and fear of bureaucratic intrusion into the family. Some people also thought that having a shelter
- located near them presented problems.
- There were many challenges finding a suitable location for the shelter. In our rural community, there were few options. What was most helpful to us was persistent outreach and remaining extremely flexible.
- Borrowing the policies and procedures of an established shelter is a good way to start, but it is necessary to adapt them to the unique characteristics and location of the new shelter. It is important to ensure that policies and procedures encourage recruitment and retention of good staff for the organization.
- People contributed in a multitude of ways. We learned that it is important to keep potential supporters informed of progress; they may volunteer at a later time or for a specific purpose.
- Some of our early successes seemed fortuitous, as we did not have adequate and secure funding. We managed only by dint of hard work by devoted staff and volunteers.

- Building social infrastructure in a community is always hard work, and people can expect to feel discouraged at times. While this story relates only the beginning in the 20- year history of the ongoing operation of the shelter, it may inspire interest in developing a shelter in other communities. This is our experience: there is hope for addressing domestic violence in AI communities, and there are precedents demonstrating success.

## 12. Mental health and substance abuse characteristics among a clinical sample of urban American Indian/Alaska native youths in a large California metropolitan area: a descriptive study.

Dickerson DL; Johnson CL.

Community Mental Health Journal. 48(1):56-62, 2012 Feb.

### ABSTRACT

This study analyzes descriptive data among a clinical sample of American Indian/Alaska Native (AI/AN) youths receiving mental health services in a large California metropolitan area. Among 118 urban AI/AN youths, mood disorders (41.5%) and adjustment disorder (35.4%) were the most common mental health diagnoses. Alcohol (69.2%) and marijuana (50.0%) were the most commonly used substances. Witnessing domestic violence (84.2%) and living with someone who had a substance abuse problem (64.7%) were reported. The majority of patients demonstrated various behavior and emotional problems. Enhancing culturally relevant mental health and substance abuse treatment and prevention programs for urban AI/AN youth is suggested.

### Review Points

- *Descriptive study of risk characteristics of AI/AN youth – a notable finding is that 84.2% had witnessed domestic violence or were living with someone with a substance abuse problem but substantial proportions also lived with someone with depression, with someone who had been convicted of a crime and had histories of physical abuse. This has implications for mental health intervention for children and youth who present to shelters with their mothers who are fleeing DV.*
- *However this is a clinical population not exactly the same as those presenting to shelters. 118 youths under 21 years – most under 17; data collected from charts and clinical assessments including the CBCL and standard assessments for SU and DSM diagnoses. PTSD and adjustment disorders were high.*
- *The article repeatedly recommends culturally relevant treatment but they do not specify what that would entail, unfortunately. Among the usual conventional treatments they list Trauma-focused CBT – as such this paper lends support to the overall trend in these and similar populations to trauma-informed approaches. Most importantly they mention that this approach has an AI/AN adaptation which they attribute to Bigfoot & Schmidt (2010) – probably worth looking up if the collaborative project objectives have anything to do with changes to clinical interventions or shifts toward trauma-informed approaches.*
- *They also reference suicide prevention programs for AI/AN youth but the one program they mention dates back to 1991 and is probably not the most current. There has been a lot of development in the suicide prevention literature in the past few years.*
- *They also mention the need for culturally relevant prevention and treatment programs for substance use/abuse in these youth and mention one called the Seventh Generation Program.*
- *They recommend, appropriately, that these programs be placed in broader social interventions aimed at determinants. They don't mention concepts like resiliency, or strengths approaches though – so in that way and in the focus on pathology and diagnosis seem a little out of step overall. They list a set of limitations along the expected lines of no comparison group, localized sample etc. and one that their instruments were not validated in AI/AN.*

### Authors' Conclusion

In conclusion, results from this study demonstrate significant potential risk factors associated with mental health and substance abuse among urban AI/AN youths. Exposure to domestic violence and other stressors within the home environment should be addressed when treating urban AI/AN youth with mental health problems. Further development and delivery of culturally relevant prevention programs and comprehensive treatment strategies should also be considered. These programs and strategies should address historically rooted issues and ongoing health-related disparities experienced by this population. Further studies analyzing risk factors among urban AI/AN in other urban areas of the United States may enhance our understanding of mental health and substance abuse issues experienced by this population.

### 13. A collaborative and trauma-informed practice model for urban Indian child welfare. [Review]

Lucero NM; Bussey M.

Child Welfare. 91(3):89-112, 2012.

Preventing the breakup of the American Indian family is the fundamental goal of the Indian Child Welfare Act (ICWA). However, few models exist to provide CPS workers and other practitioners with effective and practical strategies to help achieve this goal. This article presents a collaborative and trauma-informed family preservation practice model for Indian Child Welfare services with urban-based American Indian families. The model encompasses both systemic and direct practice efforts that assist families facing multiple challenges in creating a nurturing and more stable family life. System-level interventions improve the cultural responsiveness of providers, encourage partnerships between CPS and community-based providers, and support ICWA compliance. Direct practice interventions, in the form of intensive case management and treatment services, help parents/caregivers become more capable of meeting their own and their children's needs by addressing challenges such as substance abuse, trauma and other mental health challenges, domestic violence, and housing instability. Evaluation of the practice model suggests that it shows promise in preventing out-of-home placement of Native children, while at the same time improving parental capacity, family safety, child well-being, and family environment.

### Review Points

- *This paper is a bit tangential but was included because of the trauma-informed aspect of aboriginal child welfare approaches, which seemed innovative and potentially relevant if a child-focused project is chosen. The downside is that the child welfare processes and regulations are US based and as such some of the information may not apply to our context.*
- *Oddly there was not much reference to culturally-appropriate clinical approaches until well into the article (p. 93). The term they use is 'culturally responsive'. They mention activities for youth and parents that strengthen cultural involvement and cultural identity but don't specify them.*
- *Notably their program has only been implemented with urban AIs. They do mention identification of family strengths as an early step in development of an initial safety plan for the child. Some components like AI or kinship placements are commonplace in most jurisdictions. The paper reports on an evaluation of this program – several positive outcomes are listed but the evaluation design is not very rigorous.*

### Authors' Conclusion

In conclusion, the DIFRC Family Preservation Model provides an example of a much-needed framework for child welfare practice in Indian Country. The model was developed for use with American Indian families residing in an urban area, yet it may also have potential for

modification and use in tribal settings. Although the two contexts are different, tribally-based and urban American Indian families often face similar challenges, such as parental/caregiver substance abuse, domestic violence, unaddressed trauma and other mental health conditions, housing instability, and the effects of poverty. Tribal families who become involved with the child welfare system often also find themselves working with both a tribal child welfare worker and a worker from the state or county CPS system. And moreover, both groups, as American Indians, share the history of troubling interactions with the child welfare system and a continuing legacy of widespread loss of their children to foster and adoptive placements with non-Indian families. Regardless of setting, use of a child welfare practice model such as the DIFRC FPM which incorporates both systemic and direct practice components to promote system level collaboration, increase family engagement, and improve child and family wellbeing has the potential to increase the number of American Indian children who will remain safely with parents and extended family members. In this way, these children have a greater opportunity to remain culturally connected and a part of the future of their tribes and tribal cultures.

#### **14. Trauma and conditional risk of posttraumatic stress disorder in two American Indian reservation communities.**

Beals J; Belcourt-Dittloff A; Garrouette EM; Croy C; Jervis LL; Whitesell NR; Mitchell CM; Manson SM; AI-SUPERPFP Team.

Social Psychiatry & Psychiatric Epidemiology. 48(6):895-905, 2013 Jun.

##### **ABSTRACT**

**PURPOSE:** To determine conditional risk of posttraumatic stress disorder (PTSD) in two culturally distinct American Indian reservation communities. **METHOD:** Data derived from the American Indian Service Utilization, Psychiatric Epidemiology, Risk and Protective Factors Project, a cross-sectional population-based survey that was completed between 1997 and 2000. This study focused on 1,967 participants meeting the DSM-IV criteria for trauma exposure. Traumas were grouped into interpersonal, non-interpersonal, witnessed, and "trauma to close others" categories. Analyses examined distribution of worst traumas, conditional rates of PTSD following exposure, and distributions of PTSD cases deriving from these events. Bivariate and multivariate logistic regressions estimated associations of lifetime PTSD with trauma type. **RESULTS:** Overall, 15.9 % of those exposed to DSM-IV trauma qualified for lifetime PTSD, a rate comparable to similar US studies. Women were more likely to develop PTSD than were men. The majority (60 %) of cases of PTSD among women derived from interpersonal trauma exposure (in particular, sexual and physical abuse); among men, cases were more evenly distributed across trauma categories. **CONCLUSIONS:** Previous research has demonstrated higher rates of both trauma exposure and PTSD in American Indian samples compared to other Americans. This study shows that conditional rates of PTSD are similar to those reported elsewhere, suggesting that the elevated prevalence of this disorder in American Indian populations is largely due to higher rates of trauma exposure.

##### **Review Points**

- *Another descriptive epidemiology paper with a pathology/diagnostic focus and not specific to women fleeing domestic violence.*
- *Has a comprehensive approach to trauma measurement though that may be useful for dataset improvements or analysis of related data.*
- *Also very large sample analysis and gender differences highlighted but cross-sectional analysis so not helpful in terms of causal pathways. Not very helpful and no recommendations that would be relevant for DV shelter programming perhaps other than the obvious – screening, brief intervention and referral.*

## Authors' Conclusion

Epidemiological studies of PTSD supplement clinical understandings of the disorder in important ways [5]. In this case, our findings highlight the importance of preventing trauma exposure in American Indian communities - these high rates of trauma that are likely responsible for the relative pervasiveness of PTSD. Further, once exposure occurs, given the varying conditional rates of PTSD, careful targeting of scarce screening and intervention resources is possible. Among women, those experiencing interpersonal traumas deserve special attention but, more generally, these results offer clear justification for extending programs to both women and men. Rather than assuming that all, or even most, experiencing a qualifying trauma will develop PTSD, the use of screening, brief intervention, and referral techniques in common settings such as primary care show considerable promise [34–36]. It is to such efforts that we plan to turn our attention in the coming years.

## 15. Intimate partner violence in the Canadian territorial north: perspectives from a literature review and a media watch

Pertice Moffitt, Heather Fikowski, Marshirette Mauricio, Anne Mackenzie  
International Journal of Circumpolar Health 2013, 72:21209

### ABSTRACT

**Introduction.** Family violence is a complex, multidimensional and pervasive presence in many Aboriginal communities. Although practitioners acknowledge that intimate partner violence (IPV) is a grave concern in the North, as in other jurisdictions in Canada, there is a paucity of literature about IPV and the local response to that violence. **Objective.** The purpose of this study is to report on a synthesis of Northern Territorial literature and a 3-year media watch conducted in the Canadian territories. **Design.** This review is part of a multidisciplinary 5-year study occurring in the Northwest Territories (NT) and northern regions of the Prairie Provinces of Canada. The methods included a review of the literature through CINAHL, PubMed, Academic Search Complete, Social Sciences Index and JSTOR (1990–2012) combined with a media watch from 2009 to 2012. A thematic content analysis was completed. **Results.** Themes included: colonization; alcohol and substance use; effects of residential schooling; housing inadequacies; help-seeking behaviours; and gaps within the justice system. Identified themes from the media watch were: murders from IPV; reported assaults and criminal charges; emergency protection orders; and awareness campaigns and prevention measures. **Conclusion.** When synthesized, the results of the literature review and media surveillance depict a starting context and description of IPV in the Canadian territories. There are many questions left unanswered which build support for the necessity of the current research, outline the public outcry for action in local media and identify the current published knowledge about IPV.

### Review Points

- *Great that this is a Canadian paper – though focused on the north – a very different and specialized population and setting. Discusses some issues that might resonate for rural settings in Alberta relating to travel to access services/lack of local services.*
- *The paper is a review of the literature and a novel approach – a review of media reports. The paper is also unique among this set in mentioning housing inadequacy as an issue.*
- *Later sections of the paper mention interventions – ranging from the conventional women's shelters (though too few), victims services and policing, through some newer approaches from advocacy for policy change (The Coalition against Family Violence) through direct interventions (the Dept. of Justice has developed a 9-month program for male perpetrators through the Healing Drum Society. Education and training for police and counselors have been offered as well.*



### Authors' Conclusion

This review illuminates the need for further investigation and action to eradicate violence in the North. Furthermore, the elevated number of IPV incidents indicates the need for establishing healthy relationships essential for healthy families, communities and societies, for productive and fully functioning growth and development, and for civility and peace within our homes and homelands. Finally, we can surmise that if violence were eradicated the environment at all levels (family, community, country) would be more conducive to happy and whole communities.

## 16. Aboriginal Women's Voices: Breaking the Cycle of Homelessness and Incarceration

Walsh CA, Kreig B, Rutherford G, Bell M.

Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 11(3) 2013.

### ABSTRACT

This paper explores the cycling between incarceration and homelessness among 18 women in Calgary, Alberta and Prince Albert, Saskatchewan employing community based research and arts-based research. Women who participated in the study highlighted the personal obstacles and societal barriers encountered before and after incarceration while identifying gaps in services. The objectives of the research were four fold: (1) to more fully understand the issues of homelessness and incarceration as it affects women, specifically Aboriginal women; (2) to work with women with lived experiences of homelessness and incarceration, community partners, and other collaborators to promote a greater understanding of these issues; (3) to provide recommendations and advocate for programming and policy changes to reduce the occurrence and harm associated with homelessness and incarceration for women; and (4) to effectively disseminate the findings to diverse audiences aimed at primary prevention strategies and improving services to reduce homelessness, recidivism, and other harms. Findings highlight the need for prevention and intervention supports for women living in poverty and the need to address the systemic and institutional racism and sexism that continue to deny women the right to a living income, safe and affordable housing, and human dignity.

### Review Points

- *This paper was recently published by a group of Alberta authors. It is in-depth qualitative work focused on 18 women cycling between incarceration and homelessness (so not necessarily all having a DV experience though many probably have). Note it was funded by the federal Homelessness Partnering Strategy.*
- *The focus on homelessness for Aboriginal women is important for informing possible projects.*
- *Used community-based and arts-based research as ways of engaging participants with lived experience and deepening understanding of participant experiences. Methods included Photovoice and Digital storytelling. Lots of richness of content and quotations.*
- *The sections most relevant to action or intervention research are those which explore how to break the cycle of violence. In keeping with other papers, a return to cultural and spiritual traditions is seen as key. Other approaches were participants teaching their children about their traditions; that is, finding resilience in championing their heritage.*
- *Some important messages were the power of helping others in similar situations and that safety is not just physical but also emotional and social. Most recommendations are appropriately directed at the societal level, but mention is also made of the importance of helping agencies being creative in fostering community support networks. Peer support and mentorship are also strongly recommended – in contrast with any of the other papers in this set.*



### Authors' Conclusion

It is the women who have been caught in this destructive cycle who hold the answers to where gaps and solutions are to be found. Allowing the women's voices to be heard on needs within the institutions, as well as their own discharge planning, supporting women to express what they want in their life, and providing the opportunity for engagement and advocacy after incarceration can create real change both at the policy and community level. Research methods like CBR ensure the voices of those with lived experiences are heard and provide the means for the voices to effect change within the community. CBR is an effective tool for empowerment and invites participants to be an active part of the conversation towards finding effective and sustaining solutions to problems faced by themselves and their community members. One woman evokes the power of stories in creating individual and collective change: I used to cry to my Elders about all the time I spent wasting my life in jail. They said, "No you didn't waste your life in jail that was your lesson that you learned so that when you leave here you will be able to help people." And that's why I think it's really important for all of us to tell our stories because other women who are listening to your story will say, "I can really relate to that." Your stories will help other people. And the more you tell your stories, the stronger you get and the more strength and power we have together to create change. Thanks for listening.

### 17. NIJ's Program of Research on Violence Against American Indian and Alaska Native women.

Crossland C; Palmer J; Brooks A.

Violence Against Women. 19(6):771-90, 2013 Jun.

#### ABSTRACT

The Violence Against Women Act of 2005 (Public Law Number 109-162), at Title IX, Section 904(a) (codified at 42 U.S.C. 3796gg-10 note) mandates that the National Institute of Justice (NIJ), in consultation with the U.S. Department of Justice's Office on Violence Against Women (OVW), conduct a national baseline study on violence against American Indian and Alaska Native (AI and AN) women living in tribal communities. As a result, NIJ has developed a comprehensive research program consisting of multiple projects that will be accomplished over an extended period of time to address this much needed research. The purpose of the research program is to: examine violence against AI and AN women (including domestic violence, dating violence, sexual assault, stalking, and murder) and identify factors that place AI and AN women at risk for victimization; evaluate the effectiveness of federal, state, tribal, and local responses to violence against AI and AN women; and propose recommendations to improve effectiveness of these responses.

#### Review Points

- *This paper summarizes research on violence against AI/AN women in the US broadly – the focus is not on homelessness or housing interventions.*
- *However it does a thorough job of summarizing the current prevalence research and outlines plans for a national baseline study of prevalence.*
- *It also describes a systematic literature review on the topic – though it appears that the findings are not published but the database of articles is available from the authors*
- *The paper goes on to describe the piloting and testing of innovative sampling methods and standard instruments for a survey; some of these definitions and tools may inform collaborative action research in Alberta and the work of the authors would provide some information on their suitability.*
- *Several studies evaluating criminal justice system responses are also described. Future findings from this initiative may be very relevant if action research is focused on those types of interventions.*

- *Although the paper is very specific to the US context and justice system, some of the approaches taken may be adaptable to our context.*

### **Authors' Conclusion**

To date, NIJ has made significant progress in evaluating the effectiveness of federal responses to crimes committed against AI and AN women living in Indian Country. However, state, local, and tribal responses have not been evaluated. In the near future, NIJ will seek proposals to conduct evaluations of promising programs that effectively respond to violence against AI and AN women living in Indian Country and AN villages. As tribal justice systems expand and as tribal jurisdiction is enhanced, NIJ has an increasingly urgent responsibility to establish best practices in Indian Country. To date, no such practices have been established. NIJ needs to identify the extent to which tribal, local, state, and federal justice systems network with one another and other organizations serving AI and AN women, document the degree of coordination between organizations, and identify reasons for gaps in coordination. Moreover it is important for NIJ to support expanded (but focused) evaluations that will further explain how programs facilitate reporting, arrest, and prosecution. Results from these evaluations are expected to help establish and enhance justice systems that successfully restore victim safety and promote healing.

### **18. The VAWA makes American Indian women safer.**

Potera C.

American Journal of Nursing. 114(5):20, 2014 May.

### **Review Points**

- *This is just a short news piece in this journal that outlines a new provision to allow Tribal courts to prosecute non-Indian defendants accused of dating or domestic violence against AI women, which wasn't previously possible. The Bill requires that the defendant has access to a public defender and that jury pools include non-Indians. It also enables attackers to be steered into behavior change support programs, previously only available to victims and their children. The piece also makes mention of survivors in leadership roles.*
- *Although there is not much here that is applicable to the Canadian context, it does reflect advances in principles and practice and exemplifies empowerment of survivors to lead legislative change.*

## **REVIEWER SUMMARY**

Even though the set of papers identified in this review is disappointingly small and weighted to the American context, there was some encouraging content. The article by Oetzel & Duran outlines a very useful multi-level social ecological framework that can be used as an overarching organizational approach for any research or evaluation initiative. Several articles provided details of culturally-responsive approaches including specific programs or program adaptations. While none of these could be considered to have definitive evidence to support implementation; they do provide starting points for evaluating similar interventions. There was a lot of detail provided about justice-based responses to violence against Aboriginal women; although virtually all of the information on this topic was US-based. The set of articles included a systematic review of prevention which, despite the title, also included reviews of secondary and tertiary "prevention" so a full spectrum of interventions. The group of articles also provided a starting place for measurement, with several instruments and definitions provided including some tested in similar study populations. Innovative methods, particularly in the qualitative and participant action research realms were also evident. The biggest limitation of the content found

was the nearly complete lack of coverage of housing and homelessness-specific interventions. It is apparent that findings from the broader literature and related research will need to be brought in to bolster collaborative research focused on that topic.

A few common themes were drawn from this set of articles that could serve as a starting place for some principles for collaborative research. These were:

- ✓ “Effective approaches require addressing cultural aspects” (Oetzel & Duran 2004)
- ✓ Approaches should be embedded in a multi-level social-ecological understanding of the issue
- ✓ Most (but not all) clients will take up mainstream and traditional healing options
- ✓ Traditional healing approaches have been found in practice to be effective for those experiencing IPV despite a paucity of rigorous evaluation
- ✓ Interventions must be specific to each community
- ✓ Community involvement in the design and implementation of programs/interventions is critical

## Conclusion

This rapid review of the peer-reviewed literature provided some initial information for consideration by stakeholders in deliberating about potential directions for collaborative research in Alberta. It provides one source of information that may be complementary to the grey literature along with practice wisdom, traditional wisdom, lived experience and other ways of knowing. Because of its nature and the publishing cycle, the peer-reviewed literature typically lags behind in terms of identification of promising practices and new innovations, and as such it cannot be the only source of information about interventions to address any health or social issue. It can, however, identify approaches that have been taken and/or evaluated in other jurisdictions as well as provide and stimulate new ideas. It is important and necessary to consider the fit of any findings with the local context. Once specific project ideas emerge, further searches can be done to inform the work, including in more specialized databases such as the Homeless Hub and the Native Health Database at the University of New Mexico. The rapid review demonstrated that current and relevant information can very quickly be brought into support collaborative research.