

Aboriginal Domestic Violence in Canada



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ABORIGINAL DOMESTIC VIOLENCE IN CANADA

Prepared for

The Aboriginal Healing Foundation

by

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2003

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Healing our Spirits Program – Koospatak, MN

Helping Spirit Lodge Society – Vancouver, BC

Mending the Sacred Hoop – Duluth, Minnesota, USA

Mi'kmaw Family Healing Program/ Waycobah Family Healing Centre/ Millbrook Family Healing Centre - NS

Minwaashin Lodge – Ottawa, ON

Nimkii-Naabkawagan Family Crisis Shelter – Sault Ste. Marie, ON

Temagami First Nation Healing and Wellness Centre – Bear Island, ON

Wahbung Abinoonjiiag – Winnipeg, MB

Warriors Against Violence – Vancouver, BC

Waseya House, Maniwaki, QC

Xolhemet Society – Chilliwack, BC

Definitions

This glossary of terms has been provided as a way of ensuring clarity throughout the document. Please read through these definitions and refer to them as needed.

Aboriginal people or Aboriginal - includes Métis, Inuit and First Nations regardless of where they live in Canada and regardless of whether they are “registered” under the Indian Act of Canada.

Anatomy - separating or dividing into parts for detailed examination.

Anomaly - abnormal, peculiar, or not easily classified.

Anthropological - the study of human beings in relation to distribution, origin, classification and relationship of races, physical character, environmental and social relations and culture.

Congruence - state of agreeing, coinciding.

Convergence - coming together.

Diminution - an instance or diminishing; decreasing.

Dissipation - dissolution; go to waste.

Socio-ecological - a combination of social and environment factors.

Extrapolate - to predict by projecting past experience or known data.

Hedonistic - selfish; pleasure loving.

Incursion - intrusion.

Intergenerational impacts - the effects of sexual and physical abuse that were passed on to the children, grandchildren and great-grandchildren of Aboriginal people who attended the residential school system.

Iterative - expressing repetition of a verbal action.

Juxtapose - to place side by side.

Locus - a place where something is situated or occurs; site, location.

Masochistic - pleasure in being abused or dominated; a taste of suffering.

Methodology - a particular procedure or set of procedures.

Misogamy - a hatred of marriage.

Misogyny - a hatred of women by men.

Definitions

Missionization - to do missionary work among a group of people.

Neurobiology - a branch of the life sciences that deals with the human body, physiology and the pathology of the nervous system.

Psychoanalyst - psychological counsellor.

Quantum - quantity or amount.

Residential Schools - the Residential School System in Canada, attended by Aboriginal students. It includes industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students, or a combination of any of the above.

Schema - a structured framework or plan; outline.

Sociological - oriented or directed toward social needs and problems.

Subjugate - conquer.

Survivor - an Aboriginal person who attended and survived the Residential School System.

Symbiosis - living together in more or less intimate association or in close union of a dissimilar individual.

Executive Summary

This study builds on many valuable contributions already made to the understanding of family violence and abuse in Aboriginal communities over the past fifteen years, especially in terms of mapping the complex web of factors that create and sustain this critical issue at the level of individuals, extended families, community systems and the socio-environmental context within which they exist. Closely aligned to this intent is the study's articulation of a comprehensive framework for intervention that addresses root causes and identifies a set of strategies for significantly reducing the horrendous levels of domestic violence and abuse now on-going in many communities.

Part I of the study begins by arguing that Aboriginal family violence and abuse: (1) is a multi-factoral social syndrome and not simply an undesirable behaviour; (2) resides within Aboriginal individuals, families and community relationships, as well as within social and political dynamics; (3) typically manifests itself as a regimen of domination that is established and enforced by one person over one or more others, through violence, fear and a variety of abuse strategies; (4) is usually not an isolated incidence or pattern, but is most often rooted in intergenerational abuse; (5) is almost always linked to the need for healing from trauma; (6) is allowed to continue and flourish because of the presence of enabling community dynamics, which as a general pattern, constitutes a serious breach of trust between the victims of violence and abuse and the whole community; and finally, (7) the entire syndrome has its roots in Aboriginal historical experience, which must be adequately understood in order to be able to restore wholeness, trust and safety to the Aboriginal family and community life.

Common theories, models and explanations for family violence and abuse are then reviewed: those that focus on individual behaviours and psychology, those that focus on the dynamics of human interaction and those that focus on the socio-cultural and historical processes that have shaped societies and communities. The extent of the problem is examined next by reviewing statistical and anecdotal evidence. The following section examined what family violence and abuse looks and feels like from the standpoint of victims and others most directly impacted by describing seven categories (or types) of violence: physical, sexual, emotional, psychological and economic abuse, the exercise of "male privilege," and isolation and restricting freedom. The cycle of violence and abuse through which "a web of domination" has been created is explored. The impacts of family violence and abuse, not only on the victims, but also on children who live with and witness this phenomenon, on the strength and health of families, and on the well-being of Aboriginal communities and nations are also examined.

Part II describes twelve key community determinants of family violence and abuse: (1) absence of consequences and personal immunity; (2) prevailing male beliefs and attitudes regarding women; (3) past history of domestic abuse; (4) levels of personal and community wellness; (5) professional support services; (6) community leadership; (7) public policy; (8) policing and the justice system; (9) poverty and unemployment; (10) community awareness and vigilance; (11) geographical and social isolation; and (12) spiritual and moral climate. These factors do not usually operate in isolation, but rather as a mutually reinforcing system of factors. Furthermore, no two communities are alike, and so the ways in which these and other factors combine to impact the phenomenon of family violence and abuse in any particular community needs to be carefully and thoughtfully mapped.

Part III explores constraining factors from outside Aboriginal communities that impact their capacity to work effectively and systematically to address family violence and abuse in terms of three categories: (1) present-day government policies and programs (these have not been developed in full consultation

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with the whole circle of Aboriginal partners, are too often based on an inadequate understanding of the problem and lines of action that could prove effective, are inadequately resourced and are not designed to support the type of integrated long-term strategies needed to tackle the full range of determinants for family violence and abuse); (2) the marginalization of Aboriginal people in society as a whole (this puts them at risk of a whole host of social issues, which are associated with family violence and abuse); and (3) national and global trends in society and mass culture (these undermine the values and dynamics that distinguish Aboriginal communities and sustained them in traditional times).

Part IV reviews current responses to Aboriginal family violence and abuse by examining the nature and scope of fifteen community-based or regional programs, as well as the primary lessons from their many years of experience operating transition housing, counselling, referrals and many other types of support to women and children seeking sanctuary from abusive situations. Some of the programs also carry out public relations and outreach activities in local communities. Several programs focus on outreach, healing and rehabilitation services for perpetrators of violence, and several of the shelters also sponsor men's healing and support groups. Services related to domestic violence and abuse offered through justice, social services and mental health agencies were also briefly examined, especially in terms of the challenges they are having in finding ways to operate that are culturally relevant and responsive to actual realities and conditions in Aboriginal communities. Nothing less than this type of dramatic shift in orientation will make it possible for Aboriginal communities to take on the full range of inter-related challenges. These challenges should be addressed if the emerging human tragedy that is now being incubated within abusive Aboriginal families is to be averted.

Part V proposes a generic framework for intervention aimed at reducing and eventually eliminating widespread family violence and abuse from Aboriginal communities. The first category of intervention within this framework involves the building an adequate community response system. An important step in this regard is the establishment and training of a community response team composed of representatives from community agencies and leadership, as well as community volunteers and professionals with extensive experience in counseling. The mandate of the community response team would be related to providing safety, healing and long-term support for victims and for their extended families and containing, monitoring and supervising abusers as they undertake healing and rehabilitation. Establishing a protocol, in collaboration with justice and social service agencies, for intervening in family violence and abuse situations is another crucial step. Finally, an alternative program for community-based healing and reconciliation needs to be created to support the needs of both victims and abusers, to which the legal system can divert offenders.

A second category of intervention relates to healing the root causes of family violence and abuse. This work relates to breaking the cycle of intergenerational trauma by assisting the present generation of parents to see the roots of their own pain and to learn how to stop the cycle of abuse, and by assisting children now living within abusive relationships to receive focused therapeutic care to help them heal from the trauma they have already experienced. Equally vital is mobilizing the community around a vision of healing and interrupting power dynamics in the community that create barriers to this work.

The third category of intervention explored in Part V of this document involves transforming the family and community systems that enable and perpetuate abuse. This task requires systematic work in two key areas. First, in identifying and mapping the dynamics of the key determinants of family

Executive Summary

violence and abuse and acquiring an adequate understanding of how each determinant plays out with the particular community system in question. The second area of work is identifying key community capacities needed to bring about change relative to the determinants of violence and abuse, to develop those capacities, and to apply them strategically and systematically to the work of shifting the status of key determinants.

The fourth and final category of intervention deals with building adequate support and service systems for long-term healing and community development. In this regard, general principles are offered to guide the work that should be done within Aboriginal communities to build a comprehensive response to family violence and abuse and would incorporate the following components: (1) early detection and intervention, (2) safe houses and emergency shelters, (3) protection of victims, including children witnessing violence, (4) confrontation and containment of abusers, (5) healing and long-term support for both victims and abusers, (6) prevention-oriented education and public relations, (7) maintenance and supervision of at-risk households, (8) healing and reconciliation work with extended families, and (9) integrating the family violence initiative within a wider community healing movement. This section also discusses four important issues, which are external to the Aboriginal community, that need to be addressed in support of comprehensive healing of Aboriginal family violence and abuse. They are: (1) funding, (2) public policy implementation, (c) support for the development of Aboriginal civil society, and (4) the status of Aboriginal people in society as a whole.

Introduction

This study focuses on domestic violence and abuse in Aboriginal communities in Canada. It stands on the shoulders of several waves of relevant studies and initiatives conducted over the past fifteen years by the Ontario Native Women's Association, 1989; Sugar and Fox, 1989-1990; Wood and Kiyoshk, 1994; Frank, 1992; Zellerer, 1993; LaRocque, 1994; Duran and Duran, 1995; National Clearing House on Family Violence, 1996; Robin, Chester and Goldman, 1996; Royal Commission on Aboriginal Peoples, 1996; Ferris, 1996; Herman, 1997, Perry, 1997; Abadian, 2000; Kiyoshk, 2001; Couture, et al., 2001; Jaffe, 2002 and Teicher, 2002. It also draws on the more than thirty-five years of field experience of the authors and of Four Worlds as an organization committed to the healing and transformation of Aboriginal people and communities.

Despite all of this very useful work that has been done (and a great deal more), there are still gaps as wide as the Milky Way between what is actually occurring in relation to domestic violence and abuse in Aboriginal communities and the capacity of these same communities and of the agencies that work with them to systematically and effectively address the problem. We will argue that one significant reason for this gap is the lack of clear understanding, at many levels, of the true nature and complexity of domestic violence and abuse in Aboriginal communities as a social phenomenon. Closely related to the challenge of mapping the complex web of factors that create and sustain domestic violence and abuse at the level of individuals, extended families, community systems, and the socio-environmental context, is the even more perplexing problem of how to transform that web of relationships and conditions in order to stop the violence and abuse.

The following collection of statements, made by Aboriginal people who have first-hand knowledge of domestic violence and abuse, illustrates something of the nature, dimensionality, impact and range of the problem as it manifests itself in many Aboriginal communities.¹

¹ These statements have been altered to hide the identity and location of the speakers.

Introduction

One time he dragged me by my hair from behind the skidoo. Another time we were out on the lake in a boat. He threw me into the water, parka, boots and all. The water was so cold, it took my breath away. Then he shouted at me that he was going to kill me, and he pushed my head under the water and held it there. I tried to get away but I couldn't. I blacked out. He must have pulled me out because I woke up and we were almost back to town. He told me he loved me, and that he was sorry. I believed him.

Woman, age 36, Saskatchewan

He is sweet, gentle and kind when he is sober. But when he starts drinking he gets mean. That's when I get scared. Sometimes his drinking goes on for days. I let him hit me so he doesn't kill one of the kids.

Woman, age 43, Northwest Territories

What has he done to hurt me? Hit me with the axe handle, cut me with his razor, held me down and burned me with cigarettes all over my stomach and breasts, cut my hair off so I would be too ashamed to leave the house, forced me to give him blow jobs in front of his friends, threatened to give away my kids to Social Services, pulled my hair, beat me with his belt on my bare ass ... and I was always so scared he would do something. All he had to do was look at me and I felt sick. One time he made me sleep outside with the dogs. It was winter.

Woman, age 47, Nova Scotia

I tried to get away. First I went to his mom's house. She said I was a bad wife and I deserved to get beat. She told [him] I tried to talk to her, and he beat me hard. He would never let me have any money. I had to account for every penny. He took out the phone so I couldn't talk to anybody. I tried to go to the Chief. He told me to go home. Then [the Chief] told [him] he'd better keep an eye on his woman ... It's sixty-two miles to town. I've got no money. There's nobody I can trust. I don't drive. The social worker is [his] cousin, and all my relatives tell me to keep quiet 'cause it's "family business." I would just walk to town but I don't want to leave my kids with him.

Woman, age 22, Manitoba

I was never gonna be the guy who drank, who hit people and hurt them. I saw too much of that when my dad got drunk and hurt my mom. But I ended up a drunk, a drug addict, and in jail. I lived on the street in Toronto for a while. I'd go up against anybody. I didn't give a shit. Stealing cars? I did it. Using people? I did it. I went from one woman to another. If I passed out, someone took my woman. We all did that. I could never stay in a relationship for long. We acted like couples, but it was really mutual use. There was no communication. No real love, no caring, and then I would explode and hurt her.

Then came the promises. "O God, I'm so sick. I must be sick. I don't want to hurt people." So then I would drink myself into oblivion, or try to get enough coke in me so the pain would stop. It was a hell of a hole to be stuck in. There seemed to be no way out. I was ashamed of everything Native.

Man, age 53, Ontario

Introduction

I promised my wife I would never hurt her like my dad hurt my mom. He would slap her till she begged him to stop. I swore (when I was about ten) that I would kill him if he didn't stop hurting her. Sometimes he dragged her around the house by her hair. And he was always hyper-jealous. He tried to turn us kids against her. "She's a lying, cheating slut," he told us. "Was there a man here? Was there another man in the house?" He would twist our fingers till they seemed like they would break, or pinch us real hard. Sometimes we told him "yes" to make him stop. One time our dad grabbed my sister and spun her around by the neck until she peed her pants. I broke my promise. In the very first month of marriage I blackened my wife's eye. She left me for a week, but she came back. Every once in a while I'd slap her around. But that was only part of it. I abused her in so many ways—psychological and emotional abuse. As a man, I had a right, I told myself. I had to feel like I was in control. If I felt I was losing control, I abused her. Once I pulled a gun out and cornered her and the kids. They went to a shelter. "I love you," I told her, "and I love the kids." "I know you love me," she said, "but one day you could love me to death." I had to find a way to stop, and I found it. The secret was to come to accept who I was as a native man and to learn about my culture, spirituality and traditions.

Man, age 61, Alberta

There's nothing we can do for these people. We get called to certain houses and it's "here-we-go-again" time. We knock on the door, and before it even opens we can hear them screaming at each other. We go in and try to calm them down so nobody gets hurt, but we have to be careful. Sometimes they both turn on us. If we know it's a domestic disturbance, there's lots of other thing[s] we would rather be doing. Sometimes we don't respond, because it's just the same old thing, over and over. It doesn't do any good anyway. Even if we do charge somebody, lots of time it doesn't stick.

RCMP Officer, remote community

It's an old boys network. They all protect each other, and cover up for each other. These are our leaders, and the heads or sons of big families, even some elders. When everybody with power agrees to look the other way, what chance does one scared, desperate woman have?

Women's on-reserve shelter worker, British Columbia

What's the use of reporting abuse? Here, if you do that, you just make the wrong people mad – people who can hurt you. The police can't do anything. The courts re-victimize the victims by putting them on display, exposing them to ridicule and retaliation, and by putting most of their attention on the abuser. Our people don't trust the courts. They don't understand our culture. They don't respect our values, and they force solutions on us that make the problems worse, such as putting abusers in jail with no treatment, so they come home meaner and madder than before, but still abusers, and meanwhile our families suffer.

Aboriginal family service program worker, Ontario

Introduction

Purpose of the Study

This study set out to address the following research goals:

1. to develop a generic map of the problem of Aboriginal domestic violence and abuse that simultaneously describes the full nature and extent of the problem and also uncovers the dynamics of family, community, cultural, professional and governmental systems that make it possible for Aboriginal domestic violence and abuse to continue; and
2. to develop a comprehensive framework for intervention that addresses the root causes of domestic violence and abuse in Aboriginal communities, and identifies an integrated set of strategies for significantly reducing the currently horrendous levels of domestic violence and abuse now on-going in many communities.

Methodology

In order to achieve these goals, the following methodological elements were woven together into an integrated strategy:

1. ***A comprehensive review of research and program literature related specifically to Aboriginal domestic violence and abuse, as well as domestic violence and abuse more generally*** - In this regard, literature related to Aboriginal communities in Canada was given a high priority, but relevant material from mainstream research and practice was also reviewed, including material related to family violence and abuse, trauma, post-traumatic stress disorder, as well as the impacts of violence and abuse (including witnessing violence) on child development and, particularly, the development of the brain.
2. ***A comprehensive review of Aboriginal approaches to healing from the impacts of trauma and abuse***, grounded in extensive community consultations and a national program review that looked closely at the work of twenty-four Aboriginal family violence programs across Canada.
3. ***An in-depth consultation and analysis process focused on the research goals with selected practitioners and experts*** who have been working with the problem of Aboriginal domestic violence and abuse and community healing for many years.
4. ***The iterative development of an interactive set of dynamic models and processes for intervention*** based on the generic map of the problem as it emerged through the process of the study and on the knowledge capital related to healing and community transformation that has recently emerged from Aboriginal community change efforts across the country.

Introduction

The Organization of this Report

This report is organized as follows:

Part I will define and describe the problem of domestic violence and abuse in Aboriginal communities. There will be discussions on various definitions, theories and models of domestic violence and abuse (includes both physical and sexual abuse, as well as other methods that abusers use to control and dominate their victims), a portrait of the anatomy of abuse and the known levels of incidence and extent of the problem. An analysis of the impacts of domestic violence and abuse on human well-being in Aboriginal communities will be offered. From these discussions, a case will be made for why Aboriginal domestic violence and abuse needs to be seen as a fundamental social problem, as well as one of the primary turning point issues which community healing initiatives must now be directed.

Part II will explore the family and community systems and configuration of stakeholders, root causes and enabling factors internal to many Aboriginal communities that make it possible for domestic violence and abuse to flourish. From the analysis of these systems, an integrative “map” will be built that identifies the complex web of determinants of violence and abuse, and describes how clusters of determinants often conspire to create a particular constellation of conditions, which make domestic abuse in many Aboriginal communities extremely difficult to root out.

Part III will focus on externally driven influences and constraining factors, i.e., factors that must, at least in part, be addressed through systems that are outside the control of Aboriginal communities and nations. In this section, factors such as the criteria and structure of funding, policing, the courts, popular media and culture, public policy governing support agency responses, levels of public education and awareness, dominant social service practice models, the climate of cultural sensitivity and awareness across all relevant agencies and services, the doctrines and policies of the churches serving Aboriginal communities toward domestic abuse and the poverty trap. Poverty can include a constellation of factors such as low income, inadequate nutrition, poor and over-crowded housing, low social status, political powerlessness, poor health, low education and literacy levels, high levels of social isolation, and poor health, including a high incidence of depression, addictions, frustration, aggression and other mental health factors. Any number of these factors could trap victims and their dependents into abusive situations.

Part IV will review and explore the wide variety of responses to Aboriginal family violence and abuse occurring both within Aboriginal communities and across the range of government services and programs attempting, in some way, to address the problem or its impacts. In this section, a summary of the findings is provided, based on a review of twenty-four programs across Canada that are attempting to respond to the challenge of domestic violence and abuse in Aboriginal communities.

A brief review of the prevailing patterns of response from services and agencies typically called upon to respond when incidences of abuse are reported, such as police, prosecutors, courts and social services, as well as the state of current federal funding and program initiatives focused on Aboriginal domestic violence and abuse at the national level.

Introduction

Based on a very recent and extensive review of the Aboriginal community healing experience in Canada,² an analysis will be provided of the types of responses many Aboriginal communities are making to the challenge of community healing. These include the effectiveness of various approaches, the stages of development that communities seem to experience as they progress in the work of stopping addictions, abuse and other dysfunctional behaviours, and healing from the impacts of trauma, so that abuse is not recycled to future generations.

Based on the above review, Part IV will conclude with an analysis of the adequacy of current patterns of response in view of the realities and needs described in earlier chapters.

Part V will propose a comprehensive framework for intervention that addresses both the root causes and the web of enabling factors that contribute to domestic violence and abuse in Aboriginal communities. This framework will identify an integrated set of strategies or lines of action that can be taken by communities and the agencies that work with them. Four primary categories of intervention, aimed at contributing to a transformation of the violence-prone community, will be discussed. They are:

- a) building an adequate community response system to existing patterns of violence and abuse involving prevention, consequences, early warning, early intervention, protecting those who have already been impacted, treatment, establishing new patterns, monitoring and ongoing family support;
- b) healing the root causes of trauma and abuse and learning new patterns, so that violence and abuse are not recycled to future generations;
- c) transforming the family and community systems that enable and perpetuate abuse; and
- d) building adequate support and service systems that are capable of working as partners with Aboriginal communities toward long-term healing and community development.

A Note about Urban and Reserve Aboriginal Communities

This report recognizes that close to fifty per cent of Aboriginal people in Canada live in urban areas, especially in Western Canada. The realities and needs of these individuals and families are in some ways different than those of their relatives in reserve communities, but there are also many challenges that are similar. Part II of this report, which discusses the determinants of family violence and abuse, draws largely on the particular circumstances of reserve communities because the family and community systems, which currently support the present pattern of life where family violence and abuse are a part, are more easily visible there. Many of the same dynamics and processes also operate in urban areas and a wide variety of Aboriginal services are attempting to respond to the needs. Part II of this report makes reference to the constraints that are external to Aboriginal communities, whether they consist of a reserve or a sub-community in a city, which have an impact on family violence and abuse. Part IV reviews both reserve and urban programs addressing family violence and abuse.

² First reported in "Mapping the Healing Journey" (Lane, Bopp, Bopp and Norris, 2002).

Part I: Toward Understanding the Problem

Many Aboriginal communities are struggling to cope with an emerging *culture of violence* that is rapidly being infused into the fabric of almost every aspect of social life, and is increasingly pervasive.

There is violence in schools between children; violence between youth at parties and in the streets; organized “fight clubs” complete with betting rings; violence between community members and their neighbours over misdemeanors and small disagreements; violence in bars, in stores, between lovers and friends, and between religious or political factions; violence created by criminal gangs and jailhouse values taking over youth culture and significant dimensions of the social and economic life of whole communities — until many communities are virtual war zones, in which it can be dangerous to move about at night and sometimes even dangerous to stay at home. Increasingly, nowhere is safe. Of course, not all Aboriginal communities are as bad as this, but a shocking number of them are becoming as bad.

While there are numerous contributing factors to this emerging pattern, such as high levels of Aboriginal incarcerations, persistent alcohol and drug abuse and the rapid incursion of criminal gangs into Aboriginal communities (Federation of Saskatchewan Indian Nations, 2002), the report will argue that the worsening problem of Aboriginal community violence is conceived and incubated within Aboriginal families. This problem can be seen through the persistent patterns of family violence and abuse, including both physical and sexual abuse, which in most Aboriginal communities has never been systematically acknowledged and resolved.

A. Toward an Adequate Definition of the Problem

The focus of this study is to map root causes and the complex dynamics of family violence and abuse in Aboriginal communities in Canada, and to develop a comprehensive framework for intervention that will shed light on the path of healing and transformation and end the violence and abuse.

The following is a dictionary definition of “violence:”

Violence: 1. physical force used so as to injure, damage, or destroy; extreme roughness of action 2. intense, often devastatingly or explosively powerful force or energy, as of a hurricane or volcano 3. a) unjust or callous use of force or power, as in violating another’s rights, sensibilities, etc. b) the harm done by this. 4. great force or strength of feeling, conduct, or expression, vehemence, fury (Guralnik, 1986).

Definitions of family violence are generally broad and encompassing and include both physical and sexual abuse, as well as other methods that abusers use to control and dominate their victims. Michael Paymar, drawing on the acclaimed work of the *Domestic Abuse Intervention Program* in Duluth, Minnesota offers the following definition:

Domestic abuse is defined as the use of physical violence in an intimate relationship. The term also includes emotional, psychological and sexual abuse, as well as any other behaviour one person in a relationship uses to control the other (2000:xi).

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In a training manual prepared for the Squamish Nation that focused on training counsellors to work with Aboriginal men who abuse their partners, Bruce Wood and Robert Kiyoshk define domestic violence, for the purposes of their groundbreaking programs, as follows:

Domestic violence refers to the physical abuse of a woman by her male partner/spouse AND the creation of an environment within the relationship which fosters fear and intimidation. The overriding theme of all of these behaviours is the attempted assertion, in a variety of ways, of power and control by the man over the woman, and possibly the children (1994:7).

Because the *Change of Seasons* program in Squamish, British Columbia specifically focuses on men and spousal abuse, their definition retains that focus. In fact, it is well known that *anyone* can be a victim, and almost anyone can be a perpetrator (with the exception of young children) of domestic violence and abuse— women, men, children, elders, family, close friends and distant relatives. The Squamish initiative has chosen to focus on the violence that men perpetrate against women and children because it is, by far, the most prevalent form that domestic violence and abuse takes in Aboriginal communities (Wood and Kiyoshk, 1994; Canadian Panel on Violence Against Women, 1993).

The Royal Commission on Aboriginal Peoples defines family violence as: “a serious abuse of power within family, trust or dependency relationships” (RCAP, 1996:54). While this definition has much in common with many others, the Commission also notes that:

The pattern of family violence experienced by Aboriginal people shares many features with violence in mainstream society, [however] it also has a distinctive face that is important to recognize as we search for understanding of causes and identify solutions. First, Aboriginal family violence is distinct in that it has invaded whole communities and cannot be considered a problem of a particular couple or an individual household. Second, the failure in family functioning can be traced in many cases to interventions of the state deliberately introduced to disrupt or displace the Aboriginal family. Third, violence within Aboriginal communities is fostered and sustained by a racist social environment that promulgates demeaning stereotypes of Aboriginal women and men and seeks to diminish their value as human beings and their right to be treated with dignity (RCAP, 1996:54-56).

This statement speaks as much to root causes as it does to the actual nature of the problem, but it also introduces several features that define Aboriginal family violence and abuse as an essentially different order of problem (in terms of finding adequate solutions) than the abuse that takes place in the non-Aboriginal communities.

As the Commission says, on the surface, domestic abuse would appear to be the same phenomenon no matter where it occurs or who the people are involved in as victims and perpetrators. Many features are held in common: the context of intimate family relationship; the abuse of power; the creation of an environment of control and domination, terror and violence, intimidation and dehumanization; the use of physical violence and the infliction of pain; the frequent coincidence of physical and sexual

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abuse; and the inclusion of a familiar array of other abuses to round out a program of domination and self-gratification, including psychological and emotional abuse, enforced isolation, monitoring and restriction of freedom, and financial restrictions and control, to cite the most common patterns.

However, over the top of this usual constellation of features found in domestic abuse situations across all cultures in Canada, the Commission has described another critical layer of conditions that define domestic violence and abuse in Aboriginal communities that distinguishes it from its counterparts in mainstream society.

Family violence and abuse in Aboriginal communities is also a sociological characteristic of whole communities and not just of certain individuals and families. It is rooted in the complex web of Aboriginal community history and current dynamics. This is a very important distinction because it implies that the problem of domestic violence and abuse in Aboriginal communities cannot be understood and successfully approached based on the models and assumptions of most research and intervention programs in mainstream society that do not consider the community dimension.

A second feature that the Commission's statement adds to the definitional mix is the imperative of connecting the historical experience of the community to its patterns of violence and abuse. Researchers, such as Sousesan Abadian, argue that the social and political violence inflicted upon Aboriginal children, families and communities by the state and the churches through the residential school system not only created the patterns of violence communities are now experiencing but also introduced the family and community to behaviours that are impeding collective recovery (Abadian, 1999).

Abadian (1999) explains that political violence almost always tears apart families and whole communities. The familiar embrace of everyday routine is shattered. The result is devastation of the most basic human relationships of intimacy, trust, loyalty and mutual cooperation. The impact of this magnitude of collective trauma almost universally results in what several researchers have referred to as intergenerational post-traumatic stress disorder (PTSD) (Duran and Duran, 1995; Robin, Chester and Goldman, 1996; Herman, 1997).

The importance and usefulness of any definition of a problem is its contribution to understanding and solving the problem. Unless a human problem is defined completely and correctly, it is most likely that we will prescribe solutions that are, at best, partially effective and, at worst, may actually deepen the problem. In a comprehensive review called *Family Violence in Aboriginal Communities* prepared for the Aboriginal Nurses Association of Canada and the RCMP, Robert Kiyoshk points out that “[c]ommon definitions focus on *who* is being abused” (2001:7), such as child abuse, elder abuse, spousal abuse, etc., and also attempts to characterize the type of violation, such as physical abuse (any physical act intended to harm, injure or inflict pain on another person), psychological or emotional abuse (using fear, intimidation, terrorizing, threatening, etc.), sexual abuse (i.e., unwanted sexual attention, exploitation, various types of rape, fondling, molestation, sexual harassment, etc.) or financial abuse ... (the “deceitful or immoral use of another person’s money or belongings, and any manipulative use of finances within a relationship”) (2001:8).

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While useful, these definitions tend to focus on particular types and characteristics of abuse, and to extract particular incidences and examples and treat them as though they were the whole problem. We propose that an adequate definition of Aboriginal family violence *as a human problem* must include the following elements:

1. Aboriginal family violence and abuse is not simply an undesirable behaviour, but rather a constellation of social problems that operate as a syndrome.
2. Aboriginal family violence and abuse manifests itself simultaneously at the level of individuals, nuclear and extended families, communities and Aboriginal nations. It is a family and community systems disorder.
3. At the individual and family level, domestic violence and abuse consists of the establishment of an environment of domination and control over one or more persons within the family through prolonged and/or sporadic violence and abuse. This abuse can take a myriad of forms and shapes, ranging from physical and sexual violence and the infliction of prolonged terror, to sarcastic glances that chip away at a person's sense of identity and self-worth.
4. Any incident or case of domestic violence and abuse is most often connected to a larger pattern of abuse that has been present in the families of the victims and the perpetrator for at least several generations. Aboriginal family violence and abuse is characteristically an intergenerational problem.
5. Domestic violence and abuse are almost always linked to trauma in several ways. Certainly, abuse causes trauma in victims, as well as in children witnessing violence. But, domestic abuse is also and most often the *result* of intergenerational trauma. So, trauma is both one of the primary causes and principle outcomes of domestic violence and abuse. Clearly then, an adequate response to abuse must take into account the healing requirements of both individuals and human collectives related to trauma.
6. The Aboriginal family violence and abuse syndrome is not merely a problem affecting certain Aboriginal families within otherwise healthy or "normal" communities. Unhealthy community conditions and dynamics are integral to the syndrome. The problem of family violence is simply too large and widespread to treat it as a social anomaly. It is the norm. In other words, domestic violence and abuse have become a part of the way of life of many communities. In the past, there were traditional cultural values that were the foundation to all indigenous societies across North America. These values, which encompassed all members within the community, included acceptance, protection, support and nurturing within that circle. This warm and protective embrace was the birthright of every Aboriginal person. In exchange for the rights and privileges accorded by community membership, each person owed a debt of respect for the community's values and traditions, service to its ongoing requirements for well-being and prosperity, and vigilance in protecting the integrity and strength of the circle. Clearly the current patterns of violence and abuse show that the circle has been broken, the trust of the whole has been breached and violated,

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and individuals and families have been abandoned to their fate. More than this, there now exist a wide range of community behaviours and characteristics that actually nurture, protect, encourage and permit violence and abuse to continue as a community trait.³

For these reasons, it will also be argued that Aboriginal family violence and abuse is a community problem, and that transformation work is needed at the community level in order to reverse the current patterns and cycles of abuse that are now so prevalent.

7. There is a direct relationship between the historical experience of Aboriginal people and current patterns of violence and abuse in Aboriginal communities. While it is generally acknowledged that family violence and abuse did occur prior to European contact, both the historical and anthropological records indicate that it was not a normal feature of everyday life. Indeed, in many Aboriginal societies, an abusive man would soon be confronted by his male relatives (or the relatives of the victim) and, if the abuse continued, the abuser could face dire consequences, including banishment, castration and death. On the contrary, the women and children were almost universally honoured, loved, protected and cared for with great respect and, in some Nations, women were accorded high rank, far-reaching social and political powers, and weighty leadership responsibilities (Brizinsky, 1993; Chester, Robin, Koss, Lopez and Goldman, 1994; McGillivray and Comaskey 1996; Morrisson and Wilson, 1995; Bopp, 1983; Deloria, E.C., 1988; Brant, 1990).

While this roughly sketched picture does not argue for a romanticized whitewash that tries to make traditional societies perfect, it does describe a general pattern of communities that were in balance within themselves, in which internal conflict and abusive behaviour were discouraged, and a climate of harmony, respect and mutual cooperation was considered a survival necessity. The wave upon wave of trauma that hit many Aboriginal societies after European contact⁴ directly impacted family life and, in the case of residential schools, assaulted the very essence of cultural solidarity identity and continuity by introducing institutionalized patterns of violence and abuse into Aboriginal family and community systems (Nuxalk Nation, 2000; McEvoy, 1990; Nuu-chah-nulth Tribal Council, 1996; Knockwood, 1992; Faine, 1993; Furniss, 1995; Abadian, 1999; Sagamok Anishinabe First Nation, 2003; Lane, Bopp, Bopp and Norris, 2002).

³ In recent (2001-2002) processes of engaging many Aboriginal communities in dialogue related to community healing in every part of Canada by Four Worlds teams, Aboriginal women consistently reported that between 7 and 9 out of 10 women have experienced some form of abuse in the past 2 to 3 years. As a subsequent section of this report focusing on the levels of abuse will show, this informal observation is consistent with estimates made by community members, practitioners and across the country. The levels of abuse are simply astronomical.

⁴ Those waves of trauma included successive epidemics of smallpox and influenza that killed between 40 and 90% of whole Aboriginal populations, depending on the region of the country and the time period. Also included were the loss of traditional lands and livelihood, the loss of political and cultural autonomy, the destruction of traditional languages, religions and cultural foundations, and family life, through such mechanisms as economic and political colonization, missionization, the bureaucratization of many aspects of daily life, and the direct assault on the integrity and continuity of Aboriginal families and communities through residential schools (Royal Commission on Aboriginal Peoples, 1996).

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In summary, Aboriginal family violence and abuse should be defined as: (1) a multi-factoral social syndrome and not simply an undesirable behaviour; (2) that resides within Aboriginal individuals, families and community relationships, as well as within social and political dynamics; (3) typically manifests itself within families and intimate relationships as a regimen of domination that is established and enforced by one person over one or more others, through violence, fear and a variety of abuse strategies (physical, sexual, emotional, psychological, financial, etc.); (4) is usually not an isolated incidence or pattern, but is most often rooted in intergenerational abuse; (5) is almost always linked to the need for healing from trauma; (6) Aboriginal domestic violence and abuse is allowed to continue and flourish because of the presence of enabling community dynamics, which as a general pattern, constitute a serious breach of trust between the victims of violence and abuse and the whole community, and signal that the sacred circle of unity and protection has been broken; and finally, (7) the entire syndrome has its roots in Aboriginal historical experience, which must be adequately understood in order to be able to restore wholeness, trust and safety to the Aboriginal family and community life. Figure 1 presents these elements in a graphic way.

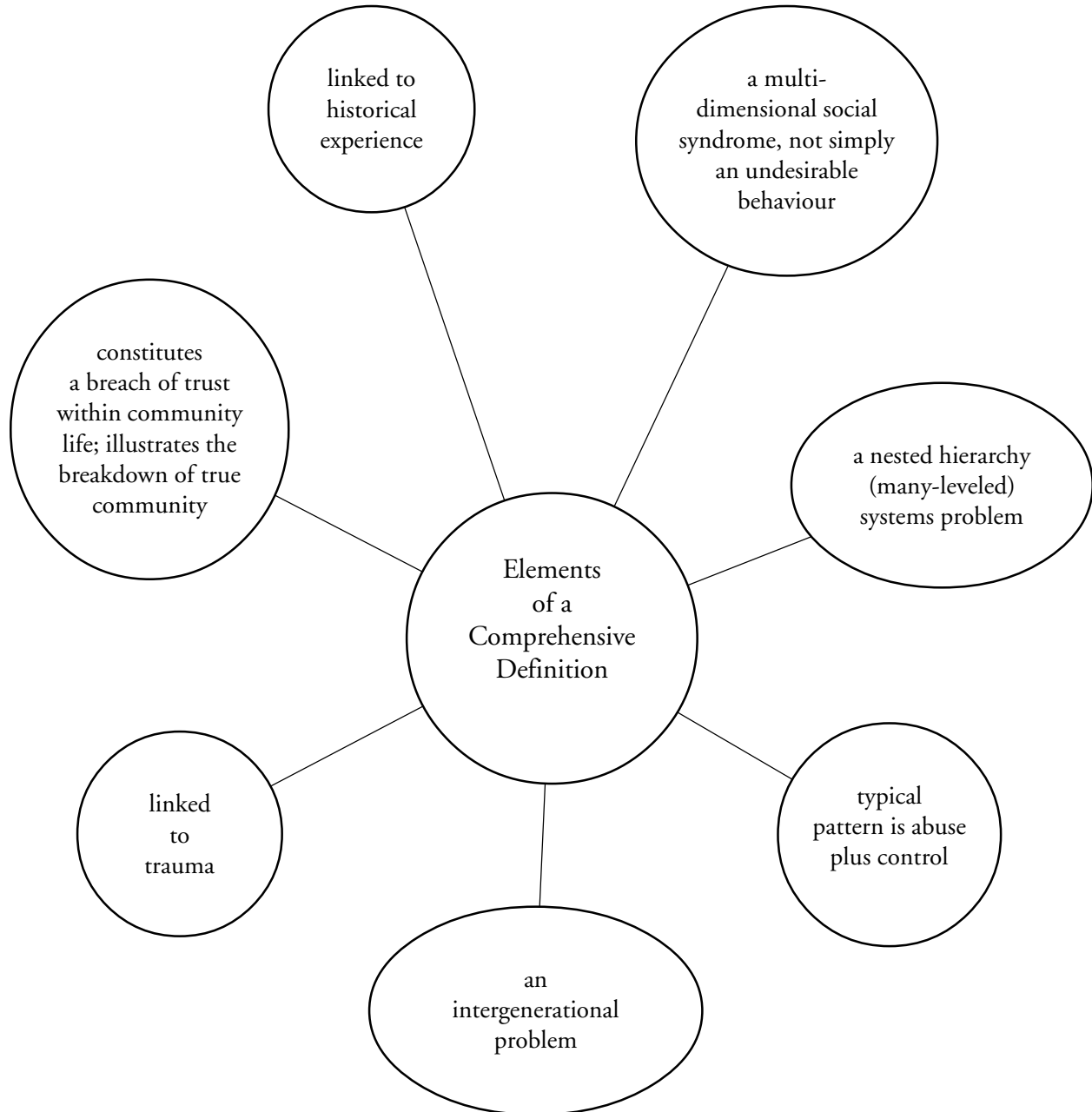
B. Common Theories and Models

There are a wide range of theories and models used to explain Aboriginal family violence and abuse. Some of these attempt to explain individual behaviour, others focus on the dynamics of human interaction, and still others on the socio-cultural, political and historical processes that have shaped societies and communities. Many of the often-referred-to models and explanatory approaches have some validity and usefulness, but almost all try to explain some part of the whole problem, while ignoring other extremely important dimensions.

A very useful abbreviated review of this literature was presented by Kiyoshk (2001) in his recent study carried out on behalf of the Aboriginal Nurses Association of Canada and the Royal Canadian Mounted Police. The following summary draws on his work, as well as that of Paymar (2002), Herman (1997) and many others, and is intended to provide readers with a catalogue summary of the most common theories, models and explanations. These are organized in three major categories: (1) those focused on individual behaviours and psychology; (2) those focused on the dynamics of human interaction; and (3) those focused on the socio-cultural, political and historical processes that have shaped societies and communities.

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Figure 1 - Elements of a Comprehensive Definition



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1. *Individual Psychology and Behaviour Theories*

Personality theories tend to characterize personality types and to attribute certain character traits, such as insecurity, jealousy, low self-esteem, dependency and tendencies toward anger and violence, etc., and to identify certain types of personalities or personality imbalances that are thought to incline individuals toward violence and abuse. Traits thought to be related to domestic violence are sometimes identified collectively as a “type.”

One characterization refers to two types of batterers, “pit bulls” and “cobras” (Jacobson and Gottman, 1998). Cobras are fundamentally anti-social, hedonistic, impulsive, sometimes sadistic, and explosively violent both within and outside the home environment. While some are actually psychopathic, all are emotionally cold and withdrawn, totally self-serving, probably incapable of loving anyone, and most of them use their partners to get whatever they want, whenever they want it. Cobras can be recognized by their history of anti-social behaviour, their high likelihood of drug *and* alcohol abuse, and the severity of their physical and emotional abuse. Many cobras were abused as children.

Pit bulls, unlike cobras, are emotionally dependent on their partners and are desperately afraid of abandonment. While pit bulls certainly do use violence and emotional abuse to control their victims, they do so not so much to get what they want (as the cobra does), but rather to prevent their partner from leaving them. Pit bulls can be extremely jealous to the point of paranoia, imagining their wives are having affairs based on clues that most people would find ridiculous (Jacobson and Gottman, 1998). Most pit bulls come from homes in which their fathers battered their mothers, and they came to believe that battery is a “normal” way to treat women.

Both pit bulls and cobras create elaborate webs of domination and have a very high need to control, but for different reasons. For cobras, the need is self-gratification and for pit bulls, the need is to prevent abandonment. Both types are capable of severe violence, even murder, but pit bulls are probably more dangerous to leave.

Cobras strike swiftly and with great lethality when they feel threatened, but they are also easily distracted after those initial strikes and move on to other targets. In contrast, pit bulls sink their teeth into their targets; once they sink their teeth into you, it’s hard to get them to let go (Jacobson and Gottman, 1998:127).

This somewhat elaborate example illustrates something of the nature and possible utility of personality theories to explain family violence and abuse. A common variation on this approach is *personality deficit theories*, which basically attribute violence and abuse to some lack or deficiency in the character of the abuser. A typical example of this is “impulse control,” which is essentially the lack of capacity to control impulses related to violence or abusive behaviour (Jenkins, 1990). Such explanations lead to solutions such as “anger management” courses. Other such explanations refer to such deficits as poor communication or poor conflict management and relationship skills.

Another common explanation has been termed a *container theory* (Jenkins, 1990). Container theories basically visualize a person as a container that can hold only so much emotional stress (caused by such factors as financial problems, family pressures and other challenges to the person’s perceived safety and

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well-being) until the pressure begins to build up to an eventual explosion. One obvious antidote to this characterization of the problem is the prescription of strategies to “blow off steam;” that is, to release some of the built-up pressure.

So, for example, in their training manual prepared for the Squamish Nation to train councillors to work with abusive men, Wood and Kiyoshk (1994) offer a “time out” strategy to be used by men in early stages of recovery. When the man observes certain cues that signal his escalation toward violence (such as violent self-talk, having fantasies about being abusive or making up afterward, or thinking with fear and anxiety about his partner leaving him), it is suggested that the man take a one-hour “time out,” which amounts to leaving the house or apartment for a cooling off period. During this time, the man is asked not to drink alcohol, take drugs or engage in violent venting. Instead, he is asked to decompress by walking, listening to music, visiting a friend or do anything that helps him to regain control of his body and to focus the mind.

Through those examples, it should become clear that theories have implications for intervention. For this reason, a theory can be useful, but it can also be a serious obstacle to address what is really a complex and multi-dimensional social problem by focusing attention on a particular aspect of the problem or it can mislead from the true nature of the problem.

Psychological disorder models certainly can have utility in certain contexts (such as in therapy or in forensic assessments), but they can also be extremely misleading and problematic. In her now classic study on trauma and recovery, Judith Herman explains how long-standing trends in psychological literature and psychiatric practice have tended to diagnose the victim of abuse as being deficient or flawed in some way that either somehow attracted and justified the abuse, or at least helped to explain it. She refers to an early (Snell, Rosenwald and Roby, 1964) study on battered wives (a research focus that arose only because the men wouldn't talk to researchers) which resulted in the conclusion that these women were “castrating,” “frigid,” “aggressive,” “indecisive” and “passive,” and that “marital violence fulfilled these women's masochistic needs” (Herman, 1997). These sorts of diagnosis have persisted along with labels such as “masochistic personality disorder,” which in the mid-1980s, a group of male psychoanalysts in the United States sought to apply to someone “who remains in a relationship in which others exploit, abuse, or take advantage of him or her, despite opportunities to alter the situation” (1997:117).

Herman and many others vigorously point out that the phenomenon of violence and abuse against women is a male behaviour, and that it would be much more fruitful to focus on male characteristics, rather than trying to explain male behaviour by examining the characteristics of women (Hotaling and Sugarman, 1986).

Herman argues forcefully that the victims of prolonged childhood abuse,

...often accumulate many different diagnoses before the underlying problem of complex post-traumatic stress syndrome is recognized. Three particularly troublesome diagnoses have often been applied to survivors of childhood abuse: somatization disorder, borderline personality disorder and multiple personality disorder. All three of these diagnoses were once subsumed under the now obsolete name hysteria (1997:123).

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Herman describes what happens to people who experience prolonged abuse and trauma:

Survivors of prolonged abuse develop characteristic personality changes, including deformations of relatedness and identity. Survivors of abuse in childhood develop similar problems with relationships and identity: in addition, they are particularly vulnerable to repeated harm, both self-inflicted and at the hands of others (1997:119).

It is now known that many victims of family violence and abuse, as well as many perpetrators were either abused as children or else grew up in families in which violence and abuse were “normal” parts of everyday life. In a subsequent section, there is a review on a newly emerging body of literature on the impacts of witnessing violence and abuse on child development.

Herman argues that a much more useful diagnosis for many people on both sides of abusive relationships is “complex post-traumatic stress disorder” (C-PTSD). The first of seven characteristics Herman (1997) describes is given below and is instructive for the purposes of this study:

1. “A history of subjections to totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation” (1997:121) (Note: Clearly Aboriginal residential school survivors qualify under many aspects of this definition);
2. alterations in affect regulation (i.e., persistent depression, chronic anger and rage, etc.);
3. alterations in consciousness (such as amnesia, dissociative episodes, etc.);
4. alterations in self-perception (such as loss of sense of agency, paralysis of initiative, loss of self-esteem, etc.);
5. alterations in perceptions of the perpetrator(s) (such as compulsive preoccupation with revenge, attribution of total power, sense of special or supernatural relationship, acceptance of perpetrator’s belief system or rationalization for this abuse, etc);
6. alterations in relations with others (such as isolation, withdrawal, disruption of intimate relationships, persistent distrust of other people, etc.); and
7. alterations in systems of meaning (such as a loss of sustaining faith in spiritual foundations or the love and support of family, friends and community, and sense of hopelessness and despair).

Herman is very clear that the impacts of trauma, and often (recycled) trauma itself, are passed on from generation to generation. It seems to us that the explanatory power of trauma theory is far reaching. It not only explains the origins of the psycho-social imbalances that manifest themselves in abusive relationships, but it also offers great promise in terms of opening pathways to recovery, as will be shown in a subsequent section.

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A newly emerging and very disturbing body of research points to the destructive influence of violence and abuse in child brain and personality development. In summary, these *socio-biological explanations* show the following (Perry, 1997):

1. a child's brain development can be permanently altered by exposure to violence and abuse, particularly during key windows of developmental vulnerability and risk;
2. the more prolonged and continuous the exposure, the more severe and irreversible the damage;
3. the absence of a mother's love and attention is one of the most damaging of all forms of abuse and neglect, leaving a child constantly agitated and fearful;
4. children who are exposed to prolonged fear/agitation, abuse or a violent and abusive environment may develop a semi-permanent state that is fixed on, for example: hyper-vigilance; hair-trigger excitability; an inability to accurately assess risk (and therefore a tendency to feel threatened when there is no real threat); a tendency to respond to perceived threat with aggressive, violent and explosive reactions; and an inability to modulate or cool down these reactive impulses as most mature adults normally do;
5. these sorts of brain alterations can be severe and, in such cases, abusive symptoms and signs will be apparent both in childhood and adolescence; or they can be less severe but lethal because the person will suddenly revert to an impulsive, aggressive and violent response when certain triggers that are linked to childhood experiences are released; and
6. a malignant combination of life experiences greatly increases the likelihood that children raised in a violent or abusive environment will themselves become violent and abusive as adolescents or adults, or at least will recreate the chaotic environment in which they were raised. Some of these factors include: (a) a lack of critical early life nurturing, (b) chaotic and cognitively impoverished environments, (c) pervasive physical threat, (d) persisting fear, (e) violent role modeling, and (f) being raised in belief systems that condone or encourage violence (such as misogyny or male superiority, sexism or social tolerance of child maltreatment, women or children as property, etc.).

This literature will be reviewed more extensively and its implications discussed in a subsequent section focused on the impacts of violence. In this section, the intention has been merely to catalogue this important work, along with other approaches to understanding the origins and nature of violence. As will be shown when this material is discussed in more depth, the research is very specific about the neuro-biological processes and mechanisms that result in violence and abuse. The implications of this research for Aboriginal communities are indeed far-reaching and extremely troubling.

2. Human Interaction Theories

This category of theories and models tries to explain the origins and nature of abuse within families or intimate relationships in terms of the dynamics of human interaction. The most common of these is family systems theory. In his review of this approach, Allen Jenkins (1990), echoed by Kiyoshk (2001), points out that describing abusive families as "enmeshed, lacking individualization, having closed systems,

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having rigid gender and relationship roles and lacking in generational boundaries” (Jenkins,1990:24) is not particularly helpful because it “places culpability on all system members, thereby minimizing abuse and discouraging the perpetrator for accepting responsibilities from his actions” (Kiyoshk, 2001:13).

The essence of any systems approach is that it focuses on the relational patterns that make the system what it is. The simple reduction of family violence and abuse to deficiencies, such as the lack of appropriate boundaries within a system (which certainly is a noticeable trait in some families), is not really a systems explanation and does not do justice to the explanatory usefulness of a systems approach. For example, family systems theory has tried to understand the various roles that different family members play in propping up and maintaining an unhealthy and even destructive pattern of family relationships. A collection of metaphoric characters have emerged to describe some of these roles: the addict or chaos creator; the “hero” or “caretaker,” who tries to make things better and has to do everything right but can lose herself taking care of others; the “scapegoat” or “problem child” who distracts the family from core issues by causing “trouble”; the “mascot” or “family pet” who, like a classic clown, provides amusing diversion and humour, but who is often very fragile, confused and insecure; the “lost child” who goes unnoticed much of the time because she seems almost untouched by the chaos, but is really walled off, distant and withdrawn from most family interactions and is often seriously wounded; and finally, the “chief enabler,” the person who struggles to hold the family together at all cost. This person tries to cover up the dysfunction of the addict or abuser and the chaos he creates and, in general, enables the hurting to go on by trying to prevent “blow-ups” or chaotic episodes by persisting with denial that there is any problem and by simultaneously trying to secure everyone’s “cooperation” in refraining from doing anything that might confront the addict or abuse directly, or in any way risk setting off another episode of drinking, violence and abuse. The metaphor of a “family mobile” is used to show how it is impossible to intervene in any part of such families without impacting the whole family system.⁵

As Kiyoshk points out, the family systems approach has not enjoyed nearly the widespread acceptance in the non-Aboriginal world as it has within Aboriginal communities. The author speculates that this is probably due to “collective notions such as clan and extended families” (2001:13).

The real reasons may well lie in deeper waters. The Four Worlds team has worked in virtually hundreds of Aboriginal communities across Canada and the United States on community healing and development processes. In their experience, most Aboriginal cultures tend to “see” the world in terms of relationships and seek to understand and explain both natural and social phenomenon in terms of the ecology of the organic systems within which the problem arises. This is in contrast to the Euro-Canadian academic culture, which tends to “see” reality as discrete, disconnected units, and tries to understand and explain both natural and social phenomenon by abstracting “the problem” or object of study from the socio-ecological system that produced it.

The intention is not to simplistically argue that Aboriginal cultures are somehow unscientific or that European cultures can’t see connections; rather, it is to point out that all models and approaches related to Aboriginal family violence are really tools or lenses that are useful only in so far as they help us to

⁵ For a useful application of this sort of modeling used in the Aboriginal context, see Shawanda (1989).

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understand and solve problems. Holistic and ecological (i.e., systems) models are in harmony with Aboriginal cultural perspectives. Reductionist approaches that focus on “the problem” without seeing the context, enables the problem to thrive.

To say, for example, that abuse is simply a consequence of “dysfunctional interaction” within a family (as some theorists argue) may well be true, but it is also simplistic and not particularly instructive. We can probably see all sorts of dysfunctional interaction within a violent and abuse-prone family. But why are these patterns present and what sort of intervention is needed to transform them? When we learn that a particular family has experienced at least three generations of violence and abuse and two of those generations are the products of residential schools, several family members are experiencing symptoms such as Herman (1997) describes, including chronic anger, depression, low self-esteem and inability to trust others or to maintain intimate relationships with spouse or children (all of which could certainly be characterized as “dysfunctional”). These would likely generate dysfunctional interactions with others and the label “dysfunctional interaction” does not seem very helpful. Such a label is likely to lead to a prescription of “relationship training” or an anger management course, which, in all likelihood, the most wounded people in this hypothetical family could not focus on or benefit from, and would certainly not stop the intergenerational trauma of violence and abuse this family is experiencing. The main reasons why ecological or systems models have found favour in Aboriginal communities is because of their congruence with Aboriginal ways of knowing and because of the useful contributions they make to understand the complex social phenomenon Aboriginal communities are struggling to address.

Wood and Kiyoshk argue, “the family systems’ analysis of men who assault their partners suggests that the man is not alone in responsibility for the violence” (1994:30). In our view, if the therapists trained in a family systems approach, or anyone else have given the impression that a systems approach *distributes responsibility* across the members of system (be it family or community) thereby removing some of the weight of responsibility for violence from the shoulders of abusers, they have seriously misunderstood what a systems approach is saying about the nature of violence and abuse. The usefulness of an ecological or “systems” analysis is its ability to place a problem like family violence and abuse into the living web of life (in this case the web of family and community relationships and pattern of behaviour) and thereby to understand more fully the impacts the environment is having on abusers and the phenomenon of abuse, as well as to more readily see the impacts ongoing abuse is having in other actors in the system and on the system as a whole entity. This relationship analysis no more relieves abusers of *responsibility* for their abuse than any other explanatory model or approach that looks at root causes or tries to understand the socially constructed nature of the phenomenon of abuse. For example, it has been generally argued by numerous researchers that the patterns of abuse now found in many Aboriginal families and communities can (in large measure) be traced back to abuses that took place in Aboriginal residential schools. It has also been shown that many abusers either witnessed violence and abuse in their family or origin or were abused themselves. Certainly, someone in denial about his own abuse may try to point to these arguments and claim “it is not my fault.” Alcoholics have often tried to use similar excuses to explain away their drinking and other hurtful behaviours. The Alcoholics Anonymous (AA) response to this classic excuse is: it may not be your fault, but it is your responsibility.

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We do ourselves a great disservice if we reject out of hand a systems or any other useful theory or model that may be able to shed light on family violence and abuse, simply because abusers have tried to rationalize away their responsibility by invoking a distorted and poorly understood version of that model.

Co-dependence theory is a hybrid of a systems approach and more individually oriented theories. The original concept of “co-dependence” arose out of the addictions field (Schaef, 1985) and basically referred to the mutual embrace of complementary dysfunctional patterns. An alcoholic and his enabling spouse are “co-dependent” as both cling to each other. He needs her to care for him, cover up for him and hold the family together for him. Despite the abuse he subjects her to, she needs him because, for example, she may be afraid to be alone or needs to care for someone weaker than herself in order to feel that she is a worthwhile person. Like the sadist (who is sexually stimulated by inflicting pain on someone else) and the masochist (who is stimulated by having someone inflict pain on him), it is a perfect fit. Each sickness symbiotically feeds on the other one.

From this rather simplistic analysis, a more complex systems analysis arose that can be summarized as follows. Many of us grew up in dysfunctional families, where we learned three basic rules: (1) don't trust, (2) don't talk, and (3) don't feel. We learned these rules for our own safety and survival growing up in chaotic and dangerous environments. Do not trust an alcoholic or abusive parent as they will only betray or disappoint you. Do not talk and thereby reveal how you really feel, because others in the family will use what you say to hurt you or to betray you in some way. In fact, do not even allow yourself to feel deeply, you will only be deeply hurt. It is better to be numb.

As adults, we learned to medicate or cover up hurt feelings when they occurred. We do this through an addiction to a substance or to a set of dysfunctional behaviours and processes. When one of our “triggers” is set off (i.e., something that makes us begin to feel threatened, hurt, put down, abandoned, lied to or rejected), we cushion ourselves from the hurt by flipping into our “patterns,” which may include substance abuse, a relationship addiction, a slide into a violent episode within intimate relationships or sexual abuse. Or, it may simply involve a constellation of behaviours such as dishonesty, depression, extremely self-centered thinking and actions, trying to control other people and situations, frozen feelings, a breakdown of moral standards (i.e., a slide into dishonesty or immorality), or a host of abnormal and dysfunctional thinking processes (i.e., confusion, forgetfulness, perfectionism, dependency, negative or black and white thinking, defensiveness) and, almost always, denial that the pattern exists at all. A co-dependent is said to be addicted to (i.e., dependent on) his or her “patterns” of dysfunctional behaviour, processes and substances. In a family or community setting, where almost everyone has grown up with the don't-trust-don't-talk-don't-feel rules, a system of mutually reinforcing patterns often develops. Whole communities can be addicted to a “crisis orientation.” There are no “normal” periods. Life moves from crisis to crisis. In such situations, almost no one trusts anyone else and for good reason. Lying to oneself or others, betraying others, tearing down another's character through malicious lies and gossip – these are commonplace features of the co-dependent community.

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This characterization of dysfunctional behaviour and systems emerged in the 1980s from the work of therapists and writers such as Schaefer (1985,1987), Beattie (1987) and Wegsheider-Cruse and Cruse (1990). Many leaders of the Aboriginal healing movement⁶ across Canada readily saw its applicability to Aboriginal family and community contexts.

The co-dependence model can contribute to the dialogue on Aboriginal family violence and abuse in several ways:

1. it identifies that hurt (or trauma) from the past has caused people to adapt and internalize a wide range of harmful and dysfunctional behaviours, including violence and abuse. This insight is useful in helping people to see they can learn new responses and behaviours;⁷
2. it also places violence and abuse within larger patterns of thinking and behaviours and provides clues regarding the mechanisms and triggers that activate abusive cycles; and finally,
3. it points toward a systems approach to understanding how whole communities or large extended families could have unconsciously adopted patterns of thinking and behaviour that enable and perpetuate family violence and abuse as a prevailing community characteristic.

3. Socio-cultural, Political and Historical Explanations

This category of theories and interpretations of culture and history identifies the root causes of family violence and abuse to be located in the norms, values, traditions, ideology and social structure of society. For example, feminist writers argue that the culturally inherited systems of male privilege, domination and control (sometimes referred to as “patriarchy”) constitutes a socially constructed “system” through which men oppress and subjugate women, and it is this *system* that gives rise to violence and abuse (Stille and Stordeur, 1989). This perspective has contributed to current practice in some Aboriginal programs that focus on ending men’s violence by offering a clear analysis for men about why they are violent; namely, “male privilege,” the belief that man is “king in his own castle” and that man has the right to exercise complete control in his home.

While this insight is no doubt very useful, feminist thinking has been critiqued for not adequately taking into account the issues of race, class culture and history. Specifically, some writers have pointed out that institutional patriarchy is a European cultural artifact that infected Aboriginal communities through the processes of colonization (Chester, Robin, Koss, Lopez and Goldman, 1994; LaRocque, 1994, 1996).

⁶ For a comprehensive review of the Aboriginal healing movement in Canada, see Bopp, Bopp and Lane, 1998 and Lane, Bopp, Bopp and Norris, 2002.

⁷ The co-dependence model does not specify that abuse comes from learning abusive behaviour as some social learning theorists have tried to argue, but it does allow for learning as one factor. As well, it leaves the door open for consideration of more profound physiological or psychological damage and may have occurred from past abuse that may be contributing to present abusive behaviours.

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In her submission to the Royal Commission on Aboriginal Peoples, Zellerer stated, “[o]ne of the biggest gaps in the literature on violence against women is that race, culture and class are not incorporated fully into analyses, nor is there an appreciation of the historical contexts of Aboriginal women’s experience” (1993:20).

Kiyoshk argues that it is important to listen carefully to what Aboriginal women say about power dynamics within Aboriginal families, communities and organizations. Men, he argues, “... have been acculturated to the patriarchal norms of the dominant society through imposition of policy and legislation and religion that have over many generations minimized the significance of women’s roles. These power imbalances ... are causal factors in family violence” (2001:15).

Beyond feminist perspectives, many writers and Aboriginal community voices have drawn explicit links between socio-historical processes such as colonization, missionization, the loss of traditional land base and sources of livelihood, the systematic destruction of languages and spiritual foundations, and the purposeful assault on Aboriginal family structures, particularly through residential schooling and the patterns of violence and abuse now prevalent in many Aboriginal communities (LaRocque, 1994; Royal Commission on Aboriginal Peoples, 1996; Abadian, 1999).

Anthony Hall of the University of Lethbridge makes a very significant point in this regard:

The history of these Indian residential schools, which existed in the United States but were forced on Indian Country with a singular intensity in Canada, illustrate the very clear existence of government laws, policies and institutions that generated outcomes which clearly lie within the United Nations Convention on Genocide, which was first ratified in 1948 but was not adopted by the USA until 40 years later. Article 2(e) of the Convention defines genocide to include “forcibly transferring children of the group to another group”. That is precisely what the Indian residential schools did, the receiving group being the Christian churches that ran these organizations.

Moreover, given the high rate of physical and sexual abuse which took place in these institutions, and the fact that the whole purpose of these Christian institutions was to teach Indian children to despise and renounce their own [A]boriginal heritages of language and religion, they easily meet definition 2(b). That provision refers to ‘causing serious bodily or mental harm to members of the group.’ Section 2(c) is also applicable. It defines genocide as ‘deliberately inflicting on the group conditions of life calculated to bring about physical destruction in whole or in part’” (Kiyoshk, 2001:17).

The legacy of the residential school experience has been well documented and is clearly linked to symptoms of post traumatic-stress disorder, as well as to a wide range of social problems, including addiction and physical and sexual abuse.

In general, this body of research, theories and models all point to the same general conclusion – family violence and abuse in Aboriginal communities has its roots, at least in part, in historical trauma and in the social realities created by those historical processes. One important reason that we feel this insight is an extremely valuable component of any adequate understanding of the roots of violence and abuse

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in Aboriginal families and communities, is because it points us in certain clear directions, including, but also well beyond individuals and families, relative to the process of recovery. These implications will be taken up in some detail in a subsequent section of this report.

C. Incidence and Statistics

Precise statistics concerning the prevalence and extent of family violence and abuse in Aboriginal communities in Canada are virtually impossible to catalogue. Reasons for this are listed below: *What this means is that what statistical information is available should be viewed as estimates only.*

- 1. *There is no one universally accepted definition of family violence and abuse.*** This means that different groups are counting different things under the category of family violence and abuse, such as different types of incidents may be counted by researchers or the front-line agencies in any one location. For example, law enforcement and regulatory social services must use the definitions covered by the statutes and regulations which govern their work; whereas, women's shelters or advocacy services might well use a much broader definition. Even different Aboriginal communities may use different definitions and standards. Compiling statistics gathered through these sources to represent regional, provincial or national rates, therefore, risks considerable inaccuracies.
- 2. *It is generally agreed that a great number of family violence and abuse incidents goes unreported.*** It is, of course, impossible to determine just how many cases are never tracked.
- 3. *There is no one provincial or national research or management system for compiling such statistics.*** As well, some agencies do not share information with others. Many studies are sponsored by the non-governmental sector and represent pieces of the picture, but they are not enough to guarantee an accurate representation beyond their own, often-localized sample.
- 4. *While family violence and abuse in Aboriginal communities shares many characteristics with these issues in mainstream society, there are also distinctive differences.*** This means that it is difficult to extrapolate from national, provincial or regional statistics to Aboriginal communities. Only two Canadian studies paid special attention to ethnicity and race and, thus, provide helpful insights into incidence among Aboriginal people. Different Aboriginal communities in Canada also have their own distinct profiles, and this means that you will not be able to predict the rates of family violence and abuse in any particular community on the basis of provincial or national figures.

In spite of these limiting factors, it is possible to get enough of a picture of the prevalence and features of family violence and abuse to realize just how serious a threat to the well-being and prosperity of Aboriginal communities it represents. It was not the focus of this study to conduct any new research related to the incidence of family violence and abuse in Aboriginal communities; rather, a compilation of the best information and from many different available sources was done.

Because there are more data about family violence and abuse in society as a whole, some North American and Canadian statistics were looked at first. This information provides a point of comparison for the information specific to Aboriginal communities that follows, but also demonstrates, the problem of

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family violence and abuse is by no means unique to Aboriginal communities. It requires urgent attention all across Canada. The work that Aboriginal communities are doing to tackle this challenge has the potential of making a difference well beyond their own populations.

North American rates of family violence and abuse

- A 1999 survey conducted by Statistics Canada found that 8% of Canadian women reported being physically assaulted by their male partners during the previous five years (Canadian Centre for Justice Statistics, 2001a). This represents a decrease from a national average of 12% in 1993 (Statistics Canada, 1993). In trying to take into account the fact that many women do not report abuse to official agencies, it has been estimated that more than one million women in Canada are battered each year (Lupri, 1989; MacLeod, 1980);
- the same survey found that 7% of men reported violence against them by their spouse during the same five-year period (Canadian Centre for Justice Statistics, 2001a);
- the number of women who report female spousal violence to the police has increased from 19% in the 1993 Statistics Canada survey to 37% in the 1999 Statistics Canada survey. Similarly, the use of social services by the same population has increased from 37% to 48% over the same time period (Canadian Centre for Justice Statistics, 2001a);
- at least 30% of women have experienced physical assault in an intimate relationship with a male in the past five years (Statistics Canada, 1993; Straus and Gelles, 1990). Approximately half of this violence involves serious behaviour, such as kicking, hitting, beating, sexual assault or the use of a gun or knife (Statistics Canada, 1993). Thirty-three to fifty per cent of women who are physically assaulted by their male partner are also sexually assaulted (Frieze and Browne, 1989);
- in those cases where women lived with an abusive man, almost two-thirds were assaulted more than once and 10% were subjected to ten or more attacks in the past year (Straus, 1980);
- 17% of all victims of violent offences are victims of spousal violence. Women accounted for 88% of all reported spousal violence victims (Statistics Canada, 1999);
- spousal abuse is found across all ethnic, racial and socio-economic classes (Hotelling and Sugarman, 1990);
- many of the assaults by women against their husbands are acts of retaliation or self-defense (Straus, 1980). Research with severely violent couples has suggested that women do not generally initiate violence, nor can they do anything to stop extreme verbal abuse once it has begun (Jacobsen, Gottman, Waltz, Babcock and Holtzworth-Munroe, 1994);
- alcohol or drug use at the time of the incident was reported in 38% of spousal homicide cases (Statistics Canada, 1999);
- elder men were proportionately more likely to be victimized by their adult children than by a spouse. In contrast, older women were victimized equally as often by their spouses as by their adult children (Statistics Canada, 1999); and
- while it is very difficult to put an exact price on the cost of domestic violence and abuse, the London Centre for Research on Violence Against Women and Children in Ontario estimated that, in 1995, violence may have cost upwards of \$4 billion a year to Canadians in the justice, health, social services and employment sectors, and \$408 million in health care costs alone (Greaves, Havinsky and Kingston-Reichers, 1995).

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North American rates of physical and sexual violence against children

- Children living with an abused mother are 12 to 14 times at greater risk of sexual abuse by the mother's partner and are seven times more likely to report sexual abuse occurring outside the home (McCloskey, Figuerdo and Koss, 1995);
- the average age of children who are sexually abused in the North is 9.7 years and the average age of the offender is 29 years. Girls between the age of 13 and 18 are at the highest risk of being assaulted; next are girls from 7 to 12 (Canadian Panel on Violence Against Women, 1993);
- between 23% and 36% of children witness physical violence between their parents. Two-thirds of these cases, children were exposed to repeated incidences of such violence (Strauss, 1992). Child abuse co-occurs with witnessing parental violence between 45% and 70% of the time (Prescott and Letko, 1977; Straus, 1980); and
- family members are the main perpetrators of violence against children and youth. For example, in 1997, family members were responsible for 76% of all homicides against victims under 18 years of age. Parents represented 65% of family members accused of physical assaults against children and youth and 44% of those accused of sexual assaults. In incidents involving parents, 97% of sexual assaults and 71% of physical assaults were carried out by fathers. Girls represent 79% of victims in family-related sexual assaults and 55% of victims of physical assault (Statistics Canada, 1999).

As horrific as this picture of domestic violence and abuse in society at large is, the situation for Aboriginal peoples is even worse. It was surely no exaggeration for the Aboriginal Justice Inquiry of Manitoba to claim, "that spousal abuse was a very serious matter that required immediate and direct intervention to save lives" (AJIC, 2001:120). As the following information and statistics will show, family violence and abuse directly impact the vast majority of Aboriginal people and, in some way, touch the lives of every man, woman and child. It is difficult to do justice to this reality with numbers, especially since statistics are not always easy to interpret. Yet, the figures do point to a pervasive problem with extremely serious consequences for those whose lives these statistics represent, but also for the communities and nations which have yet to find the means and will to turn the situation around.

The picture in Aboriginal communities

Statistics Canada summarized the findings of its 1999 General Social Survey (which used a traditional victimization survey of ten questions) in its 2001 report entitled "Family Violence in Canada: A Statistical Profile 2001". The following information relates to Aboriginal people, both on and off reserve. These results exclude data from the Northwest Territories, Yukon and Nunavut (regions with high concentrations of Aboriginal populations), as well as individuals who do not have a telephone. Both of these factors may help explain why the following statistics tend to be lower than those derived from surveys conducted by Aboriginal organizations on a local or regional basis.

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- The 1999 Statistics Canada survey found that 25% of Aboriginal women and 13% of Aboriginal men reported experiencing violence from a current or previous partner over the past five years. Almost one-half of the women experienced severe, potentially life-threatening types of violence (being beaten, choked, threatened with a gun or knife or sexually assaulted). Approximately 49% of Aboriginal women victims reported physical injury, 23% received medical attention for their injuries and 39% feared for their lives because of the violence. Precise statistics for Aboriginal men are not given, but they represent less than 19% receiving physical injury and less than 16% fearing for their lives (Canadian Centre for Justice Statistics, 2001b);
- 37% of Aboriginal women and 30% of Aboriginal men reported experiencing emotional abuse (such as insults, jealousy, and the regular attempt to control and limit the activities and social relationships of one's partner) during the previous five-year period (Canadian Centre for Justice Statistics, 2001b);
- 57% of the Aboriginal women who experienced abuse indicated that children witnessed the violence (Canadian Centre for Justice Statistics, 2001b);
- although Aboriginal people expressed higher levels of dissatisfaction with police performance than their counterparts in the general society, 54% of Aboriginal women victims of spousal violence had police contact, compared with 37% of non-Aboriginal women victims (Canadian Centre for Justice Statistics, 2001b); and
- between 1991 and 1999, spouses were responsible for killing 62 Aboriginal women and 32 Aboriginal men (a rate that is 8 times higher than for non-Aboriginal women and 18 times higher for Aboriginal men (Canadian Centre for Justice Statistics, 2001b).

The following information derives from oft-cited older studies, carried out largely by Aboriginal organizations and researchers. They indicate much higher rates than those reported above. Informal studies carried out by Four Worlds in the context of community healing and social development programs, corroborate rates much more consistent with those summarized below than the Statistics Canada figures listed above:

- in a study presented to the Aboriginal Justice Inquiry of Manitoba, Hamilton and Sinclair (1991) estimate that up to one in three (33%) of Aboriginal women are abused;
- a 1989 study by the Ontario Native Women's Association found that 8 out of 10 Aboriginal women in Ontario had personally experienced family violence. In other words, Aboriginal women are eight times more likely to suffer abuse than women in society at large. Of those women, 87% had been injured physically and 57% had been sexually abused (Health Canada, 1997);
- the Native Women's Association in Nova Scotia found that 70% of married couples and 80% of common-law relationships experienced mental and physical abuse (Dumont-Smith and Sioui-Labelle, 1991; Zellerer, 1993);
- in some northern Aboriginal communities, it is believed that between 75% and 90% of women are battered. The study also found that 40% of children in these communities had been physically abused by a family member (Health Canada, 1997);
- a study involving seven reserves in Northern Manitoba reported that over 70% of the women and 50% of the men claimed they had been abused. Of these, 19% said they had been abused

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- once, 22% weekly, 6% monthly, and 53% once in a while. Seventy-six per cent said that some or all of their family members had experienced abuse (Thomlinson, Erickson and Cook, 2000);
- in a 1991 study conducted by the Indian and Inuit Nurses of Canada, the three leading contributing factors to family violence were found to be alcohol and substance abuse, economic problems and second or third generation abusers (Canadian Panel on Violence against Women, 1993);
 - in communities where programs to deal with sexual abuse have been started, there are often disclosures about widespread sexual abuse. In Canim Lake, British Columbia, for example, seven offenders admitted to victimizing 277 victims, while seventeen victims disclosed they had been abused by 122 different offenders (Warhaft, Palys and Boyce, 1999);
 - the Alliance of Five Research Centres on Violence (1999) reports that 75% of Aboriginal girls under the age of 18 have been sexually abused. Seventy-five per cent of Aboriginal victims of sex crimes are females under 18 years of age, 50% are under 14 and 25% are younger than seven (Hylton, 2001); and
 - little is known about the incidence of abuse of older adults, of people with disabilities and of the homosexual population in Aboriginal communities. However, abuse of older adults has been identified as a serious problem in some First Nation communities (Health Canada, 1997). One community study cited mental or psychological abuse, financial exploitation and physical abuse (in that order) as the most prevalent types of abuse of elders (Grier, 1989).

In summary, these statistics estimate that, at a minimum, one-quarter of Aboriginal women experience violence at the hands of an intimate partner; however, in some communities, that figure can be as high as eighty or ninety percent. In most instances, this abuse happens repeatedly and involves serious physical harm, as well as psychological and emotional abuse. It is also important to realize that up to half of the men report that a family member has abused them. They are much less likely, however, to experience physical injury at the hands of their spouses than are women. Children witness more than half of the violence that occurs between the adults in the home and are also targeted for abuse, especially sexual crimes, with up to three-quarters of Aboriginal girls under the age of 18 having been sexually assaulted.

The impact and consequences of this situation, both in terms of the lives of individuals and their families, as well as the health of the community as a whole, are discussed in some detail elsewhere in this paper. The purpose of this section has been to demonstrate just how pervasive and serious the problem of family violence and abuse is. If more than half the population of any community were threatened with a particular disease or had been harmed by a natural disaster, extreme measures would be taken to stop the problem and to help those who were suffering. Family violence and abuse surely calls for no less a response.

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D. The Anatomy of Abuse

In this section, the report will focus directly on what family violence and abuse looks and feels like from the standpoint of victims and others most directly impacted. It is important to do this so that no mistake is made of allowing intellectual models and theories about abuse to be confused with the thing itself.

The introductory section of this report featured a number of testimonies of victims of abuse, such as the woman who was taken out in a boat on a nearly frozen lake in a remote part of northern Canada, thrown out of the boat, held under the water by her spouse and hauled back up so he could tell her that he was going to kill her, and then held under the water again until she passed out (from fear? from the cold? from shock?). This same person told us that her spouse was “kind,” “sweet” and “gentle” much of the time, but that “something” would seem to go off inside of him, like a switch being flipped, and then he would start drinking and become violent. When we asked her why she stayed with him, considering he had beat her black and blue many times and came close to killing her more than once, she seemed confused and unable to answer. Finally, she whispered, “I love him.”

While Aboriginal family violence and abuse is, on one level, a socio-political phenomenon with roots in historical trauma and complex community dynamics, it is also extremely ugly, destructive and personal. It hurts real people. It destroys intimacy and turns a loving home into a living hell. And, if there are children in the home, research shows that the chances are extremely high that they will be seriously harmed and possibly damaged for life, especially if they are made to witness prolonged abuse of their mothers or are themselves abused.

The Cycle

While no two cases of family violence and abuse are exactly the same, there are general patterns that recur in case after case. For example, when Aboriginal women participating in victims of violence recovery programs (such as the one offered by Minwaashin Lodge, Ottawa) first encounter a presentation of the cycles that abusive relationships typically experience, many women express surprise and relief. Remarks like “that was my life” or “I thought I was the only one” are very common reactions. Ruby Van Bibber explains that cycle very clearly in *Jaa gg: Reaching Out for Balance* (1990), a family violence prevention resource manual prepared for the Council for Yukon Indians.

Van Bibber describes the first phase of the cycle as follows: “When two people get together they are in a honeymoon state where they are happy and nothing can go wrong” (1990:6). But trouble is brewing in paradise. She explains that many Aboriginal people have grown up directly or indirectly experiencing trauma and abuse.

Once a person has experienced a form of abuse, that person has experienced a loss of control and has felt helpless and hopeless. If that person has not dealt with the emotions of that loss, with the self and will repaired, he or she will get caught in an endless struggle to regain that control in unhealthy and destructive ways (n.d.:5).

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She then explains that, whether through assuming an aggressive and eventually abusive “power over” position, or by being the passive, “power under” victim, these two people become locked in an intimate and potentially deadly dance, within which both, in their own ways, are trying to manipulate and control their partner.

Once the power struggles and fight for control begin, the tensions start to build up. The tension may start off with silence, until there is an explosion and a verbal argument occurs. Then the honeymoon state occurs all over again. After a time the tension build-up may be the arguing and the explosion will be a violent physical act, always going back to the honeymoon state. A time of remorse and all kinds of promises follow (n.d.:6).

Van Bibber explains that unless the people locked in such relational patterns “leave” the pattern and begin a healing process, the cycles will become increasingly violent, abusive and dangerous. Councillors working with violent Aboriginal men in Vancouver and the Squamish Nation⁸ describe the cycle as follows:

The cycle has three stages, the battering stage, the honeymoon stage and the tension building or escalation state. After each episode of abuse, there is a honeymoon stage in which the abuser tries to appease the victim, and prevent her from leaving. Great remorse is expressed. Often she is showered with affection, and there is passionate “making up”, tearful promises and favors granted. “I will never do it again”, and “yes, of course you should go visit your family”, he says.

But then the tension starts to build up, and also the excuses for the abuse. “It was your fault”, “You know how I get, why do you push me like that?” This leads to an escalation of harsh words, anger, and various abusive actions until there is an explosion.

Stage three is the battering stage, in which the abuser is totally out of control. The scary thing about this cycle is that it gets worse and worse each go around, and it goes faster and faster. The time between the three phases gets shorter until finally, there is no honeymoon phase; there is only battering and abuse interspersed with occasional build-ups to the next abusive episode. Eventually there is only abuse (Nahanee and Stoltin, 2002).

Whatever theoretical problems anyone may wish to raise about these explanations, the fact remains that both Aboriginal women and men recovering from violent and abusive relationships readily recognize this general pattern, identify with it, and are even able to use it to interrupt the cycle through such strategies as a “time out,” (Wood and Kiyoshk, 1994).

⁸ The “Change of Seasons” program developed by the Squamish Nation produced a training manual (Wood and Kiyoshk, 1994) that was modified and expanded when an inner city Vancouver version of the program “Women Against Violence” was developed a few years later.

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The Many Faces of Abuse

As suggested in earlier sections, family violence and abuse takes many forms. In this section, there is a list of examples of the most common forms of abuse, categorized according to headings most often found in family violence literature: physical, sexual, emotional and psychological abuse, as well as intimidation and anger, economic abuse and the use of isolation, monitoring and the restriction of freedom to subjugate and control. The lines between these categories are permeable and there is considerable overlap, simply because one type of abuse often involves elements of other types.

The excellent work of Wood and Kiyoshk (1994) is drawn extensively in the preparation of this section, as well as on the testimony of Aboriginal people working in the healing field in communities across Canada. These categories of abuse are defined more broadly than might be used in a legal framework, focusing instead on the actual experience of abuse (see Table 1).

Table 1 - Categories of Abuse

Category	Definition	Examples
Physical Abuse⁹	Any physical act intended to control, harm, injure or inflict physical pain on another person.	<ul style="list-style-type: none">• spitting on her• pinching her• pushing her• restraining her• carrying her• grabbing her• twisting her fingers or arms• slapping her• pulling her hair• punching her• kicking her• burning or scalding her• biting her• scratching her• beating her with an object (stick, bat, etc.)• poking or cutting her with a sharp instrument• choking or strangling her• attacking her with a weapon• murder

⁹ By listing examples as “pushing *her*,” “slapping *her*,” “punching *her*,” instead of writing “pushing,” “slapping” and “punching,” it is intended to stress that these actions are done to a real person. They are not abstract ideas. It was chosen to make the recipient of the action “her” because women are most often the victims. It is acknowledged that there are cases where males are also victims, but in most cases, victims are women, children or elders. The main point is that for each of these actions listed, there is a victim.

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Category	Definition	Examples
Sexual Abuse	The use of unwanted sexual attention, exploitation, assault, ridicule, humiliation, manipulation or coercion to enforce domination and control patterns or to achieve self-gratification. “Sexual abuse incorporates elements of physical abuse and the emotional and psychological abuse” (Wood and Kiyoshk 1994:20).	<ul style="list-style-type: none"> • withdrawal of sexual intimacy as a form of punishment or control • ridiculing her sexually, calling her frigid, useless, a cold fish, nympho, slut, whore, etc. • threatening to have sex with someone else to belittle or humiliate her • criticizing her body (your breasts are too small; your bum is too big; you’re too fat; you’re too skinny; etc.) • touching and grabbing her in sexual ways against her wishes • using pornography to show her how it’s “supposed to be done” • refusing to accept “no” as an answer • forcing her to act out sexual fantasies (what to wear, how to act, etc.) against her will • coercing sexual intimacy after a violent episode (in order to “make up”) • sexually assaulting her as part of a violent episode • coercing her to have sex with someone else-coercing her into performing sexual acts in front of others • involving weapons in sexual contact • involving children in sexual contact • involving animals in sexual contact • raping her
Emotional Abuse	Using ridicule, fear, intimidation, terror, threats, intentional put-downs; and using what is known about the other person’s needs, fears, hopes and dreams, weaknesses and vulnerability to hurt and control her; any strategy calculated to make the victim feel bad about herself.	<ul style="list-style-type: none"> • embarrassing her in public, or in front of family and friends • criticizing the little things she does • telling her she is not good enough; she doesn’t “measure up” • calling her names like stupid, slut, cow, pig, whore, etc., constantly correcting her (her thinking, her use of language, her preferences) • refusing to be intimate with her as a “punishment” • talking her down because of things she can’t change (her race, skin colour, family, past history)

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Category	Definition	Examples
		<ul style="list-style-type: none"> • rewarding her when she is “good” and punishing her when she is “bad” • ridiculing her goals and self-improvement efforts
Psychological Abuse	Intentionally undermining a person’s sense of self-worth, individual identity, confidence in their own perceptions of what is real, or sense of agency, capacity and empowerment (i.e., their ability to act, and have an impact in the world).	<ul style="list-style-type: none"> • using threats (I’ll take the children and leave; I’ll kill the dog) • using anger and intimidation (yelling, slamming doors, threatening gestures, angry looks, etc.) • constantly over-running her boundaries (she needs quiet, so you make noise; she wants to be alone, so you invite the boys in for cards; she is hungry or has to go to the washroom, so you keep driving; she needs to have a clean orderly house, so you leave a mess everywhere you go, creating chaos as fast as she can clean it up, etc.) • supervising and controlling her bodily functions and needs such as when she eats, sleeps, goes to the toilet, how loud the music is, how much light is in the room, etc. • using isolation, such as restriction of travel and communication to control her • restricting her access or control of money and family finances • constant criticism of how she looks, of how she thinks or talks, of how she raises the children, of her ways of being intimate, of her friends, hopes and dreams, fears, etc. • giving her more tasks to do than she can possibly (or humanely) handle, threatening punishment if she does not do her assignments
Isolation, monitoring and restricting freedom	Forcing the victim to be totally and exclusively dependent on the abuser by limiting her access to contacts outside his control and/or by creating disruption and discomfort in her efforts to socialize.	<ul style="list-style-type: none"> • demand she provide a detailed account of her movement • forbidding her to work outside the home (or restricting where and with whom she can work (e.g., no contact with men)

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Category	Definition	Examples
		<ul style="list-style-type: none"> • rewarding her when she is “good” and punishing her when she is “bad” • ridiculing her goals and self-improvement efforts
Economic Abuse	Forcing the victim to be financially dependent on the abuser by cutting off her access to and control of money and financial information.	<ul style="list-style-type: none"> • controlling the income and outflow of money from all sources • denying her access to financial information, such as how much money is coming in, how much is owed for various goods and services (i.e., not letting her see the bills and bank statements) • controlling the bank accounts • not allowing her to have her own money, and the freedom to spend it as she sees fit. • forcing her to have all expenditures and purchases approved by the abuser, and/or • taking away her credit cards or cheque book • forcing the victim to work to support the abuser • refusing to account for his spending of family money (“it’s the man’s right”)
The exercise of “male privilege”	“Male privilege” is the belief, enforced on his female victims, that a man has rights and privileges that are due to him simply because he is a man. The underlying assumption of male privilege is that women exist to gratify the needs of men, who are somehow superior beings, because they were born with a penis.	<ul style="list-style-type: none"> • insisting that she gives him sex whenever he wants it, no matter how she feels • making her clean up after him (leaving a messy kitchen, bathroom, not picking up clothes, etc.) • making her fetch for him (“get me a drink,” “go to the store and buy me cigarettes,” etc.) • making decisions that impact her without consulting her • insisting on being the decision maker (on everything from which restaurant or house to choose to which school the children will attend, where to live or whether or not to incur a debt) • expecting her to want what he wants when he wants • making her do the nasty jobs (clean the toilet, warm up the freezing car, etc.) • demanding that she serves the food he wants, when he wants it • requiring her to “act as if you want it” in the bedroom

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The Web of Domination

The anatomy of abuse consists of two primary dimensions: the abusive behaviour itself and the web of domination, which the behaviour actually serves to instill and reinforce.

In her classic study of trauma, Judith Herman¹⁰ explains that “[t]he methods that enable one human being to enslave another are remarkably consistent” (1997:76), whether the victim is a hostage, a political prisoner, a sex slave or a subjugated woman in an abusive relationship. Herman goes on to describe the pattern as follows:

The methods of establishing control over another person are based upon the systematic, repetitive infliction of psychological trauma. They are the organized techniques of disempowerment and disconnection ... Although violence is a universal method of terror ... it is not necessary to use violence often to keep the victim in a constant state of fear ... Fear is also increased by inconsistent and unpredictable outbursts of violence and by capricious enforcement of petty rules. The ultimate effect of these techniques is to convince the victim that the perpetrator is omnipotent, that resistance is futile, and that her life depends upon winning his indulgence through absolute compliance ...

In addition to inducing fear, the perpetrator seeks to destroy the victim’s sense of autonomy. This is achieved by scrutiny and control of the victim’s body and bodily functions ... what the victim eats, when she sleeps, when she goes to the toilet, and what she wears ... this assault on bodily anatomy shames and demoralizes her (1997:77).

In domestic abuse, there are no physical barriers that prevent escape, so the web must be spun with elaborate persistence and subtlety. After an outburst of violence, she may attempt to run away. He must then lure her back with pleas of remorse, tearful apologies and promises that it will never happen again, often underscored with “appeals to loyalty and compassion.” Herman goes on with her analysis: “For a moment, the balance of power in the relationship appears to be reversed, as the batterer does everything in his power to win [the] victim. The intensity of his possessive attention is unchanged...” (1997:79). Herman argues that this “reconciliation” process is an essential “step in breaking down the psychological resistance of the battered woman” (1977:79).

Another feature of the domination strategy is isolating the victim from anyone or anything that is not in his control. Preventing communication with the world outside the abusive relationship is usually implemented gradually. At first, it may be surveillance of mail, eavesdropping on conversations and monitoring movement, but gradually the noose tightens. The batterer increasingly accuses his victim of infidelity and demands she “prove” her loyalty to him by cutting herself off from her network of social support (her family, friends, etc.), sources of income, etc. Herman quotes one victim: “Everything was mild and gradual, one small step, and then another ... I didn’t see the pattern until much later” (1997:80).

¹⁰ In this section we quote Judith Herman at some length because her description of the domination process is so rich and, at the same time, concise that it seems the most efficient presentation of this material to let Herman speak for herself.

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Often, another step in the process is for the perpetrator to attack the victim's attachments. Whatever she loves and cares about is seen as competition for her total subjugation to him. Little mementos that symbolize that the victim had a life outside the relationship, such as pictures of friends and family, or a piece of jewelry given to her from an old friend can become the target of the abuser's constricting web of vigilance. "Destroy them to prove you love me," he will say. Even religious or cultural symbols, such as a holy book or an eagle feather given to the victim by an Elder can be threatening because they remind the victim that she has connections and attachments outside the web of domination.

The woman who becomes emotionally involved with a batterer initially interprets his possessive attention as a sign of passionate love. She may at first feel flattered and comforted by his intense interest in every aspect of her life. As he becomes more domineering, she may minimize or excuse his behaviour, not only because she fears him, but also because she cares for him. In order to resist developing the emotional dependence of a hostage, she will have to come to a new and independent view of her situation, in active contradiction to the belief system of her abuser. Not only will she have to avoid developing empathy for her abuser, but she will also have to suppress the affection she already feels. She will have to do this in spite of the batterer's persuasive arguments that just one more sacrifice, one more proof of her love, will end the violence and save the relationship. Since most women derive pride and self-esteem from their capacity to sustain relationships, the batterer is often able to entrap his victim by appealing to her most cherished values. It is not surprising, therefore, that battered women are often persuaded to return after trying to flee from their abusers (Herman, 1997:82-83).

The final stage in the domination process is the total surrender of the victim to the abuser. By total surrender we mean that the victim has truly been "broken." Her sense of identity, of boundaries between herself and the abuser, of self-worth, her dreams, hopes and preferences, even her fears and desperate longings have all been sacrificed. The lowest rung of this ladder is when the victim sacrifices her moral principles and betrays the people she loves the most.

Many battered women describe being coerced into sexual practices that they find immoral or disgusting; others describe being pressured to lie, to cover up for their mate's dishonesty, or even to participate in illegal activities. The violation of relationship often involves the sacrifice of children. Men who batter their wives are also likely to abuse their children eventually ... even the most outrageous physical or sexual abuse of the children is borne in silence (Herman, 1997:85).

When this point is reached, the domination is complete. There is nothing left but death. Although the focus in this section has been on the abuse of a woman by her male partner (because it is by far the most common form of abuse), the patterns described are also carried out against children, elders, the handicapped and occasionally against adult male victims. The intention was to paint a graphic close-up picture of the patterns and characteristics of abuse, no matter who the victim may be.

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E. The Impacts of Abuse

In a previous section on theories and models, there is a description of the now classic, dysfunctional family systems mobile demonstrates that, among other things, if anything happens to one of the members of the system, it impacts all the other members and disturbs the equilibrium of the whole system. In this final section of Part I, it will discuss the impacts of family violence and abuse not only on the victims, but also on children who live with violence and abuse, on the strength and well-being of families and on the well-being of Aboriginal communities and nations.

1. *Impact on the Victims*

Addressing the issue of family violence in Inuit communities, Louise Mallioux makes the following graphic comment:

Few people who have not experienced violence can understand the pain of being slapped, punched, kicked, burned, shoved, bitten, physically or sexually assaulted, forced to surrender a pay, pension or welfare cheque, threatened with a razor, a knife, a rifle and having no one to turn to because of the shame, the degradation, the hopelessness and the isolation. People who have not experienced violence cannot really fathom the emotional pain of being routinely insulted, screamed at or called bitch, slut, useless piece of meat and worse. Yet, this is the reality for many women ...

The cost of violence is felt primarily by the recipient of that violence, the person at the big end of the stick, the person lying on the floor pleading or flying against the wall. It is not possible to put a price on that pain, the mental exhaustion, the crushed spirit, the loss of self-esteem, the dreams that can't be dreamed anymore, or the nightmares you can't wake up from (2000:19).

It is impossible to generalize the impacts of abuse on victims of family violence and abuse in Aboriginal communities. If the victim is a woman and her abuser is her partner in an intimate relationship, her degree of vulnerability to experiencing severe trauma depends on a number of critical factors. What was the nature of the abuse she experienced? How long did it last? How severe did it become? What sorts of inner resources or handicaps did the victim bring to the relationship? Had she already been traumatized by violence and abuse as a child? Did she witness violence as a child and experience traumatic, even neuro-biological impacts? Was she totally isolated and psychologically broken by her abuser?

Similarly, if the victim is an elder, what sorts of abuse was she made to endure? What was its nature? How severe and long-lasting was it?

In the case of violence and other forms of abuse on child victims, another set of critical questions comes into play, such as: How old was the child when the abuse began? How long did it last? What types of abuse did she experience?

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Questions such as these reveal something of the layered complexity involved in understanding the impact of abuse on victims. There are really three primary categories of information that need to be assessed: (1) past history and present circumstances of the victim, (2) the nature and extent of the abuse, and (3) reactions and responses to the abuse by others. What is learned in each of these three categories will help to predict (at least to some extent) and explain the levels of traumatization the victim experiences.

a. Past history and present circumstances of the victim

What was the degree of vulnerability or resilience that the victim carried into the abuse? An adult who experienced prolonged, repeated trauma as a child or younger person will very likely be living with some form of post-traumatic stress disorder. Herman (1997) describes such a person as having lost her sense of self. Her identity eludes her. She feels uncertain about her capacity to influence or change her circumstances.

If she was severely traumatized, she will likely be hyper-vigilant, anxious and agitated (Herman, 1997). She will also likely be unable to form or maintain intimate relationships. She may feel utterly alone, abandoned, cast out and desperately in need of love, which would make her very susceptible to manipulation by a self-centered abusive partner.

What is the degree of social connectedness and support the victim had going into the abuse? Is she part of a rich network of friends and potential helpers? Are her extended family and community likely to notice if she is showing signs of abuse? Are they likely to care enough to intervene or to have the power and the means to do so?

Did the victim enter the abusive relationship with a well-developed sense of self and a strong sense of agency that is a will to act? Does the victim have spiritual beliefs that would help to sustain her through hard times, and that would continuously affirm her value and worth as a human being?

How would the victim's culture and community norms influence her experience of abuse? Would she tend to "see" the abuse as a violation of decent human behaviour, and as a sign that she should reach out for help to her family and community? Or would she "see" the abuse as "normal" and experience herself as being utterly alone and abandoned, with no one to turn to for help? (Abadian, 1999).

These sorts of questions are equally relevant for children experiencing abuse, but for them the following additional considerations come into play: How old is the child? What critical developmental periods coincided with the period of the abuse? Did the child have a significant adult to turn to who was safe, consistently present and unconditionally loving? Was the abuse disclosed? Was the disclosure believed and acted upon? Was the victim "punished" or retaliated against in some way for "telling"? Did anyone know about the abuse, but looked the other way, allowing it to continue? Was that person a primary caretaker?

Herman's (1997) extensive review of the research literature on trauma reveals these primary characteristics of individuals who are resilient to the impact of traumatic events and processes. They: (a) are personalities with a high degree of "sociability" characterized by an unusual ability to make connections with other

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people and to communicate with them; (b) have a tendency to cope with crises and difficulties by actively seeking concrete solutions; and (c) possess a strong internal locus of control, that is, a sense of being able to affect one's own destiny.

During stressful events, highly resilient people are able to make use of any opportunity for purposeful action in concert with others, while ordinary people are more easily paralyzed or isolated by terror. The capacity to preserve social connection and active coping strategies, even in the face of extremity, seems to protect people to some degree against the later development of post-traumatic syndromes (1997:58).

In general, it is safe to say that no two people will have exactly the same response to traumatic events. Some one in ten are unusually resilient, but most people experience very similar responses, depending on the nature and severity of the traumatic event or process.

b. The nature and extent of the abuse

From the foregoing discussion, it is clear that a broad range of possibilities need to be considered when attempting to gauge the impact of family violence and abuse. Some of these critical elements are as follows:

Type of Abuse - While verbal, emotional and psychological abuse can be degrading, dehumanizing and demoralizing, physical violence can cause bodily injury, can greatly intensify terror and can cause "collateral damage" in children witnessing the violence. If sexual abuse is added to the picture, post-traumatic stress is likely to be more severe (especially in female victims). Herman points out that rape victims have the highest levels of post-traumatic stress compared to victims of all other crimes. She points out that this is not surprising, because rape involves "the physical, psychological, and moral violation of the person" (1997:57). This finding is supported by the work of many other researchers, including Rothbaum, Foa, Murdoch and Wasch (1992) and Norris (1992).

If the abuse progressed to involve a complex regimen of horrors calculated to control, and eventually breaks the will of the victim (including violence and sexual abuse, but also including intense psychological and emotional violation, isolation, virtual captivity and even torture), the resulting trauma is likely to be more severe.

If the victim is a child or a young person who is powerless to stop the abuse and also powerless to leave the abusive situation, or if the abuser is a parent the child loves or someone the child must depend on for daily survival needs, the stress and confusion created by this conflict can be severely debilitating, especially if the child is made to live in fear for a prolonged period of time (Perry, 2001; Teicher, 2002). In summary, "[t]he most powerful determinant of psychological harm is the character of the traumatic event [or process] itself" (Herman, 1997:57).

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Duration and severity – There is a “simple, direct relationship” between the severity of the traumatic episode, its duration and the resulting psychological damage the victim is likely to experience (1997:57). It is also known that *domestic violence is a progressive disease*. The cycle of violence and abuse followed by a honeymoon period and building up again to another violent episode tends to speed up until the honeymoon and tension-building phases disappear, and all that remains is violence and abuse.¹¹

In short, the longer a pattern of family violence and abuse is allowed to continue, the more severe it is likely to become and, therefore, the more harm is likely to be done to everyone who is impacted (victims, children in the home, the family unit, etc.).

c. The response to the abuse by others

It is not only the traumatic episodes that victims experience that cause harm. A person who is traumatized makes a psychological response (mostly depending on the severity and duration of the trauma) which can continue for years, and which can worsen over time.

The essential core experience of traumatization is: (a) being totally overwhelmed and powerless in the face of the source of the trauma (disempowerment), and (b) being utterly alone, unsupported and disconnected from other people, who (it seems) are themselves either powerless to help the victim or else who have simply abandoned the victim to her fate. The net result is a loss of “trust, autonomy, initiative, competence, identity and intimacy” (Herman, 1997:133).

The following questions and comments illustrate the importance of response to abuse in influencing traumatic impact:

1. How long did the abuse continue before others responded with some type of intervention or assistance? It has already been shown that the longer the duration of abuse the more severe the impact.
2. Was the victim made safe from further abuse once the abuse was disclosed or discovered? Since trust has been shattered within the psychology of many abuse victims, the restoration of safety and trust is a key first step in stopping the progress of post-traumatic stress symptoms. In general, the earlier the intervention, the shorter and the less severe are the symptoms of trauma.
3. Did the victim attempt to disclose the abuse, only to have her attempt disbelieved, doubted, denied, covered up or even punished? Was the abuse allowed to continue after she reached out for help? If this is the case, the likelihood of more severe traumatic symptoms is considerably increased, because the failure to stop the abuse when she made an effort to do so is likely to further undermine the victim's sense of capacity, agency, autonomy, identity and connectedness to other people, and probably also result in a deepening of despair and the inclination to surrender to the total domination of the abuser.

¹¹ Their observation was recorded in field notes from a meeting with “Warriors against Violence” and “Change of Seasons,” two Aboriginal programs located in and near Vancouver and focused on men who abuse their partners.

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Trauma

The impact of abuse in individual victims is fundamentally varying degrees of post-traumatic stress disorder. To review, we have explained that the core experience of trauma is being overpowered and rendered helpless.

When neither resistance nor escape is possible, the human system of self-defense becomes overwhelmed and disorganized. Each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over. Traumatic events produce profound and lasting changes ... (Herman, 1997:34).

The general symptoms of trauma are found in victims of disasters, survivors of torture, war veterans, concentration camp victims, civilian survivors of natural disasters, invasions and massacres, and the victims of family violence and abuse. Kai Erikson lists the now familiar symptoms as “a numbness of spirit, a susceptibility to anxiety, rage and depression, a sense of helplessness, an inability to concentrate, a loss of various motor skills, a heightened apprehension about the physical and social environment, a preoccupation with death, a retreat into dependency, and a general loss of ego functions” (1994:21).

The American Psychiatric Association (1987) defines three distinct dimensions of post-traumatic stress disorder:

1. *Hyper arousal* is a state of permanent high alert, as if danger may strike at any moment. This condition was documented in “shell shocked” war veterans of WWII (Kardiner and Spiegel, 1947). The startled reactions, nightmares, flashbacks, vigilance (expecting danger), irritability and seemingly unpredictable and sometimes explosive anger are all symptoms found in traumatized battle veterans, but they are also symptoms found in the victims of severe domestic violence and abuse (Herman, 1997).
2. *Intrusion* is the breaking into everyday life and consciousness by memories, fragments and impressions from past trauma. Through flashbacks in waking hours and nightmares while sleeping, the trauma *intrudes* into the survivor’s life, forcing her to relive the horror of the trauma over and over. Herman explains that traumatic memories are often not the same as normal memories. Normal memories are recalled like a *story*, a progressive narrative that unfolds within a recognizable context and leads to outcomes that make some sense in the storyteller’s experience. Traumatic memories are often wordless, frozen images, disconnected from the flow of life. They are imprinted images of horror that carry with them inexplicable strong feelings of rage, betrayal, disbelief, helplessness or despair. The trauma is encoded in memory, but this memory is somehow disconnected from the normal memory that recalls the flow of everyday life. Like a disembodied ghost, it presents the victim with the horrific images and feelings of the abuse over and over again. This type of memory is “dismembered” from the body-mind experience of the victim, like an arm or hand that appears floating in space and disappears again, leaving terror or deep confusion in its wake. In fact, this type of memory is thought to be much like the pre-verbal consciousness of a very young child.

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Bessel van der Kolk (1988) and Judith Herman (1997) suggest that when the central nervous system is aroused by traumatic events, “the linguistic encoding of memory is inactivated, and the central nervous system reverts to the sensory and iconic forms of memory that predominate in early life” (Herman, 1997:39).

Intrusion sometimes involves reenactment of aspects of the traumatic experience. This can take the form of fantasies that seek to restage the events with less traumatic outcomes or, especially in child victims, in unconscious reenactment through play or in real-life situations.

As will be discussed in subsequent sections, an important part of healing from trauma involves re-integration of trauma memories of what happened into a verbal narrative format that allows it to become part of the victim’s life story and, thereby, creates a psychological platform from which the victim can gradually process the feelings that accompany the trauma, understand what has happened and eventually reconnect with the process of her own life.

3. *Constriction* is essentially a form of psychological escape from a situation in which a person is totally helpless and unable to protect oneself. It is a psychological mechanism that allows the person to dissociate, to black out or to remove oneself from one’s own body and float away. Herman describes this state as a:

... detached calm, in which terror, rage, and pain dissolve. Events continue to register in awareness, but it is as though these events have been disconnected from their ordinary meanings. Perceptions may be numbed or distorted ... The person may feel as though the event is not happening to her ... These perceptual changes combine with a feeling of indifference, emotional detachment, and profound passivity in which the person relinquishes all initiative and struggle (1997:42-3).

In domestic abuse, this “constriction” of the self (i.e., making oneself very small) can occur gradually and in varying degrees, but its endpoint is total surrender to the abuser and psychological flight from the reality of what is really happening. Dissociation at the time of the trauma seems to be the most certain predictor of chronic post-traumatic stress disorder, probably because the victim will have a much harder time integrating the traumatic experience into normal consciousness (Abadian, 1999).

In its milder forms, people constrict their lives by walling themselves off from possible risk through such strategies as emotional numbing, refusing to plan for the future or cocooning (hiding out within the confines of a normal and unimaginative routine and avoiding contact with anything or anyone outside that “cocoon”).

Abadian points out that intrusion and constriction are sometimes involved in a “dialectical duet.” Because of the unconscious intrusion of unprocessed traumatic memories, some survivors who are normally constricted engage in abnormal risk-taking behaviour as they subconsciously reenact parts of the trauma experience in order to “integrate, incorporate and make meaning out of it” (1999:107).

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Breach of trust and disconnection

Many people who have been abused and traumatized, especially if the trauma was severe or long-lasting, feel violated and betrayed by their family, their community, their God and even themselves. “How could this have happened to me? Why couldn’t I have stopped it? Where were my protectors (parents, police, authority structure, God) when I needed them?” (Abadian, 1999:108).

Kai Erikson describes this breakdown in the ability to trust in his study of communities traumatized by severe disasters. There emerges,

...an understanding that the laws by which the natural world has been governed as well as the decencies by which the human world has always been governed are now suspended – or never were active to begin with. And in that sense they may be said to have experienced not only (a) a changed sense of self and (b) a changed way of relating to others but (c) a changed worldview altogether (1994:240-241).

In this cold new world, “human institutions cannot be relied on” (1994:38). Nor can previously relied upon spiritual powers and realities be trusted (if they even exist). The trauma survivor feels utterly alone, unprotected and uncared for in a terrible and dangerous world.

2. Impacts on Children

a. Children as victims

If children are the victims of violence or some other form of abuse, they are as likely to be traumatized and to experience PTSD symptoms as any other victims. If a child or young person has been sexually abused or is still being abused, they may, in addition to common PTSD symptoms, display many of the following symptoms and indicators listed in Table 2 (Bopp and Bopp, 1997a:40).

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Table 2 - Symptoms and Indicators

<p>a. Physical Symptoms</p> <ul style="list-style-type: none"> • venereal disease • pregnancy • frequent sore throats • choking or difficulty swallowing • frequent headaches and/or stomach aches, frequent exaggeration of minor illness • menstruation difficulties • sudden weight loss or weight gain • experiencing the body as numb • wearing many layers of clothes day and night • very frequent masturbation • poor posture • unkempt appearance <p>b. Emotional Symptoms</p> <ul style="list-style-type: none"> • anger • unprovoked hostility or defiance • helplessness; fear of going home, of going to bed, of the dark, of closed rooms, of bathrooms, showers or rooms with only one entrance, of physical contact, of being left alone (especially with certain people) • unprovoked crying • depression • mistrustfulness 	<p>c. Social Symptoms</p> <ul style="list-style-type: none"> • refuses or begs not to stay at home with certain people • regression to earlier age behaviour such as bed wetting, baby talk or thumb sucking • strong need to know what is happening next • constant “good” behaviour, trying to be perfect, extreme obedience • frequent lies • very controlling behaviour • will not accept blame for even minor problems • blames or criticizes others severely • sleep problems, night terrors • has trouble relating to others of the same age • sexually abusing of others • alcohol and drug abuse • suicide attempts • binge eating or refusing to eat • high risk taking • getting into trouble for no reason • theft, arson • destroying toys or other things • cruelty to animals • running away from home <p>d. School-Related Symptoms</p> <ul style="list-style-type: none"> • difficulties with school • poor concentration • pretending to be dumb • difficulty in self-expression • super achiever rapid change in school performance, usually from good to bad
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An estimated 45% to 70% of children living in abusive situations are likely to be physically or sexually abused (Bodnarchuk, 1999). As well, children living with an abused mother are twelve to fourteen times at greater risk of being abused by their mother’s partner (McCloskey, Figuerdo and Koss, 1995).

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Although the abuse of children within families is commonplace in many Aboriginal communities and stands alone as a serious social problem, unfortunately, the impact of family violence and abuse on Aboriginal children is much more insidious and widespread than was previously understood. Not only are children who have been abused impacted, but also, research is now indicating that children who witness violence and abuse and children who live in a fear-generating atmosphere of chaos and impending violence and abuse can be severely traumatized and are even in danger of having their brain development permanently altered.

b. Collateral damage

The impacts of witnessing family violence or living in a state of fear and apprehension of violence and abuse are similar in many ways to the responses to trauma described in an earlier section. Dr. Peter Jaffe (2002)¹² makes the following critical observations:

- a) if a child witnesses violence, there most likely will be an impact;
- b) it is not unusual that this impact includes symptoms that parallel or imitate the typical cluster of post-traumatic stress symptoms; and
- c) symptoms of exposure to violence are virtually indistinguishable from symptoms of children who have been directly abused. In effect, exposure to violence is a form of emotional and psychological child abuse.

Researchers do argue that a child's resilience or vulnerability to extreme traumatization as a result of exposure is affected by such factors as the child's developmental level, the severity and duration of exposure, physical proximity to abusive incidences, and the child's emotional dependency and attachment to the victim (Margolin, 1998). These findings are consistent with the general literature on resilience and trauma, which also stresses the impact of personality characteristics, such as high sociability, a task-oriented problem solving style, and a high sense of locus of control (Herman, 1997; Gibbs, 1989).

More recent work points strongly to the idea that while there may be some variations in impact, it is almost universally true that children witnessing violence or exposed to persisting fear are not only likely to be traumatized, but are at serious risk for harmful impacts to the development of normal brain functions (Perry, 2001, 1997; de Waal, 2000; Kraemer, Herbert, Lake and McKinney, 1984; Ferris, 1996; Teicher, 2002). Teicher explains:

Because childhood abuse occurs during the critical formative time when the brain is being physically sculpted by experience, the impact of severe stress can leave an indelible imprint on its structure and function. Such abuse, it seems, induces a cascade of molecular and neurobiological effects that irreversibly alter neural development (2002:68-69).

¹² These observations were recorded at a conference presentation given by Dr. Peter Jaffe in Ottawa in March 2002 on Aboriginal Family Violence.

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Perry further elaborates by introducing the concept of “use-dependent” brain development. Put simply, the more the developing brain is used in certain ways, the more likely it is to *build in* that use pattern as a permanent feature of brain structure and functioning.

The more someone practices the piano, the more the motor-vestibular neural systems involved in that behaviour become “engrained”. The more someone is exposed to a second language, the more neurobiological networks allowing that language to be perceived and spoken will modify. **And the more threat-related neural systems are activated during development, the more they will become “built-in”** (2001:5, emphasis added).

This insight is key to understanding why researchers are now insisting that children who are exposed to chronic violence are likely to develop a “persistent fear response” (Perry, 1997). This response tends to differ in males and females, but what this means is that they will live in a semi-permanent state of fear, brought about by how the brain has developed in response to the environment within which they were raised.

While the neurobiology involved in this problem is fairly complex, the following explanation provides a basic picture of what happens. In normal brain development, “the brain develops functions and capacities that reflect the patterned repetitive experiences of childhood” (Perry, n.d.:5).

1. The human brain is organized into four general areas; brainstem, midbrain, limbic and cortical regions.
2. The most simple of these is the brainstem (fewest cells, lowest functioning). The most complex is the cortex or cortical area (most cells, highest functioning).
3. Child brain development moves from the most simple (for example, regulation of heartbeat, body temperature) to the most complex (abstract thinking) as the child ages.
4. This development happens in a “use-dependent” pattern. The more certain neural systems are activated, the more the brain will build in this neural state. The brain creates internal “representations” of the external world it perceives through repeated experiences. This is the fundamental mechanism through which learning and memory occurs (Perry, 1997).
5. Normally, the capacity to moderate frustration, impulse, aggression and violent behaviour develops as a child ages. “A frustrated three year old (with a relatively unorganized cortex) will have a difficult time modulating the reactive, brainstem mediated state of arousal and will scream, kick, bite, throw and hit” (Perry, n.d.:5). An older child (with a more developed cortex) may feel like screaming or hitting, but has a “built-in” governor that modulates this response, allowing him to inhibit anti-social urges.
6. If a person loses cortical function (through injury, alcohol or drug abuse, stroke, etc.), he may “regress” to a more impulsive and aggressive response.

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7. If a child is exposed to persistent threat, trauma and abuse patterns, especially during key developmental windows for the child's brain development, the brain may respond by building in a permanent fear-arousal brain state.

In effect, this child's brain will tend to respond to the world as if it presents a continuous threat. Brainstem response patterns will dominate, and this person will be unable to use cortical functions (such as rational thought, reason) to regulate and modulate the perception of threat, frustration, impulse, anger, violence or dissociation. If a "persistent fear" pattern is established when the child is very young, the result may be the opposite of hyper-arousal and aggression. Because the very young child cannot fight or flee, she may simply retreat into her own psychological world. The resultant behaviour is non-reactivity, passivity and compliance. Such people are seen by others to be numb, robotic, "day dreaming" or "not there." An adult with these tendencies will seem to "switch off" when she feels threatened. In fact, many children and adults who have been traumatized will use a combination of both arousal and dissociation as coping strategies.

8. The degree to which a persistent fear state will dominate all other brain functions depends on many factors, including how severe and long-lasting childhood exposure to violence and trauma was, when it happened in relation to the child's development path, and the presence (or lack) of other mitigating factors, such as a loving and stable mother.
9. The "persistent fear" state (Perry, 2001) can come about as much from chronic neglect as from excess exposure to violence. The impact of persistent neglect on very young children was first studied by Harlow, Harlow and Snomi (1971) in the now-famous experiments involving the separation of baby rhesus monkeys from their mothers for the human child equivalent of their first two years of life. Depending on the degree of isolation and neglect, monkeys raised in this way had learning disabilities and severe social disturbances that amounted to "devastating and permanent changes in psycho-social behaviour" (Ferris, 1996:24). Behaviours that were recorded included: self-mutilation, impulsive, aggressive and even reckless social behaviour, an inability to communicate with peers, and a tendency to "lash out" indiscriminately at other monkeys, including infants. Females refused to mate and, if artificially impregnated, the mother refused to care for their children, and would sometimes attack and even kill them (1996:24).

More recent work by Gary Kraemer at the University of Wisconsin, found that when adult monkeys that had been raised normally (i.e., by their mothers) received low doses of amphetamine, there was no response, but when monkeys raised in isolation and neglect were given the same doses, they "went wild" (Kraemer, Herbert, Lake and McKinney, 1984), attacking and killing others in the group. Ferris points out that the possible parallels with findings in human research of this work are not comforting. Abused and neglected children tend to grow up to be angry, frustrated, confused, impulsive, even violent adults. As in the case of the rhesus monkeys on drugs, it often occurs that seemingly "normal," quiet people, with a childhood history of exposure to violence or neglect, will suddenly erupt into violent and dangerous behaviour while under the influence of drugs or alcohol. Dr. Bruce Perry (1997) is clear that neglect can lead to "affective blindness" (the inability to feel emotions) and also the lack of capability to feel attachment to other people. He argues that there are factors that "predispose" a child to grow up to become a violent and dangerous adult.

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10. The majority of children exposed to violence and neglect and traumatized by childhood experiences do not become violent (Bellmore and Quinsey, 1994). The most influential factor in determining if potentially violent people actually become violent is the belief system in which they live.

Belief systems, in the final analysis, are the major contributors to violence. Racism sexism, misogyny, children as property, idealism of violent “heroes”, cultural tolerance of child maltreatment ... all unleash, facilitate, encourage and grow violent individuals (Perry, 1997:134).

In summary, the potential “collateral” impact of family violence and abuse on children are as follows:

- a) they are almost certainly likely to be traumatized and to suffer the symptoms of post-traumatic stress for many years after the abuse has stopped, and possibly for life;
- b) they are also at risk for serious alteration of normal brain development that could leave them emotionally, cognitively and socially impaired, as traumatized brain states become built-in brain traits (Perry, 2001);
- c) the brain alteration that takes place may well leave them at high risk for future violent behaviour; and
- d) these results are all possible, but whether or not they occur depend on many other factors, including the values and belief systems taught and practiced by family and community, the child’s personality and characteristics, and the nature, severity and duration of the abuse or neglect the child experienced.

Certainly, these findings highlight an enormous gap in the usual responses made to family violence and abuse, which mainly focus on the victims and abusers, and do not focus on intervention for children living with violence and abuse.

3. Impact on Families

The concept of “family” within Aboriginal cultures extends well beyond the nuclear family and single household to include a network of brothers, sisters, aunts, uncles, parents, grandparents, nieces and nephews. Depending on the culture and community, an extended family may be linked to a traditional clan system, and its boundaries may be clearly defined by lineage and tradition or, alternatively, traditional kinship relationships may have been blurred or even completely lost in the trauma of historical experience. While it is safe to say that the single-generation, single-family household is perhaps more prevalent in most Aboriginal contexts than it may have been several generations ago, it is also true that there are important profound cultural differences that distinguish Aboriginal family life from life in non-Aboriginal families in Canada. For purposes of this study, the most significant of these characteristics is the tendency of relatives within an extended family to think and behave much more like an inter-related system (as in the family mobile), than as separate and disconnected parts.

When violence and abuse is introduced into the Aboriginal family systems, there is a much higher probability that many more people will be impacted than in a case of domestic abuse in a non-Aboriginal family because of the Aboriginal family systems highly interconnected social nature).

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The following is a brief summary of the types of impact Aboriginal families may incur when family violence and abuse patterns arise:

- a) most family members will soon know that the abuse is occurring;
- b) family response to the abuse will depend on many factors, such as the previous abuse history of the family, the nature of the current abuse, levels of wellness of individual family members, and the strength of the family system in terms of mutual support, nurturing and caring for one another;
- c) if the family is united, relatively free of addictions and abuse patterns and has a strong sense of mutual support, it is likely that family members will try to intervene to stop the abuse;
- d) if the extended family has low levels of wellness and weak bonds of mutual support or if violence and abuse have become the norm within the households of the extended family, it is probable that family members will tend to “look the other way,” and may even try to prevent the victim(s) from disclosing the abuse because it will “hurt” the family. This is the typical strategy employed by networks of abusers in many Aboriginal communities. When this response occurs, the trauma experienced by victims of violence and abuse deepens as the reality of just how alone and abandoned they really are sinks in;
- e) it is very possible that abuse in one household will also spread to other households in the family. For example, this may occur when female family members begin to protect the abuser, and they are threatened and silenced by their partners who feel duty-bound by family ties to protect their abusive relative. A sexual abuser may abuse his own spouse and children and also the children of his siblings in other households, as his sickness deepens; and
- f) because children who are abused or who witness violence and abuse are at high risk of becoming violent and abusive themselves, the teenage or adult children from an abusive family are very likely to abuse their cousins, nieces and nephews in other households where intimacy is made possible by access. As well, these children are likely to establish households where violence and abuse is the norm, and through which the cycle of intergenerational trauma and abuse continues.

In Summary

Family violence and abuse is like an aggressive cancer. It is progressive (it gets worse and worse over time), it is deadly unless it is stopped and is very difficult to achieve a cure. Like cancer, domestic abuse tends to metastasize to other parts of the family system unless it is detected early and aggressively cut out or otherwise treated.

4. Impact on Aboriginal Communities

Aboriginal communities and nations share many of the same characteristics as the families within them; particularly, a shared sense of identity and interconnection. Part III of this report will focus on Aboriginal community conditions and dynamics that act as determining and enabling factors, which ultimately contribute to an emerging *culture of violence* in some Aboriginal communities. This “culture” is incubated, to a large extent, in the terror and trauma of family violence and abuse.

This final section of Part I focuses briefly on the *impact* that domestic violence and abuse has on Aboriginal communities. In our view, the primary impact of family violence and abuse in Aboriginal communities is the metastasizing of violence into community life, and the gradual generation of a

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“culture of violence.” The term “culture of violence” means that the lived patterns of human interactions, as well as the belief and values that support them, are infused with violence to such a degree that violence has become a distinguishing characteristic of community life. The following remarks support or expand this perspective:

- a. widespread family violence and abuse in Aboriginal communities has, since the days of residential school, passed through at least three and sometimes four generations in which chronic abuse and violence has been allowed to flourish and spread. This means that for multiple generations, children have been raised who were “incubated in terror” (Perry, 2001), or at least in persistent fear, unease and intermittent trauma;
- b. children who are raised with violence and abuse are much more inclined to become violent and abusive as youth and adults. This, in fact, seems to be surfacing with alarming rapidity in some Aboriginal communities. Increasingly, significant proportions of whole generations, particularly young men, appear to be caught up in a rising tide of community violence; and
- c. this apparent predisposition to violence is further aggravated and nurtured through such factors as the following:
 - i. the “normalization” of violence throughout the adaptation of values and beliefs, which encourage violence and abuse such as sexism, misogamy, racism and the “dog-eat-dog” mentality of criminal sub-cultures through popular entertainment, media and prevailing community attitudes and behaviours;
 - ii. the foster care transfer of native children and youth to cities and towns where significant numbers are exposed to youth crime, criminal gangs and the nature of violence and abuse that flourishes in those sub-cultures;
 - iii. the disproportionate incarceration of young Aboriginal men who learn to identify with the belief systems and values of prison gangs and criminal networks, which are then taken back to Aboriginal communities;
 - iv. the continuation of persistent alcohol and drug abuse; and
 - v. the lack of capacity of many Aboriginal communities to effectively respond to these emerging patterns in order to stop them, which, in effect, allows for the uninhibited growth and development of this emerging culture of violence and its normalization within the reality of many Aboriginal communities.

The spread of lateral violence within communities is now becoming a serious concern of Aboriginal leaders (Federation Saskatchewan Indian Nations, 2001). The critical point is that one of the primary sources of this pattern, both in terms of its origins and its perpetuation, is the violence and abuse that occurs in Aboriginal families.

Final Observations

The man who comes before the court on a charge of domestic assault is almost certainly not only guilty of a single incident, but of orchestrating a regime of terror, abuse and domination that has caused enormous post-traumatic stress related damage to his victims, as well as “collateral damage” to the children who have witnessed the abuse. In so doing, this man is contributing to an ever-worsening probability that his community will soon manifest a culture of violence and abuse, if it has not already done so.

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However, this same man, while responsible for his abusive actions and the patterns he perpetuates through them, was shaped by his own childhood experiences. Merely punishing him for wrongdoing will not end the cycle of abuse. Clearly, this man needs healing and so do his family members and victims. Beyond all of them, however, lies a complex set of community dynamics that have allowed this man to become an abuser and to pass on his patterns of abuse to the next generation. The chapter to follow will examine those community dynamics.

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Family violence and abuse in Aboriginal communities is not, as already shown, a phenomenon that takes place only within one or the other households. It is also a social phenomenon that takes the form of a dense web of community characteristics, which in some ways act as contributing causes, and in other ways prop up and enable the emergence of a culture of violence. In its early stages, a culture of violence is primarily covert, hidden within intimate relationships behind closed doors, as well as behind collective denial and collusion. As it worsens, it comes “out of the closet” in many forms, such as lateral violence among young people, political intimidation and an increasingly violent and brutal criminal sub-culture that, if allowed to continue unchecked, subjects significant portions of whole communities to a reign of internalized oppression, brutality and terror.

This chapter will describe what has already been referred to as *the community determinants* of family violence and abuse. These contributing and enabling factors, not only make it possible for domestic abuse to continue, but also make it extremely difficult to stop. The twelve determinants identified here are described as generic conditions and characteristics that tend to exist in many Aboriginal communities with high incidences of family violence and abuse. However, no two community systems are alike. Each community has its own unique cultural foundations, historical experiences, and present social, economic and political realities. And so, while the determinants of family violence and abuse are common across many Aboriginal communities, the ways in which these determinants function and, more importantly, the ways in which they interact and mutually reinforce each other are unique to every particular community system.

Writing about how living systems function, the quantum physicist, Niels Bohr, offers a key insight: “Isolated material particles are abstractions, their properties being definable and observable only through their interactions with other systems” (cited in Korten, 1999:113). The idea that specific elements of a system can be truly understood only by their relationship to the larger whole resonates with traditional ways of knowing, common to many Aboriginal people, which stress the relational and interconnected nature of all life.

Family violence and abuse are like a cancer within the living body of Aboriginal communities. The determinants are the factors (specific dynamics and conditions) that make it possible for that cancer to develop and thrive. These factors need to be well understood *both* as individual dynamics and characteristics that must be transformed, *and* as an interconnected and mutually reinforcing web of factors that act together to change the character of the whole community system.

The analysis, which the following list of determinants is based, reflects the experiences and understanding of hundreds of community leaders, front-line workers and community members working on family violence and abuse, as well as other related healing issues in dozens of Aboriginal communities across Canada (Lane, Bopp, Bopp and Norris, 2002).

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It is also based on Four Worlds' own field experience,¹³ working directly with many communities for over twenty years in support of community healing and development efforts.¹⁴

Generic Determinants of Family Violence and Abuse in Aboriginal Communities

1. *Absence of Consequences and Personal Immunity*

A front-line worker with many years of exposure to families caught up in the cycle of violence and abuse asked the following:

Why is it that the same man who repeatedly violates and physically abuses the woman he lives with because “she made me mad” doesn’t attack or even confront the three-hundred-pound bouncer who threatens to throw him out of the bar or any other man who happens to annoy him? The reason he attacks the woman is because he can. He is physically stronger than she is. The other guys would beat the crap out of him. He knows this, so he doesn’t dare resort to violence, or even open aggression. The man in this example who cannot “manage his anger” at home seems to have no problem managing his anger when he is faced with consequences. In other words, this man is not “out of control.” He is very well in control of himself, and he is making choices.

This example illustrates one of the primary determinants of family violence and abuse; namely, the values and strength of the consequence system that exists in the community. In communities where family violence is common and considered “normal,” a woman who receives a beating from her spouse may be told *by other women*, “you must have done something to deserve it.” In Aboriginal communities, it is very difficult to conceal a pattern of domestic abuse for very long. Families are large and people talk. News soon gets out. The question that must be asked is: “What happens when it becomes common knowledge in the community?”

Do extended family and community members intervene to stop the abuse? Do the elected authorities, mental health workers and child protection workers intervene? Are the police and the courts notified? Are they responsive? Do the men of the community confront the abuser? In short, what consequences do abusers face? Research in the United States confirms that, “men most likely to re-offend [after completing a batterers intervention program] are those that have the least to lose...” (Bennet and Williams, 2001:3,6). In other words, if men stand to lose employment, family, home, status and freedom, they are less likely to re-offend than men who have none of these things to lose, or for whom there is little risk that offending will result in any loss. Consequences do matter.

¹³ Four Worlds International and the Four Worlds Centre for Development Learning have assisted many Aboriginal communities with addictions, violence and abuse issues and, in so doing, have spent thousands of hours in community circles, listening to the people describe what was happening in their communities, and to their analysis of root causes and enabling factors.

¹⁴ See also Part IV of this report for a review of fifteen Aboriginal family violence response programs across Canada.

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Sometimes, members of certain families or factions are granted personal immunity from the consequences of domestic abuse. This can occur for a variety of reasons, all related to the power structures of the community and the abuser's relationship to those in authority. Sometimes, an "old boys" network provides mutual protection for abusers. Sometimes, family ties or political connections prevent those in authority from invoking consequences, especially for certain perpetrators.

This factor has both direct and indirect impacts. Not only are certain sets of victims abandoned to the devices of their abusers, which allows the cycle of abuse to progress unchecked and therefore the severity of intergenerational trauma to deepen, but also the entire community consequence system is weakened. If it becomes the norm "to look the other way" for some favoured individuals, why not relax the response and consequences for others as well?

Once community authorities and institutions fail to respond to incidences of domestic abuse, trust is broken and confidence that the system can and will respond is lost. One indication of this lack of confidence is the relatively low percentage of family violence incidences that are reported to some type of law enforcement or other community agency. For example, the Ontario Native Women's Association (1989) estimated that only one out of thirty-five incidences of Aboriginal family violence are ever reported. (It should be noted here that no national statistics related to this issue are available. Not only is there no centralized agency to collect such information, bits and pieces of which are held by a variety of agencies, but also, in order for something to be counted, it must be reported in some way. While reporting levels may vary from region to region, the experience of Four Worlds in consulting with dozens of Aboriginal communities, is that a figure of one out of thirty-five is a fair indication of the pattern across Canada. The issue for many Aboriginal people still remains, why report abuse if nothing is ever done to stop it?)

In summary, the presence of "personal immunity" from the consequences of family violence can impact the entire climate of acceptance or intolerance for domestic abuse. In other words, *the extent* to which a community is able to put into place a system of formal and informal consequences that abusers are forced to face will determine, in part, the extent and severity of violence and abuse in households across the community.

2. Prevailing Male Beliefs and Attitudes Regarding Women

A previous section presented research findings linking belief systems and violence. Such beliefs as racism (belief in the inferiority of other races), sexism (belief in the inferiority of the opposite gender), misogyny (a hatred of women), idealizing violent heroes, a cultural tolerance for child maltreatment or abuse against women, male privilege, and other beliefs like them, encourage and nurture violence (Perez, 2001; Dodge, Bates and Pettit, 1991; Richters, 1993). The Squamish Nation's program for working with men who are violent cites: "social learning about sex roles" as one of the major contributing factors to domestic violence and abuse (Wood and Kiyoshk, 1992:27-28).

There can be little doubt that one of the factors which determines the presence, extent and nature of domestic violence and abuse is the prevailing belief systems and attitudes in the community, particularly: (a) attitudes and beliefs of men about women and about male privilege, (b) generally accepted beliefs and attitudes related to the treatment of children, and (c) generally accepted norms and attitudes related

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to violence and abuse against women and children, and violence in general. The extent to which family violence and abuse have been “normalized” and taken for granted as “the way it is” creates the psychological and social space within where abuse can flourish.

3. Past History of Domestic Abuse

One of the primary predictors of family violence and abuse is a past history of abuse in a significant number of households. If children grew up witnessing violence and abuse, they are far more likely to be violent themselves or to enter into abusive relationships (Perry, 2001; Herman, 1997). The adult role modeling of an abusive relationship, including the deeply engrained attitudes of both genders toward the other, the ways in which power was used and abused, the methods of insinuating and enforcing control and eventually domination, the ways in which the various phases (battering, honeymoon, tension building) played out, are the elaborate steps and moves in the intimate dance of abuse that become internalized and recycled, generation after generation.

The presence of past abuse in today’s extended family and community systems does not mean that family violence and abuse is inevitable forevermore, but it does mean that much *higher levels of susceptibility* to domestic abuse exist. When combined with other determining factors, such as high levels of alcohol and drug abuse and a community belief system that tolerates or even encourages violence and abuse, the probability of widespread family violence and abuse becomes very high.

4. Levels of Personal and Community Wellness

Most Aboriginal communities have experienced historical trauma and are struggling with such issues as alcohol and drug abuse, family violence (including physical and sexual abuse), youth in crisis, suicide, chronic poverty and welfare dependency. Many communities across the country have responded to these challenges and have become part of an Aboriginal healing movement. There are now approximately one thousand Aboriginal healing programs in First Nations communities and in cities and towns across Canada. In many communities, there are solid core groups of individuals who are working together to support each other in their personal healing journeys, aimed at stopping addictions and abuse, and dealing with the unresolved hurt and grief that underlies most of the critical social problems with which communities are struggling. The ultimate aim of the healing movement, wherever it exists, is to transform family and community relationships, such that the community is filled with balanced healthy people, free from addiction and all forms of abuse and united together in a common effort to promote community well-being and prosperity.

The degree to which individual, family and community healing has taken hold and been able to change community norms and behaviours is also a major determinant. Indicators for assessing this determinant include the following:

- a. levels of alcohol and drug abuse;
- b. levels of children and youth who are exhibiting signs of trauma or who are in crisis;
- c. levels of community trust, social cohesion, unity and cooperation;
- d. levels of gossip and malicious talk;
- e. levels of known family violence and abuse;

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- f. levels of lateral violence;
- g. levels of inter-family conflict;
- h. number of households that are alcohol and drug free;
- i. number of households that have at least one person who is engaged in a healing journey;
- j. number of adults (over twenty-one years of age) involved in healing and willing to identify themselves with community efforts for change;
- k. number of youth involved in healing and change efforts;
- l. number and range of healing and wellness-related activities co-organized by community members;
- m. degree of support for healing from community leaders;
- n. presence of effective public policy and programs aimed at supporting and promoting wellness;
- o. degree to which the community's cultural and spiritual traditions are involved in healing and community development efforts;
- p. number of people actively giving their time and energy (i.e., volunteering) to contribute to community well-being;
- q. number of people involved in productive and useful daily work (contributing members of the community);
- r. the existence of a shared community vision for well-being, prosperity and nation building; the degree of community buy-in for that vision; and the degree to which the community vision supports and responds to the dreams and aspirations of individual community members; and
- s. the level of engagement of ordinary community members (individual participation) in building the future the community wants.

There are, of course, many other useful indicators, but this list provides a general picture of the range of issues and indicators that are involved in assessing a community's level of wellness.¹⁵

What this means is that, within Aboriginal communities, family violence and abuse almost always appears within a larger pattern of wellness issues (particularly addictions) and that an overall worsening or improvement in community levels of wellness tends to impact the levels of family violence and abuse.

5. Professional Support Services

The capacity and orientation of professional and community support services can impact the patterns of family violence and abuse in several ways. For example:

- a. if it is well known that professional helpers (such as counsellors and social workers) are powerless to intervene to stop violence and abuse within families (or certain families) due to the political realities of the community, victims and sympathizers are not likely to turn to those services;
- b. if the likely result of talking to a counsellor is retaliation from the abuser and his supporters for "telling family secrets," many victims will be deterred from seeking such help;

¹⁵ In 1998, Four Worlds first described fourteen determinants of health for Aboriginal communities, based on in-depth consultation with many communities across Canada (Bopp, Bopp and Lane, 1998). This list of indicators draws from that earlier work, input from communities engaged in healing work consulted in our "Mapping the Healing Journey" study (Lane, Bopp, Bopp and Norris, 2002) and from Four Worlds field experience.

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- c. if community professional services are riddled with problems, such as a lack of confidentiality, favouritism toward some families and hostility toward others, low levels of personal wellness among front-line workers, or simple lack of knowledge or experience, and adequate protocols for dealing with victims of violence and abuse, such services are worse than useless to victims because using them will likely result in re-traumatization, abuser retaliation and a tightening of the noose of control;
- d. if there are no accessible services in the community to which victims or their allies might turn, then the isolation so carefully woven by abusers in advanced cases of domination and abuse is automatically reinforced, simply because there is nowhere for victims to go;
- e. if, on the other hand, there is a shelter or safe house in or near the community within which victims can take refuge and well-trained staff who know how to help victims to decompress, feel safe, begin healing and to plan for an alternative life outside the dominion of the abuser, the very presence of such a program seems to increase the likelihood that domestic abuse will be reported; and
- f. if the community has a zero tolerance policy for domestic violence and abuse, a coordinated response system (shelter, counsellors and support for victims, police intervention, court-mandated consequences and healing for abusers) *and* focused support to assist the family to reconcile and heal from the hurts of the past (as in the case of Hollow Water's now well-documented CHCH program) (Bopp and Bopp, 1997; Couture, 2001), the likely result is (i) that a much higher proportion of abuse will be reported, and (ii) that because of the universally applied public consequences of abusive behaviour, the general incidence and severity of abuse is likely to decline.

6. *Community Leadership*

Closely related to many of the determinants thus far listed is the role that leadership plays in either allowing abuse to continue (in which case it will worsen) or in actively stopping it.

In "Mapping the Healing Journey," a national study completed in 2002 documenting lessons learned by Aboriginal communities in Canada about healing from the impacts of residential schools and other trauma, the role of leadership was clearly identified by many communities across the country. In summary, that study found that the "participation and support of political leaders is a critical piece of the healing journey for communities" (Lane, Bopp, Bopp and Norris, 2002:47) because the community governance system and leadership patterns have control over several important prerequisites to healing. The role of leadership is identified in the following list:

- a. leaders seem to have the power (perhaps granted to them by a passive population) to stop healing processes if those processes appear likely to pose a threat (such as shedding light on past or present abuse or corruption);
- b. leaders are carefully watched and they set the tone of approval and encouragement or disapproval and discouragement for healing. Those who are in the early stages of their healing journey are especially vulnerable to influence by leaders;
- c. leaders have the capacity to manage the community's program resources (money, people, energy) well or poorly. The result can be a coordinated and sustainable effort or the dissipation of valuable resources and opportunities; and
- d. there is a fundamental need to plan for healing and development over the long-term. Unless leadership leads in insisting that this comprehensive planning work take place, it is unlikely to happen.

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On the positive side of the ledger, support for healing initiatives “validates the importance of the healing work,” help to “channel resources” and “empower people” to contribute to community healing (Lane, Bopp, Bopp and Norris, 2002:47). Four critical contributions community leaders can make were identified:

- a. role modeling healthy patterns in their personal and professional lives;
- b. visibly supporting community healing initiatives and demonstrating their importance by showing up;
- c. listening to the people and encouraging them when they achieve small successes; and
- d. building opportunities, programs, policies and systems to help people on their healing journey.

The disposition of community leadership toward taking action to stop family violence and abuse and toward healing in general can be a strong factor in determining whether or not domestic abuse can be effectively addressed in any particular community.

7. *Public Policy*

The term “public policy” refers to official and established attitudes, systems, rules, mechanisms and protocols that combine to form the community’s professional response to any particular issue or problem. First Nations communities are organized (politically) according to a modified municipalities model of local government as defined in the Indian Act. Urban Aboriginal people live within their municipality’s framework of policies and programs. These are essentially the same system, but (sometimes) modified slightly on reserves to accommodate “band custom” and local cultural patterns.

If the leadership of a community (i.e., chief and council) decide to support a campaign to end family violence and abuse and the action they take is to pass a band council resolution (BCR) declaring their position, what has thus far happened may or may not change anything in the on-going life of the community.

If, on the other hand, the chief and council direct program managers to develop an integrated strategy across all programs for addressing family violence and abuse, to re-dedicate ten per cent of then-existing program dollars to this joint inter-departmental effort, and to report back to council in thirty days, that would be the beginning of an effective policy and program initiative. Effective public policy contains both a statement of intentions and goals and the dedication of resources to the implementation of a systematic plan that will ensure that the intentions of leaders do, in fact, become part of the on-going work of the public sector (i.e., community programs). The degree to which there is a public policy in place that authorizes and supports the commitment of resources to addressing family violence and abuse will determine, to a large measure, whether or not (or to what extent) that community will have an effective response to family violence and abuse.

8. *Policing and the Justice System*

In general, the Canadian justice system operates *in response* to breaches in the peace, security and good order of communities. Initiatives such as the relatively recent National Crime Prevention Centre, with its community-based programs that emphasize crime prevention through social development, are having

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a modest impact on some Aboriginal communities, particularly when convergence is engineered between crime prevention efforts and community-driven alternative justice approaches (Bopp and Bopp, 1997a; Ellerby and Ellerby, 1998, 2000; Couture, 2001).

Unfortunately, many communities report a very uneasy relationship with the RCMP or other police services, the courts and the community. In relatively recent fieldwork (2002-2003) in Aboriginal communities in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Nova Scotia, the Four Worlds team has continued to encounter a fairly similar pattern. The following lists the types of relationships between the communities and the RCMP or other police services:

- a. police response times in relation to domestic abuse calls are often considerably delayed (even several days in one case), and community trust and confidence in police services varies greatly from community to community;
- b. in places where the police have oriented their style toward a community policing model, which calls for officers to become intimately involved in the on-going life and affairs of the community, the relationship between the community and the police tends to be much more collaborative and confidence levels are higher;
- c. there have been major cutbacks in government spending, which continue to impact many police services. Some RCMP detachments simply do not have enough officers to adequately police the Aboriginal communities to which they have been assigned. These staff shortages make it very difficult, if not impossible, for some police detachments to carry out their policing duties *and* to build effective relationships with the communities they serve; and
- d. there is a long history of racism and abusive behaviour on the part of some police officers that has become part of the background beliefs and expectations of Aboriginal communities toward the RCMP and other police services. Many people simply do not trust the police and will not call them for help.¹⁶

So, for all of these reasons, police services are somewhat handicapped in their ability to respond to family violence and abuse. Indeed, it is sometimes impossible for them to do so unless relationships of cooperation are built between the police and front-line human service workers who are more familiar with the families in crisis and who have regular contact with various family members.

Closely related to the policing issue is the effectiveness of the justice system. In one somewhat isolated Aboriginal community, there were seventeen separate cases in 2000 in which individuals had been charged with physical or sexual abuse within a thirty-day period, and nine such cases in the previous period. Only three of these twenty-six cases were even considered by the court because the complainants in twenty-three cases did not appear to testify. This story illustrates how a combination of community pressure and complete lack of confidence in the justice system creates a situation in which the legal response mechanisms that should be protecting the rights of victims are rendered largely ineffectual. When investigated further, about four months prior to a visit from the Four World's field team, there

¹⁶ In one Aboriginal community (in 2002) police officers went to the elementary school to talk about violence and bullying. A large portion of the children ran away from the schoolyard when they saw the police arrive, for fear they were about to be blamed for something and arrested.

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had been a fairly high profile case in which a woman charged her former common-law spouse with sexual and physical assault. Not only did she lose the case, she was also severely re-traumatized by the treatment she received in court, in which the abuser's defense attorney was able to make it seem as though she was the abuser and had only received what she deserved.

The most effective police and justice response systems are integrated into a comprehensive community response to abuse. The most well-known version of this approach was developed more than a decade ago by the Hollow Water Reserve in Manitoba (Bopp, Bopp and Lane, 1998; Couture, 2001) and has been a model for many communities for how to mount a system-wide response to abuse (Bopp and Bopp, 1997a). Key features of this approach include: (i) a community intervention team that consists of police, child protection and mental health workers, community elders and trained community volunteers; (ii) a process of initial investigation by the team, which works with the victim and her family, as well as the abuser and his family; (iii) a recommendation by the team to charge the abuser if a crime has been committed; (iv) a recommendation to the court about the readiness of the accused to wholeheartedly embrace a process of healing; (v) a determination by the court to place the abuser into the hands of the Community Holistic Circle Healing (CHCH) Program for a rigorous thirteen-stage healing process (or alternatively, to send the abuser to jail); (vi) intensive healing work with the abuser and with the victims over a period of three to five years that is monitored by the court and the CHCH program; and (vii) successful completion of the program, with life-long links for abusers and victims to the CHCH program.

The combined will and power of the community and the justice system places abusers within a very narrow band of choices: either submit to the monitoring and supervision of front-line community workers, admit to your entire life pattern of abuse (specifically naming all the people you have abused) and become engaged fully in the deep healing work needed to get to the roots of abuse or go to jail.

This approach has proven to be remarkably effective, but the movement toward a healthy, abuse-free community has taken almost twenty years, with the greatest incremental improvements in the last five to eight years. In a cost-benefit analysis of this approach, Joe Couture (2001:64-65) identified some of the key outcomes:

- a) CHCH keeps the lid on violence and is teaching other communities to do the same;
- b) a nucleus of healthy people is established and growing;
- c) the community healing program is replacing the "long arm of the law" as a primary deterrent to violence and abuse;
- d) empowerment is taking root and people are speaking up;
- e) the community is much safer; and
- f) very few Hollow Water children are taken into custody care.

The foregoing discussion leads to the conclusion that the policing and justice system, in the form that it takes in non-Aboriginal Canada, is generally inappropriate and ineffective in responding to family violence and abuse in Aboriginal communities. What is needed is a shift toward a comprehensive community justice approach, such as modeled by Hollow Water, or through community policing agreements, such as has been developed and put in place by the Esketemc (Alkali Lake, British Columbia) community, which seeks to integrate policing and many other human service program functions. The

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extent to which policing and approaches to justice are effectively integrated within a larger, more comprehensive community response to family violence, abuse and the need for healing will largely determine the impact these factors (i.e., policing and the courts) will have on the problem of domestic abuse.

9. Poverty and Unemployment

High levels of poverty and unemployment are one of the most reliable predictors of ill health of all kinds (Evans, Barer and Marmor, 1994). There are many factors that result from or are associated with poverty and unemployment, which can contribute to low levels of physical, emotional, spiritual and social health. Some of these include poor nutrition, over-crowded housing (a factor which in and of itself has been shown to aggravate social problems), financial stress within families, psychological stress, (particularly for men related to sex roles) and the lack of useful and meaningful work, leading to idleness and harmful pursuits such as addictions and gambling. Generally speaking, when poverty and unemployment worsen, wellness levels go down and the incidence of family violence and abuse goes up.

10. Community Awareness and Vigilance

The extent to which a community is educated and aware of the signs of domestic abuse and the impacts abuse have on its victims, on child witnesses and, ultimately, on the whole community can directly effect the community willingness to intervene to stop family violence and abuse from occurring. Part of the awareness required is knowledge of legal and human rights accorded to everyone in Canada under the constitution and laws of the land.

Once awareness is raised, a culture of vigilance is needed where each person's safety and well-being is considered a sacred trust of the whole community. The level of personal empowerment required for individual community members to speak out or to report abuse when it is occurring is, at least in part, related to personal wellness levels. Communities that already have a solid core group of individuals who are engaged in a healing journey and committed to supporting others on their journey are much more likely to be able to raise an effective community awareness and response initiative anchored in the community healing movement.

11. Geographical and Social Isolation

The degree to which a community is geographically or socially isolated can either reinforce the isolation and control measures abusers attempt to impose on their victims, or can serve to thwart them. In a worst case scenario, a community with high levels of family violence and abuse (common to many households), where there are few professional or community services to which victims can turn, and possesses a political and social environment that is controlled by a network of abusers and reinforced by codes of secrecy within extended families, such a set of circumstances is extremely difficult to escape. This is especially so for someone with no access to transportation, no phone and no money, and living in a community that is isolated by geographic and/or social distance from neighbouring communities. Unfortunately, this sort of "devil's island" syndrome occurs frequently in Aboriginal Canada.

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The degree to which isolation can be systematically counteracted through the provision of access to resources and escape routes can be a significant factor in determining the frequency and severity of domestic violence and abuse, and the potentiality for success of intervention aimed at stopping the cycle of abuse.

12. Spiritual and Moral Climate

There is no spiritual or moral justification for family violence and abuse within Christianity or in any of the sacred teachings and beliefs of the Aboriginal people in Canada. It has already been shown that domestic abuse was discouraged in the traditional past, and that its continuation was likely to be met with serious consequences (Chester, Robin, Koss, Lopez and Goldman, 1994; Royal Commission on Aboriginal Peoples, 1996). We also know that abuse did occur in the past; otherwise, why were there proscribed sanctions against it?

In “Mapping the Healing Journey” (Lane, Bopp, Bopp and Norris, 2002), one of the primary drivers of the Aboriginal healing movement in Canada was identified as the “renewal of spirituality in general and Indigenous cultural forms of spirituality in particular” (2002:57). In this same document, community voices spoke directly on what healing really is about. It is interesting to note the place that spirituality was given within community thinking.

Squamish – Healing means having a clear mind, having a spiritual way of thinking, believing in the Creator, in yourself and in other people and freedom from rage, anger and hurt. As people are healing, they become more and more functional. Anger, fear and despair gradually leave them and are replaced by feelings of hope, caring for others, compassion, and love. As the grip of negative feelings loosens, people feel less and less paralyzed, and more able to think clearly, to see themselves as effective agents of change in their own lives and more able to take responsibility for their own choices.

Eskasoni – Spirituality is the main foundation ingredient to healing. Religion is not the same thing. We use prayers, sweats, and traditional gatherings – anything to keep the spirit alive... A big part of healing is attaching meaning to past losses and pain. You have to reorient the meaning of past events so it is positive... One size does not fit all. People are different and their healing needs are very different. We differ according to how we were hurt, but also according to gender, age, the type of family we come from, etc.

Hollow Water – Traditionally the elders taught young people about the Teachings, so that by the time they were able to create themselves, they understood something about life and their place within Creation. The influence of the elders and the Teachings were understood to be an obstacle to assimilation by the colonial system and this influence and connection was therefore systematically disrupted and severed. This disruption plays out most fully in the emotional and spiritual life of the people today and is the reason that relationships, sexuality and religion are the areas that seem to be most out of balance today (2002:36-37).

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As communities become stronger on their healing journeys, the influence of spiritual and moral beliefs in everyday life become stronger. Many would argue that it is the strengthening of core spiritual identity and connectedness that gives meaning and power to the healing process. In this way, there is a direct correlation between the strength of a community's spiritual and moral fibre (measured in terms of the extent to which spiritual and moral teachings influence the pattern of everyday life) and the community's capacity to effectively address core-healing issues, including family violence and abuse.

Summary

In this section, twelve key community determinants of family violence and abuse were discussed:

1. absence of consequences and personal immunity;
2. prevailing male beliefs and attitudes regarding women;
3. past history of domestic abuse;
4. levels of personal and community wellness;
5. professional support services;
6. community leadership;
7. public policy;
8. policing and the justice system;
9. poverty and unemployment;
10. community awareness and vigilance;
11. geographical and social isolation; and
12. spiritual and moral climate.

As explained in the introduction to this section, these factors do not usually operate in isolation, but rather as a mutually reinforcing system of factors. Furthermore, no two communities are alike, and so the ways in which these and other factors combine to impact the phenomenon of family violence and abuse, in any particular community, needs to be carefully and thoughtfully mapped. How this analysis can be used to develop a comprehensive intervention strategy aimed at ending family violence and abuse will be discussed in some detail in Part V of this report.

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The previous section of this document described the constellation of determinants *within* Aboriginal communities that contribute to the prevalence and severity of family violence and abuse. There are also many factors *outside* Aboriginal communities that impact on this issue. However, it is not always easy to draw a clear line between these internal and external conditions and forces.

The following examples will help make this point clear. One frequently cited problem impacting the capacity of Aboriginal communities to address family violence is the lack of appropriate programs and services (Canadian Panel on Violence Against Women, 1993; Hylton, 2001). This lack could well result from both “internal” community conditions, such as a lack of trained and capable personnel, other budgetary priorities on the part of community leaders, widespread denial about the problem on the part of community members and leaders, as well as from “external” government practices and policies. These practices and policies result in program initiatives that emphasize certain approaches to the problem that are incompatible with the community’s understanding of effective strategies and that have inflexible funding criteria and program implementation guidelines.

Other factors contributing to family violence and abuse are attitudes that diminish the worth of women, especially Aboriginal women. Sexism and racism are still far too prevalent in Canadian society in general, with “Aboriginal women having been objectified not only as women but also as Indian women” (LaRocque, 1994:73). On the one hand, these attitudes are “external” to Aboriginal communities, in that they exist in a larger society and are reflected in the media. On the other hand, these same attitudes have also been internalized and are expressed within Aboriginal communities as “rage turned inwards” (Dudgeon and Mitchell, 1991) through interpersonal violence, suicide and substance abuse, and are also reflected in the role and treatment of women within the community.

These two examples demonstrate the relationship between factors within Aboriginal communities and those in the larger context within which these communities exist. It is more accurate and helpful to think of “internal” and “external” determinants of family violence and abuse as facets of an inter-related system, rather than as separate forces. This section of the document, which outlines factors outside the direct control of Aboriginal people, will point out these inter-relationships where it is helpful to do so, but will also focus on the areas that require attention from federal and provincial governments, researchers and academics working in the field of family violence.

Three categories of externally driven forces and constraining factors are examined in the following material. They are: (1) present-day government policies and programs; (2) the marginalization of Aboriginal people in society as a whole, and (3) national and global trends in society and mass culture.

A. Present-day Government Policies and Programs

This category of external forces contributing to family violence and abuse in Aboriginal communities is complex and has many dimensions. For ease of discussion, the category has been further divided here into four themes: a) present-day policies and programs have not brought all the right people into the circle for consultation, b) existing programs are too often based on an inadequate understanding of the problem and the lines of action which could prove effective, c) existing programs and services are

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inadequately resourced, and d) the impact of programs and policies on the health and integrity of Aboriginal families and communities. Although there is considerable overlap between some of these themes, this breakdown will make an exploration of the topic more manageable.

1. Present-day Policies and Programs have not brought all the Right People into the Circle for Consultation

The literature on family violence in Aboriginal communities makes frequent reference to a perception that Aboriginal communities and organizations in general, and Aboriginal women and women's organizations in particular, have not consistently been brought to the table as full partners in the development of initiatives designed to address this issue.

La Prairie (1991), for example, argues that national Aboriginal organizations and government have not fully acknowledged the critical importance of input from all segments of the community in a search for viable options for dealing with serious problems. The Canadian Panel on Violence Against Women (1993) maintains that Aboriginal women are particularly excluded. This is so, they argue, because one of the legacies of colonization has been a diminution of status of Aboriginal women, both within their own communities and within society at large. As a result, they are not always given the opportunity to participate fully in consultative processes, research, and program and policy development. For example, although the current emphasis on community-level justice initiatives was a response to complaints that Aboriginal communities were being excluded from justice policy and programming (Scott, 1992), the Canadian Panel on Violence Against Women maintains that this effort has still not taken into account the concerns of Aboriginal women.

The Canadian justice system clearly fails Aboriginal women, and many Aboriginal women have serious concerns about current community justice initiatives. Aboriginal women must receive funding to undertake relevant research and be fully engaged by all government departments working on pilot projects on justice in Aboriginal communities. Policing, by both Aboriginal and non-Aboriginal officers or forces, must be included and immediately addressed (1993:135).

Jubenville (1994) echoes this concern by observing that reforms, which are viewed favourably by many male Aboriginal and non-Aboriginal leaders, may actually exacerbate the intolerable conditions experienced by Aboriginal women (for example, by exposing women to security risks) who have their own perspective of the problem and its most effective solutions. The Canadian Panel on Violence Against Women argues that it is particularly important to include Métis women who are "underrepresented and rarely consulted" (1993:135), as well as elderly women who have their own needs and safety issues.

The under-representation of Aboriginal women in consultative processes related to critical healing and social development issues, however, is only part of the picture. Even more fundamental are the nature and outcomes of the consultative processes that are, by and large, currently being employed. Arnstein (1969) characterized the extent to which the beneficiaries of development initiatives are full partners in the process in terms of a "ladder of participation." This schema describes seven levels of participation

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all the way from “passive participation” (where people participate by being told what is going to happen or has already happened) to “self-mobilization” (in which people participate by taking initiatives independent of external institutions to address their healing and development challenges).

Existing consultative processes sponsored by government departments and agencies, especially related to the development and implementation of programs to address social issues, tend to involve: “participation by information giving” (where people participate by answering questions posed by extractive researchers using questionnaire surveys or similar approaches); “participation by consultation” (where external agents listen to the views of community members, but do not concede any decision-making power to them); or “functional participation” (where people participate by forming working teams to meet predetermined objectives related to a project designed by outsiders).

Aboriginal people have been arguing that what is needed instead is full or “interactive” participation (where all stakeholders participate in joint analysis leading to action plans that clearly stipulate roles and responsibilities, and to the strengthening or formation of local institutions that can provide on-going leadership and manage resources). In this way, primary control for program design and implementation rests with local communities who manage resources within mutually agreed on accountability frameworks, and with the technical support of government agencies and other external helpers.

2. Existing Programs are Too Often Based on an Inadequate Understanding of the Problem and the Lines of Action Which Could Prove Effective

The Royal Commission on Aboriginal Peoples observes that three distinct characteristics distinguish family violence in Aboriginal communities: (1) state interventions designed to disrupt or displace the Aboriginal family (such as residential schooling) continue to impair the healthy functioning of many families; (2) violence within Aboriginal communities and families is sustained by a pervasive racist social environment within Canada; and (3) family violence is affecting whole communities, not just specific individuals and families (RCAP, 1996b).

This understanding of the roots and impacts of family violence and abuse are not adequately reflected in current program initiatives. For example, current programmatic responses to this issue tend to:

- focus on the violence and abuse themselves rather than on also addressing, in an integrated way, the whole web of factors that put Aboriginal people at higher risk of victimization, such as extreme poverty, high unemployment rates, poor education, substance abuse and family breakdown;
- see family violence and abuse largely as a criminal issue, without also recognizing its relationship to issues of trauma and powerlessness and the need for restorative justice and healing that those issues represent;
- focus on crisis services for victims and punishment and limited rehabilitation for offenders rather than on the whole range of healing, learning and support they require;
- focus on individuals (i.e., the rehabilitation of victims and violent offenders) without also working on a community orientation (in recognition that it is not just this that is needed, but also the healing of communities and a transformation of their political, economic and social structures);

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- respond to crises and short funding cycles, rather than creating long-term healing and development initiatives with sustained core funding;
- do nothing to address the marginalization of Aboriginal people in Canada and the climate of racism that shapes their interactions with Canadian society and institutions;
- offer standard programmatic solutions without enough attention to cultural relevance (which recognizes the diversity of Aboriginal people in Canada, such as urban versus rural, the special needs of the North, and the political and socio-cultural differences among communities); and
- ask communities to respond to pre-determined program criteria and guidelines, rather than to facilitate the development of community-based and community driven programs.

Sylvia Maracle eloquently summarizes the contradiction between the emphasis of many current program initiatives and what Aboriginal communities feel is the only way out of violence:

Our Elders and traditional people encouraged us to look at initiating a healing approach rather than continuing to focus on the negative, on the violence. The concepts of healing—rather than merely responding to incidents of violence—and the focus on wellness demand a strategy that is different from the current responses to family violence. There is a contradiction between a solution that seeks harmony and balance, among the individuals, family and community, and one that is crisis-oriented, punishes the abuser and separates the family and community. [Our] approach to wellness includes physical, mental, emotional and spiritual well-being.

Throughout our work in addressing family violence, we strive to return our people to a time where everyone had a place in the circle and was valued. Recovering our identity will contribute to healing ourselves; our healing will require [us] to rediscover who we are. We cannot look outside for our self-image ...

We must avoid a pan-Indian [one size fits all] approach. The issues of violence in our communities are diverse and so are our own cultural ways. It will be a long journey to recovery. The East, South, West and North all must develop their own process of healing—as must urban areas and reserve[s]. This must be done if we are to return once more to a people without violence (1993:4).

Part V of this document explores more fully what an effective programmatic response to family violence and abuse would look like, based on an holistic understanding of the issues and derived from the best thinking and experience in Aboriginal communities.

3. Existing Services and Programs are Inadequately Resourced

Most community-based programs attempting to address family violence and abuse rely heavily on funding support from government justice or health dollars. Virtually all of the programs reviewed for this study listed a lack of adequate funding as one of their biggest obstacles. Funding is never adequate to address the scope of the problem (as outlined above). For example, basic funding may be available

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for operating a women's shelter, but budgets may not cover other costs, such as second-stage housing, professional development for staff, staff respite or community outreach. The Canadian Panel on Violence Against Women (1993) describes the impact of under-funding on the safety of women in this way:

With very limited resources, Aboriginal women have been forced to develop underground systems and makeshift safe houses to provide sanctuary and support to battered Aboriginal women and their children. For Aboriginal women in isolated and northern communities, there are almost no services ... Aboriginal women need the financial resources to address the root causes of violence in their homes and communities and to develop their own solutions for themselves, their families and their communities (1993:143-144).

As this example illustrates, the lack of resources often means that community programs have to put together money from several sources (each with different criteria and philosophy), maintain complete and correct books for each funder, and yet carry out a single coherent program in which each component supports and is supported by all of the others. In addition, funding criteria for core government-sponsored programs may change dramatically from funding cycle to funding cycle, and community programs end up having to shift gears just when they have achieved some momentum.

While specific community-based programs have a hard time maintaining a funding base, it is even more difficult for communities to fund long-term, integrated healing and nation-building work. Part V of this document lists nine components of a comprehensive response to family violence and abuse and argues, as well, for the necessity of transforming the community patterns and relationships that give rise to and harbour the community determinants of violence and abuse. There is no single source of funding that even begins to support such a comprehensive approach and, yet, it is clearly this direction that communities, which hope to actually address this issue, need to take.

Services supplied to communities directly by government departments often fare little better. They, too, are chronically under-funded and under-staffed. When government departments and services do not work effectively with each other or with community-based initiatives, their capacity to be effective only worsens.

Another factor impacting the capacity of Aboriginal communities to build the programs and services they feel would have the most impact on family violence and abuse is the fact that most of the government transfer and royalty payments they receive are tied to specific, pre-determined uses. Often, very little flexibility exists to direct resources toward the type of integrated approaches that are ultimately required to tackle the determinants of serious social problems.

The administration of federal initiatives by local Aboriginal governments does not necessarily free up more resources for addressing issues of family violence and abuse. The Canadian Panel on Violence Against Women notes:

These initiatives are often underfunded and therefore force communities to compete with each other. Sometimes the funds are not used for the greater good of the community. Aboriginal women's needs are not a priority in Aboriginal communities, and there is no accountability mechanism in place to ensure that all needs are met. Aboriginal women

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are grossly under-represented in local Aboriginal government and in regional and national Aboriginal organizations. As a result Aboriginal women are not in a position to determine local priorities (1993:145).

In reflecting on the on-going challenges experienced by healing programs in Aboriginal communities across Canada, the *Mapping the Healing Journey* report calls for:

... funding that encourages and support comprehensive long-term planning and action. Such funding must address both healing as recovery (crisis intervention) and community health development (i.e. building healthy people, healthy relationships and families, healthy organizations as well as a healthy community and nation). Such a holistic, comprehensive, long-term and coordinated approach requires sustained, integrative leadership over a period of years. The organization that provides such a leadership needs sustained core funding (not just project funding) that will enable that organizational team to invest sustained energy into building the capacity of the community to heal itself and to promote its own development (Lane, Bopp, Bopp and Norris, 2002:52).

Current funding levels and criteria are far from this ideal and continue to pose a serious impediment to Aboriginal communities developing the type of comprehensive and long-term strategies that will be required to tackle family violence and abuse.

4. The Impact of Programs and Policies on the Health and Integrity of Aboriginal Families and Communities

It is widely acknowledged that current public policy is not leading to even a minimally acceptable standard of well-being and safety in Aboriginal communities. Some of the reasons for this have already been described above. Government policies and practices are not fully compatible with the realities facing Aboriginal communities nor to the root causes of the social issues they must address. Current program initiatives do not generally build on the healing and development philosophy and strategies, which Aboriginal people have identified as most useful. This is partly so because Aboriginal people are not consulted as full partners and because Aboriginal women continue to be under-represented in those consultative opportunities which are offered. The consistent under-resourcing of Aboriginal social development initiatives is another serious obstacle.

There are other challenges, however, which are inherent in the culture and practices of government departments and agencies themselves. Here is a brief list of some of them:

- a lack of appropriate mechanisms and incentives for government departments to cooperate by pooling resources, by standardizing and simplifying reporting requirements and by focusing efforts in support of integrated strategies at the community level;
- a lack of incentive systems and encouragement for civil servants and their departments to be innovative and flexible, in terms of the funding and technical support arrangements they make with Aboriginal communities;
- a lack of understanding on the part of civil servants of the realities and worldview of Aboriginal people;

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- short-term program priorities and funding cycles that are attempting to address long-term program needs that require sustained, stable support;
- a lack of understanding and capacity related to the facilitation and support of community-based program design and implementation that lead to inappropriate funding criteria, unrealistic expectations and timelines, and insufficient support of critical program elements; and
- a lack of resources for civil servants to play their part effectively.

These characteristics of public policy and bureaucratic practice mean that communities find themselves caught in short-term, reactive modes of working, without being able to develop, resource and implement long-term, comprehensive and integrated approaches to social development.

In addition, current programs and policies do not take into account the need to support the development of civil society within Aboriginal communities, a vital component of healing and development efforts. Currently, almost all resources flow into Aboriginal communities through local government, rather than through a variety of channels, including not-for-profit societies and faith-based organizations. Where local government is not supportive of healing and development initiatives and does not understand the link between economic and political development and the complex web of social issues facing Aboriginal communities, healing and development work is neglected. In addition, a sole focus on government as the agent of community development fosters a continuation of the type of dependency thinking, which is contributing to apathy and paralysis. Finally, there are parts of the healing and development work, which can only be done by neighbour reaching out to neighbour and by voluntary action in pursuit of common needs and goals. The nurturance of local government has received some attention and financial support from government, but the building of the capacity of grassroots people to take responsibility for their own well-being and to work together in voluntary associations has not been systematically pursued.

B. The Marginalization of Aboriginal People in Society as a Whole

There is considerable consensus that the marginalization of Aboriginal people in Canadian society has put them at greatly increased risk of high rates of family violence and abuse (RCAP, 1993b, 1996; Frank, 1992; Atkinson, 1995). Fundamentally, the argument is that the marginalization of Aboriginal people in Canadian society continues to contribute to the types of social issues that are discussed in Part II of this document and that are associated with high rates of family violence and abuse: unemployment, poverty, prevalent substance abuse, low levels of education, over-crowded and inadequate housing, intergenerational violence, ineffective parenting, a devaluation of the role of women, shifting gender roles and income distribution between men and women, family breakdown, and the widespread acceptance of violence as “normal” (La Prairie, 1994). In urban areas, these issues are exacerbated by isolation, loneliness, racism, transience, and the loss of family, community and cultural support systems.

The impact of marginalization on Aboriginal men is summarized by Corrado, Cohen, Belisic and Jonas as follows:

... Aboriginal men are suffering ... because of incarceration, which does nothing to break the cycle of criminality; therefore, does not stop the cycle of mistreatment of women and children. The low self-esteem of Native men caused by chronic

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unemployment, powerlessness, dependence on social assistance, and few opportunities to participate in traditional subsistence activities, may result in frustration and anger when they are unable to meet basic needs. Shifts in gender roles can also exacerbate the situation—often women are the source of income in the family, as the few social service and administrative jobs that are available on reserves generally go to women (RCAP, 1996b:74). This can create power problems in women's relationships with spouses and other relations (RCAP, 1996b:67-68, as cited in 2000:8).

In some ways, Aboriginal women are marginalized more than their male counterparts, since they suffer from both racism and sexism in Canadian society. As the 1991 Report of the Aboriginal Justice Inquiry of Manitoba, which examined the death of Helen Betty Osborne, stated, “[A]boriginal women and their children suffer tremendously as victims in contemporary society. They are victims of racism, of sexism and of unconscionable levels of domestic violence. The justice system has done little to protect them from any of these assaults” (as cited in the Canadian Panel on Violence Against Women, 1993:138). The Canadian Panel on Violence Against Women goes on to outline some of the specific ways in which Aboriginal women suffer as a result of being marginalized:

Many Aboriginal women feel that the system does not adequately investigate the deaths of women forced to live on the margins of society—prostitutes, drug addicts or those without homes ... Aboriginal women with disabilities may see themselves as having three strikes against them: they are scorned as women, as Aboriginal people and as persons with disabilities (1993:138).

The marginalization of both Aboriginal men and women from Canadian society is further indicated by their gross over-representation in correctional institutions. Excluded in large part from meaningful participation in Canadian society and enculturated into the values and norms of a prison sub-culture, inmates become even further alienated from norms and values, which constrain the use of violence as part of intimate relationships.

C. National and Global Trends in Society and Mass Culture

It has been argued in this document that family violence and abuse are not isolated phenomena, but rather parts of an integrated web of issues that includes the breakdown of the cultural values and norms that contribute to health and well-being within individuals, families and communities. The destruction of a coherent way of life through a history of colonialism and missionization has left a legacy of intergenerational trauma, which requires healing. The continued marginalization of Aboriginal people through racism and paternalistic government policies and bureaucratic practices has contributed to ongoing vulnerability to poverty, unemployment, alcoholism, low levels of education and inadequate living conditions. All of these determinants are part of a pattern of life, which also frequently includes widespread family violence and abuse.

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Addressing this complex and entrenched state of affairs will require the healing and development of individuals, but also the healing and development of families and communities. Current trends in the justice system to approaches, which emphasize community-based programs and restorative processes, are seen as a step in the right direction; however, these approaches can be at odds with forces in the larger society.

Corrado, Cohen, Belisic and Joanas describe the tension between community-based, restorative approaches and the trend in society toward the globalization of a highly individualistic, consumer-oriented, society heavily dominated by “Western” culture and media as follows: “Aboriginal communities are seen in the literature and political discourse as more communitarian and most suitable for restorative justice programs. However, increasing social and economic stratification and private ownership cannot be ignored” (2000:24). Ife goes on to argue that a type of community rebuilding will be required to counteract global societal trends:

A strategy of community-based services will not be effective unless steps are taken at the same time to reverse the trend of the destruction of community structures, which has been an integral part of capitalist industrial development. Community-based services therefore need to be accompanied by a program of *community development* which seeks to re-establish those structures ... It needs to encompass all aspects of human activity and interaction, and amount to a radical restructuring of society (Ife, 1995:15 as cited in Corrado, Cohen, Belisic and Joanas, 2000).

Summary

This chapter has explored constraining factors from outside Aboriginal communities, which impact their capacity to work effectively and systematically to address family violence and abuse. These factors were organized into three categories:

1. *Present-day government policies and programs* – Too frequently, policies and programs have not been developed in full consultation with the whole circle of partners, especially Aboriginal women, who best understand the realities and needs and have the required insight into effective strategies. As well, the nature of the consultative process is not geared to “interactive partnership,” which gives Aboriginal communities and organizations the decision-making power and resources they need to be effective.

Existing programs are too often based on an inadequate understanding of the problem and the lines of action that could prove effective. They do not take into account the enduring legacy of the intergenerational trauma created through state interventions, like residential schooling, which were designed to disrupt or displace the Aboriginal family. They do not address the pervasive climate of racism, which contributes to the victimization of Aboriginal people, both through internalized oppression and through violence at the hands of non-Aboriginal people. They do not incorporate strategies to heal community structures and dynamics, as well as individual families and communities, nor do they recognize the tremendous diversity of cultures among Aboriginal people.

Part III: Externally Driven Influences and Constraining Factors

Existing services and programs are inadequately resourced and no single source of funding exists to support a comprehensive approach to addressing the broad range of determinants that give rise to and harbour community violence and abuse. To respond to narrow, short-term program initiatives, community efforts are forced into a reactive, crisis-oriented mode.

Finally, some current public policies and bureaucratic practices make it difficult for government to provide the needed support to community-based programming in tackling the full range of determinants of family violence and abuse. These obstacles, coupled with the lack of support for the growth of a healthy civil society in Aboriginal communities, have limited the steady growth of the capacity of Aboriginal communities to address critical social issues.

2. *The marginalization of Aboriginal people in society* – The marginalization of Aboriginal people puts them at risk of a host of social issues that are associated with family violence and abuse: unemployment, poverty, substance abuse, low levels of education, over-crowded and inadequate housing, intergenerational violence, ineffective parenting, a devaluation of the role of women, family breakdown, shifting gender roles and income distribution between men and women, and the widespread acceptance of violence as “normal.” Both Aboriginal men and women are experiencing racism and the lack of opportunity to reach their full potential, but Aboriginal women also suffer from sexism.
3. *National and global trends in society and mass culture* – Aboriginal community values and dynamics are being undermined by a global society that values individualism, encourages consumerism and social stratification, and that supplants indigenous cultures with a homogenized Western culture through mass media. Community-based healing and development programs need to be accompanied by efforts to rebuild nations and Aboriginal institutions, which communities need to achieve the well-being and health of their people.

The next chapter of this document juxtaposes the constraints described above, as well as the conditions and dynamics internal to Aboriginal communities (as explored in Part II), with an examination of what is happening across the country that is making a difference. This will be done by examining lessons, barriers and successes from the literature and from our review of fifteen programs that are responding to family violence and abuse in Aboriginal communities across Canada.

Part IV: Review of Current Responses to Aboriginal Family Violence and Abuse

This section reviews the findings of our exploration of fourteen community-based or regional programs from across Canada, as well as one flagship program from the United States, which are attempting to respond to the challenge of family violence and abuse in Aboriginal communities. The prevailing patterns of response from existing services and agencies that are typically called upon to respond when incidences of abuse are reported, such as police, prosecutors, courts and social services will also be outlined. This examination of current responses will set the stage for Part V, which puts forward recommendations, models and strategies that address the full range of determinants of family violence and abuse.

A. Community-Based/Regional Program Review

Thirteen community-based or regional programs related to family violence and abuse were surveyed through telephone interviews using a set of guiding questions (see Appendix A). As well, two programs were chosen for more intensive study through site visits. The purpose of this review was not to evaluate the programs in any way, but rather to gain a deeper appreciation for the scope of the work that is being done by identifying: (1) the primary target client groups for services, (2) the nature of the services being provided, (3) how the program understands the nature of family violence and abuse, (4) the program's goals and primary strategies, and (5) the challenges and successes being experienced. Although the budget for the research project reported on in this document did not allow a great deal of resources for this aspect of the work, our telephone and face-to-face conversations with the many dedicated front-line workers in these programs gave a human face to the literature and enriched our understanding tremendously.

The Fifteen Programs

The thirteen programs that were surveyed are as follows:

Gignoo Transition House Inc.
PO Box 3385, Station B
Fredericton, NB E3A 5H2
Ph. 506-451-8217
Email: gignoo@nbnet.nb.ca

Nimkii-Naabawagan Family Crisis Shelter
c/o 236 Frontenac St.
Sault Ste. Marie, ON P6A 5K9
Ph. 705-941-9054
Email: bcombs.nimkii@shaw.ca

Haida Gwaii Society for Community Peace
P.O. Box 811
Masset BC V0T 1M0
Ph. 250-626-4666
Email: Hgspeace@island.net

Wahbung Abinoonjiiag
Unit 11 254 Stella Walk
Winnipeg, MN R2W 2T3
Ph. 204-925-4611
Email: wahbung@mb.sympatico.ca

Haven House Family Violence Resource Centre
P.O. Box 99
Listuguj, QC G0C 2R0
Ph. 418-788-5544
Email: havenhouse@globetrotter.net

Xolhemet Society
P.O. box 2025 Sardis Station Main
Chilliwack, BC V2R 1A5
Ph. 604-824-0939
Email: xolhemet@uniserve.com

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Helping Spirit Lodge Society
3965 Dumfries St.
Vancouver, BC V5N 5R3
Ph. 604-872-6649
Email: helping_spirit@telus.net

Healing our Spirits Program
Fisher River Cree First Nation
P.O. Box 365
Koospatak, MN R0C 1S0
Ph. 204-645-2750
Email: nancy.fnhc@mts.net

Gonohkwasra Family Assault Support Services
Box 250 Gonohkwa Sra.
Ohsweken, ON N0A 1M0
Ph. 519-445-4324

Waseya House
Maniwaki, QC
Ph. 819-449-7425

The two programs that hosted site visits are:

Minwaashin Lodge
1105 Cadboro Rd.
Ottawa, ON K1J 7T8
Ph. 613-748-8311
Email: c_troy@minlodge.com

Mending the Sacred Hoop
202 East Superior St.
Duluth, MN USA 55802
Email: jnevilles@duluth-model.org

Temagami First Nation Healing and Wellness
Centre
General Delivery
Bear Island, ON P0H 1C0
Ph. 705-237-8600
Email: harel@onlink.net

Mi'kmaw Family Healing Program
P.O. Box 310
Waycobah, NS B0E 3M0
Email: msclaij@gov.ns.ca

Warriors Against Violence/
Change of Seasons
c/o 2425 Oxford St.,
Vancouver, BC V5K 1M7
Ph. 604-255-3240

Nature and Scope of Programs

What follows is a summary of general observations related to the scope and nature of the programs we reviewed:

1. a primary focus of all but one of the programs was ensuring the safety of victims of family violence and abuse (primarily women and children, although one of the shelters will also accept men who need to escape an abusive situation);
2. the majority of the programs provide emergency shelter, healing and empowerment through counselling and mutual support, referral to other services (such as substance abuse treatment), advocacy and other help with transition issues such as housing, legal council, employment, medical needs, etc.;

Part IV: Review of Current Responses to Aboriginal Family Violence and Abuse

3. almost all the programs stressed the importance of cultural teachings, elders and traditional healing processes as an essential foundation for their work;
4. many of the programs recognized the need for longer-term support for victims of abuse through such services as second-stage or transition housing, life skills and employment training, but very few have any resources to offer these services;
5. most of the programs theoretically recognized the healing and learning needs of youth and children who have witnessed violence between their parents and who have themselves been the targets of violence and abuse. However, few programs have any type of special program for these children and youth, and rely on referrals to other services providers, if indeed any therapists specializing in this issue are available. In fact, although the literature on family violence and abuse is increasingly clear about the devastating impact on children who witness family violence and abuse, very few therapy and treatment models for working with this issue have been incorporated into the programs we reviewed;
6. programs are acutely aware of the need to reach out to the communities they serve through public awareness campaigns, prevention services, follow-up activities for women and children who have used emergency shelters, and community-based non-residential support groups and other activities for victims and perpetrators of abuse. In reality, however, most shelter programs are under-resourced and under-staffed, but also may not have the orientation to carry out both emergency response, as well as prevention and public awareness work. One avenue for reaching out to the community that many shelter programs have found useful is the close collaboration with other service providers, such as substance abuse treatment counsellors, mental health workers, child protection services, police and primary health providers. A minority of the programs provide training and sensitization to these other types of front-line service providers;
7. for the most part, the primary focus of the inter-agency collaboration is on providing better services for meeting the mental, emotional, physical and spiritual needs of families in crisis. The difficult challenge of transforming the root causes of family violence and abuse (see Parts II and V of this document) still remains outside the current scope of most Aboriginal programs that are attempting to respond to the issue of family violence and abuse;
8. the capacity of these programs to impact public policy, both within their own communities and on provincial and federal levels, has been relatively small, and those programs that are the most active in this regard tend to be regional in scope. Although some of the programs we reviewed enjoy the support of their own political leadership, this is by no means always the case. Often, programs meeting the needs of the victims of family violence and abuse are relatively isolated, physically (and this is sometimes necessary to ensure safety and protection), but also programmatically from the central Band departments and from the power centres of the community. There is hope that the formation of the National Aboriginal Circle Against Family Violence will provide a viable avenue for programs to lobby government and to impact public policy;

Part IV: Review of Current Responses to Aboriginal Family Violence and Abuse

9. those programs, which focus on building healthy individuals, families and communities, rather than only on dealing with the immediate effects of abuse, appear to have had the most impact on community norms and values and enjoy a broader base of support within the community;
10. research and program evaluation often get lost in the rush of the day-to-day management of programs. In general, the programs lacked clear success indicators on which to base monitoring and evaluation activities, and few communities have good baseline data to measure progress;
11. only one of the programs we reviewed focused particularly on the treatment and healing needs of men, including male offenders, using a non-residential setting. Several of the programs offer men's circles and other limited services, such as one-on-one counselling. There is a growing sense that commonly espoused models for understanding male violence toward family members are inadequate for what is really a very complex issue. Many of the programs have experimented with anger management programs and men's circles, but are struggling to find an approach that is effective for their communities. This means that comprehensive approaches to working with men around this issue have yet to be incorporated by the majority of the programs we reviewed;¹⁷ and
12. community programming in the area of family violence and abuse has been shaped by the type of funding made available through federal and provincial initiatives. For example, a very significant proportion of the monies available to work on family violence and abuse in Aboriginal communities in the past has been earmarked for shelters for women and children. While the building and staffing of a network of such centres across the country has been an indispensable step in creating safety and a helping hand to the victims of family violence and abuse, they are, in themselves, only part of the holistic and healing oriented approaches that are being advocated by Aboriginal communities and leaders in the field. Without funding incentives, however, these other aspects of the work have been slow to get off the ground.

Key Lessons, Successes and Barriers

When asked about their primary learnings, successes and barriers, these programs offered the following insights:

1. funding continues to be a major challenge. Coordinating funding from both provincial and federal sources is much harder than might seem reasonable. As well, funding needs to be sufficient to train staff and offer them reasonable terms (especially related to respite);

¹⁷ There are, of course, a handful of innovative and committed programs across Canada. Some of this pioneering work is being done in correctional institutions and healing lodges, such as Waseskun House in Quebec and the Prince Albert Grand Council Spiritual Healing Lodge in Saskatchewan. Other initiatives are community-based, such as Change of Seasons and Warriors Against Violence in Squamish and Vancouver, British Columbia. These important programs are evolving models, generating knowledge and providing desperately needed services related to the healing and treatment of male perpetrators of violence and abuse.

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2. keeping accurate and relevant statistics is essential. Understanding how to create and report on effective success indicators is still a challenge;
3. having the full support of Chief and Council makes a tremendous difference, especially with establishing the community norms (a zero tolerance policy for domestic violence). Keeping the elimination of family violence and abuse on the Band's agenda, especially when large economic development ventures come into the picture, is not easy;
4. on the other hand, programs must make sure that there is absolutely no political interference in their operations. As well, the program must be seen to belong to the whole community and not to a particular faction or group. The program must transcend the types of barriers that create disunity in the community;
5. a five-year business plan, with a clear and positive vision, and a manager with the right skills and aptitude are needed. A good bookkeeper is vital;
6. transition houses are just one element of a comprehensive program. Short-term intervention can do more harm than good. You cannot open a person up and then shut them down. You need to support people over the long haul;
7. staff of transition houses need to have the skills, the wisdom and the heart to reach out to children, to play with them and to help heal the child's wounds;
8. elders are the ones who can keep things steady. Grandmothers and grandfathers can provide core spiritual support and counseling;
9. limited outreach and awareness programs are being attempted in some communities (for example, through the schools, newsletters, community radio, bill boards, resource libraries);
10. one of the biggest challenges is changing the norms and beliefs in the community to where violence is no longer considered acceptable;
11. programs need to continue to listen carefully to the community about what the needs and realities are and what makes a real difference. This means that programs need to be flexible and pro-active. A number of programs expressed the view that it was more important to be flexible and responsive than to be comprehensive;
12. maintaining a good rapport between clients and program staff is also very important. One potentially useful tool for this is a manual of clear policies and procedures. Even more important is finding staff who have relevant life experience and who serve for love of the people and not just for the salary. The personal integrity and compassion of the workers, the trust and love manifested by all the staff, including the accountant, the receptionist and the outreach workers are key;
13. networking successfully is a real art. It can be especially difficult to connect with the more formal institutions in the community, such as school boards; and

Part IV: Review of Current Responses to Aboriginal Family Violence and Abuse

14. small, isolated communities have a particularly difficult time finding good staff, connecting women and children with the needed services and creating enough trust that the community will believe in the program.

Concluding Remarks

The programs reviewed above do not necessarily capture the full range of responses to family violence and abuse in Aboriginal communities, but they do represent a good cross-section. A great deal of valuable experience has been gained, especially related to emergency services for women and children who are the victims of family violence and abuse. This emphasis has arisen partly out of the obvious need to ensure the safety of victims, but also because of the emphasis given to this service through targeted government funding opportunities.

Even these programs struggle with the lack of resources, however, especially to reach beyond immediate crisis response measures to addressing the full range of needs of victims (and especially those of children), to creating effective public awareness and prevention programs in communities, to building effective healing and rehabilitation programs for perpetrators, to addressing the full range of determinants of family violence within Aboriginal communities, and to impacting the constraining factors outside Aboriginal communities that contribute to family violence and abuse.

B. Patterns of Response from Existing Agencies and Services External to Aboriginal Communities

This section contains a point-form summary of the existing patterns of response to family violence and abuse issues from justice, social services and health programs that are mandated to serve Aboriginal communities or have Aboriginal clients in urban areas. The observations here are general. There is a great deal of variation across the country, partly due to slightly different policies, but also related to historical relationships between Aboriginal communities and government in particular regions and to the level of sensitivity and commitment of particular service providers. The purpose of this section is to serve as a background for the observations and recommendations included in Part V of this document, which are aimed at enhancing the quality of services and programs at all levels that address family violence and abuse in Aboriginal communities.

Justice Programs and Services

1. The provisions of measures, such as Bill C-41, have created opportunities for Aboriginal communities to work with the police and the courts to reshape justice programs to include such measures as community-based justice committees, sentencing circles, diversion programs, alternative measure programs, culturally-based healing programs within correctional institutions, a network of healing lodges that serve as re-integration (early release) facilities for Aboriginal inmates and community police forces.

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2. Those communities, which have active justice committees and have developed effective protocols in collaboration with the police and the courts for implementing the types of measures listed above, have been able to make some significant strides in reshaping justice services according to Aboriginal values and beliefs and in building effective community-based or regional services operated by Aboriginal people.¹⁸
3. However, the systematic and effective implementation of alternative justice measures is still very spotty across the country. There are significant barriers that impede progress in this regard. For example, the majority of human and financial resources within the justice system are still trapped in mainstream programs, with the Aboriginal justice initiatives almost always surviving on short-term, soft money for pilot projects and need to be put together from a variety of sources. Aboriginal programs often find themselves having to start over in establishing a solid foundation of knowledge and understanding about Aboriginal community realities, values and resources; building relationships of trust and respect; and hammering out mutually acceptable protocols and practices whenever key personnel (such as judges, crown prosecutors, defense lawyers, police officers, probation workers) are re-assigned to their region. What this implies is that the implementation of Bill C-41 is dependent on the particular personalities in various key positions. There seems to be very little institutional development or memory, and this situation continues to frustrate Aboriginal community efforts to develop effective justice-related programs.

There also seem to be few incentives within the justice system for civil servants to take on the time-consuming and challenging work of assisting Aboriginal communities to develop the options now open to them. Policing and other justice programs are themselves under funded, and even where willingness exists, the human resources are not adequate to take up more community-oriented approaches that require much more time than a more top-down style.

In addition, a great deal of historical mistrust between the justice system and Aboriginal communities will need to be overcome through patient collaboration and new approaches. The courts and policing systems will also have to work hard to demonstrate the commitment to treating the victims of domestic violence and abuse with respect. Aboriginal communities also need support in actualizing the dreams and aspirations for the recreation of justice systems that are based on restorative justice principles, since they have very few living models from which to work.

More specific recommendations and observations related to the steps, which can be taken both by Aboriginal communities and by the courts and police related to creating more effective justice systems and programs, especially as they impact family violence and abuse, are contained in Part V of this document.

¹⁸ The Community Holistic Circle Healing Program of Hollow Water, Manitoba, the Biidaaban Program of the Mnjikaning First Nation in Ontario and the Camin Lake Band's project are three examples of innovative community justice programs that target domestic abuse issues.

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Social Assistance and Mental Health Services

1. Like the justice system, government-sponsored social and health services have made efforts to become more culturally sensitive and to respond more effectively to the needs of Aboriginal clients. Aboriginal liaison and caseworkers are able to offer more culturally sensitive services and are working hard to impact the policies and practices of their organizations to be more responsive to Aboriginal clients. As well, a growing number of Aboriginal non-governmental organizations in urban centres have been developing innovative programs to address the gaps in services provided by mainstream government departments and agencies and to offer more culturally sensitive alternatives.
2. The management of the protection of children from families in which violence and other types of abuse are occurring is still problematic. Too often, they are the victims of abuse who must leave their homes and, in many instances, their communities, in order to be safe. Aboriginal communities report that children who are fostered off-reserve tend to lose their language, culture, sense of identity and sense of belonging. They come back alienated from their family and community and may bring with them alcohol and other drugs, gang affiliation and patterns of violence. The continued marginalization of Aboriginal people within the context of mainstream society has a major impact on young people through their experiences in the school system, in the job market, in interactions with their peers and in messages implicit in the mass media.
3. Social assistance provisions for women, even those with children, who are leaving abusive situations, are not adequate for women to re-establish themselves and sustain their daily needs. Women end up trapped in poverty without the resources to get the counselling and other support they may need or to improve their circumstances through further education.
4. Social and mental health services are fragmented, forcing people to interact with many different agencies, each with its own narrow eligibility criteria and range of services. Clients end up demoralized, confused and frustrated as they attempt to negotiate a maze of departments and agencies in order to get the financial, legal and psychological help they need. This task is, of course, particularly difficult for individuals who are traumatized by the abuse to which they have been subjected. As well, this situation results in critical gaps between the needs and available services.
5. Many services, especially those in urban centres, are culturally inappropriate and further undermine the sense of self-worth and efficacy of Aboriginal victims of abuse.
6. Many small communities have virtually no services for the victims of abuse and no means for ensuring their safety. Also, they have very little to offer the perpetrators of abuse. In instances like these, Aboriginal people are forced to go to larger centres to get help, where they are cut off from family and friends and may have virtually no support system.

Concluding Observations

This brief review of the existing patterns of response to family violence and abuse from justice, social services and health programs has not attempted to be exhaustive, but rather to list those issues frequently raised by Aboriginal community members, leaders and service providers. While some strides have been

Part IV: Review of Current Responses to Aboriginal Family Violence and Abuse

made related to the development of agencies and programs that better meet the realities and needs of Aboriginal people, some significant barriers still exist, both on the part of Aboriginal communities but also on the part of government policies and practices. As stated earlier, Part V of this document presents recommended strategies aimed at moving past these barriers.

Chapter Summary

This chapter has reviewed current responses to Aboriginal family violence and abuse by examining the nature and scope of fifteen community-based or regional programs, as well as the primary lessons from their many years of experience operating transition housing, counselling, referrals and many other types of support to women and children seeking sanctuary from abusive situations. Some of the programs also carry out public relations and outreach activities in local communities. Several programs focus on outreach, healing and rehabilitation services for perpetrators of violence, and several of the shelters also sponsor men's healing and support groups. Services related to domestic violence and abuse offered through justice, social services and mental health agencies were also briefly examined, especially in terms of the challenges they are having in finding ways to operate that are culturally relevant and responsive to actual realities and conditions in Aboriginal communities.

A primary conclusion, which can be drawn from this review, is that the types of programs that now exist reflect the type of funding that is available. What is now needed is a paradigm shift related to funding for Aboriginal family violence and abuse. Nothing less than a dramatic shift in orientation will make it possible for Aboriginal communities to take on the full range of inter-related challenges that must be addressed if the emerging human tragedy, which is now being incubated within abusive Aboriginal families, is to be averted.

Part V: Toward a Framework for Intervention

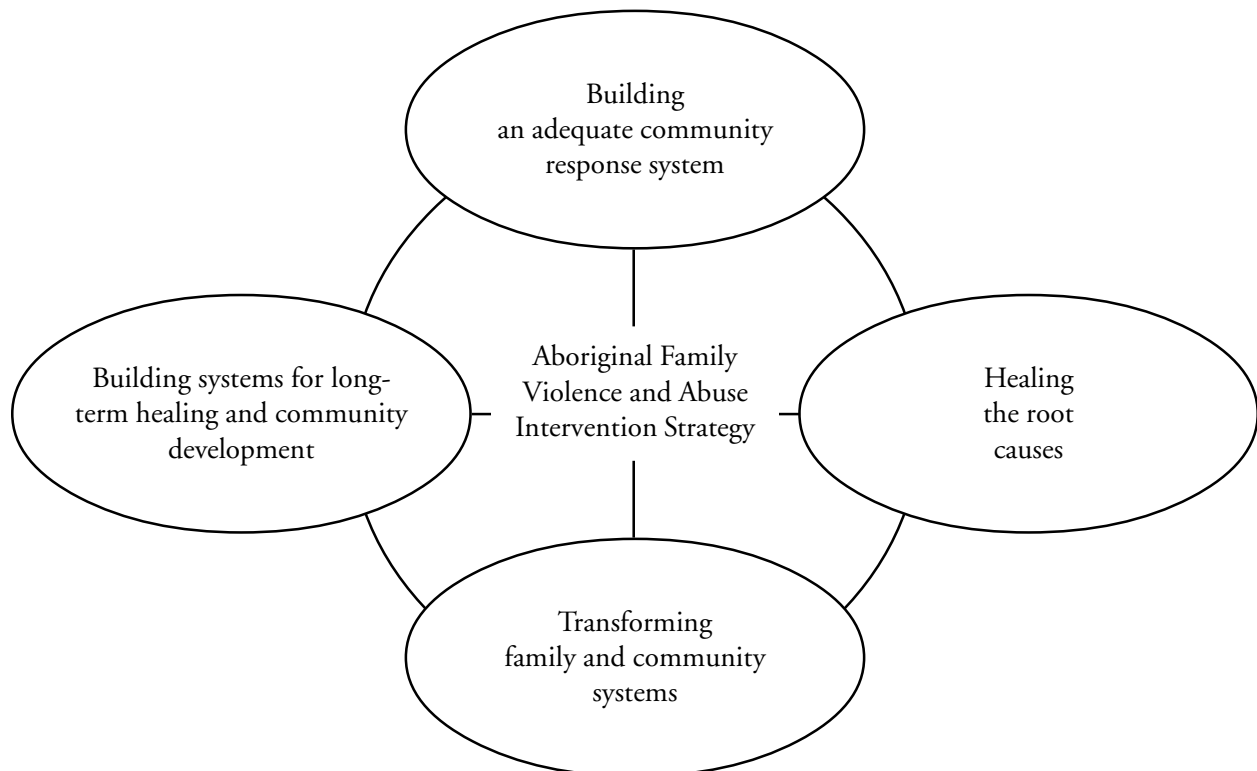
Based on the research of literature for this report and through interviews of service providers dealing with the effects of family violence and abuse in selected communities, a generic framework for interventions aimed at reducing and eventually eliminating widespread family violence and abuse from Aboriginal communities is proposed. To some, this may seem to be an impossible goal. From what has already been learned about the resilience and capacity for transformation of Aboriginal communities in Canada (for example, see Bopp, Bopp and Lane, 1998), and because of what is now known about the devastating and progressive nature of violence and abuse patterns in family and community systems, it can be concluded that Aboriginal people may have little choice but to focus their full capacity and resources on a comprehensive campaign to stop on-going abuse, to prevent it from being passed on to yet another generation and to heal its root causes.

Four categories of intervention will be discussed:

1. building an adequate community response system;
2. healing the root causes;
3. transforming the family and community systems that enable and perpetuate abuse; and
4. building adequate support and service systems for long-term healing and community development.

Figure 2 indicates the four categories of intervention are closely inter-related:

Figure 2 – A Framework for Intervention



Part V: Toward a Framework for Intervention

A. Building an Adequate Community Response System

Eminent Dakota Elder, Phil Lane Sr. once explained the problem of community intervention as follows:

If somebody is running through the community with a gun, wounding and killing people, there are two things that are needed. Someone has to work on healing the wounded and burying the dead. But someone has to go after the gun. What are you going to do?

The problem of an adequate community response to family violence and abuse is much as this beloved Elder describes it. Family violence and abuse is now a characteristic of whole communities. In many communities, hardly a day goes by that women are not battered and children are not made to hide in terror or to be constantly vigilant and fearful of the next abusive episode. Like the smoke from a nearby forest fire, the presence of violence and abuse can almost always be detected if one pays enough attention to the signs. The following are among the most common:

- women and children show up in public or for medical attention with unexplained bruises and other injuries;
- these same victims are typically afraid to say anything about what might be happening to them;
- children may be pulled from one school and moved to another if teachers get “too close,” or if children begin to really trust the teachers and school staff enough to start talking;
- violence-prone abusers are often known by their peers since childhood. When such individuals are under more stress than usual, or if they begin drinking or taking drugs heavily, it is very possible that abuse is occurring within the home;
- women, children, youth or other family members may show the symptoms of post-traumatic stress, such as a sudden loss of trust, of their sense of autonomy and agency, of their initiative and competence; or they may show the classic signs of *hyper-arousal* (startle response, nightmares, hyper-vigilance), *intrusion* (flashbacks, nightmares, hallucinations, being burdened with dark feelings and thoughts) or sudden unprovoked anger and rage, and *constriction* (sometimes called “disassociation,” when the person responds to the pain of on-going trauma by retreating into fantasy or self-induced numbness, or by simply pretending everything is all right through denial); and
- more indirectly, one can watch for the factors that are listed in Part II of this report on community determinants, such as high levels of alcohol and drug abuse and other signs of poor community wellness levels, the degree to which family violence is responded to and addressed by community leaders and programs, and the presence or absence of consequences for known abusers.

First Steps

Let us begin with the assumption that a significant core group of community members and program leaders within an Aboriginal community have decided to create an effective and systematic response to the family violence and abuse crisis that has been impacting their community for years.

Part V: Toward a Framework for Intervention

Based on the experiences of Hollow Water First Nation (Manitoba), Esketemc First Nation (Alkali Lake, British Columbia), Mnjikaning First Nation (Rama, Ontario), Eskasoni First Nation (Cape Breton, Nova Scotia), Squamish First Nation (near Vancouver), Nuxalk First Nation (Bella Coola, British Columbia), and many others, the following steps could be taken:

1. form a community response team;
2. team training and development;
3. comprehensive response plan development; and
4. community consultation and engagement.

1. Forming a Community Response Team

To adequately respond to a reported incidence of family violence and abuse, the following considerations are critical:

- a) the “incident” is not the problem. It is only a manifestation of the problem. The real problem is a much deeper and more serious pattern of intergenerational trauma, violence and abuse, involving the domination of weaker and more vulnerable people (usually women and children) by an abuser who is seriously wounded and in need of healing;
- b) nor is the incident, and the pattern it is rooted in, confined to one household or even one generation. It is probable that violence and abuse have been passed on through at least several generations of impacted family members;
- c) children living within abusive situations are almost always impacted and in need of healing work, often related to post-traumatic stress;
- d) the law has been broken and, therefore, the will of the community to stop the abuse can be combined with the power of the law; and
- e) the way the Canadian justice system has tended to function in dealing with Aboriginal people is oriented to punishing one or more individuals, not healing a network of relationships. Non-Aboriginal professionals tend to “see” the problem as individual behaviour (which of course it is) without seeing the intergenerational and community dimensions of the problem. Victims tend to be re-victimized and collateral victims receive little, if any, attention. Healing is not the driving paradigm in the dominant culture of the justice system; but some Aboriginal communities, such as Hollow Water, have been able to develop new collaborative relationships with the justice system through which communities, the police, the courts and other helping agencies work together to build a solution that is oriented to healing and community reconciliation.

With these considerations in mind, a community response team could be formed. The precise composition and roles of the community response team will depend a great deal on particular circumstances and conditions, but there are certain key bases that somehow need to be covered. They are:

- protection of victims and potential victims, including children witnessing violence and abuse or living in persistent fear;
- confrontation and containment of abusers (to prevent further abuse from occurring);

Part V: Toward a Framework for Intervention

- development and management of a healing and rehabilitation plan for the abusers involving adequate therapeutic and learning opportunities, as well as a tight system of monitoring and supervision to prevent relapse;
- shelter (i.e., safety), healing and long-term support for victims, including collateral victims;
- healing and learning opportunities for the extended family; and
- family reconciliation and renewal.

These emergency response and follow-up issues are the equivalent to Phil Lane Sr.'s analogy of "patching up the wounded and burying the dead." They are a *response* to an existing crisis, but they do not address many of the root causes or enabling factors that will continue to create more violence and abuse. Another layer of actions is needed to "go after the gun," as the Elder put it:

- The development of an early detection and early intervention system is key. Like many progressive diseases, it is better to detect family violence and abuse early, if for no other reason, than to reduce the trauma inflicted on victims. Research and experience in Aboriginal communities show that there is generally an escalation of severity (Herman, 1997; Kiyoshk, 2001). The community intervention team could develop a system for the early detection of family violence and a protocol for intervention. The protocol should describe who will carry out interventions, what steps they will take and how records will be kept of the process. Early interventions would be integrated with the work of mental health, child protection and other counselors, so that all community services are coordinated in their work with a particular family.
- It is important to locate the community family violence initiative within a wider community healing movement and link the on-going efforts related to such issues as addictions, residential schools, sexual abuse, suicide prevention and youth development. This step involves enlisting the commitment and assistance of other programs and healing initiatives to utilize their human resources and community linkages to reinforce the family violence and abuse initiative. Since all core healing issues have inter-connected roots and impacts, such a collaborative approach can only make everyone's efforts stronger.
- Beyond healing, community development is required to transform community relationships, patterns of interaction and social and economic conditions that protect, support and nurture current patterns of violence and abuse.
- In order to shift community systems, community thinking and norms of behaviour will need to change. This will require a fairly long-term, systematic and well-conceived campaign of public education and persuasion.

The ten elements of an effective response system for Aboriginal family violence and abuse listed above can be pictured as inter-dependent elements of one system as depicted in the figure on the following page.

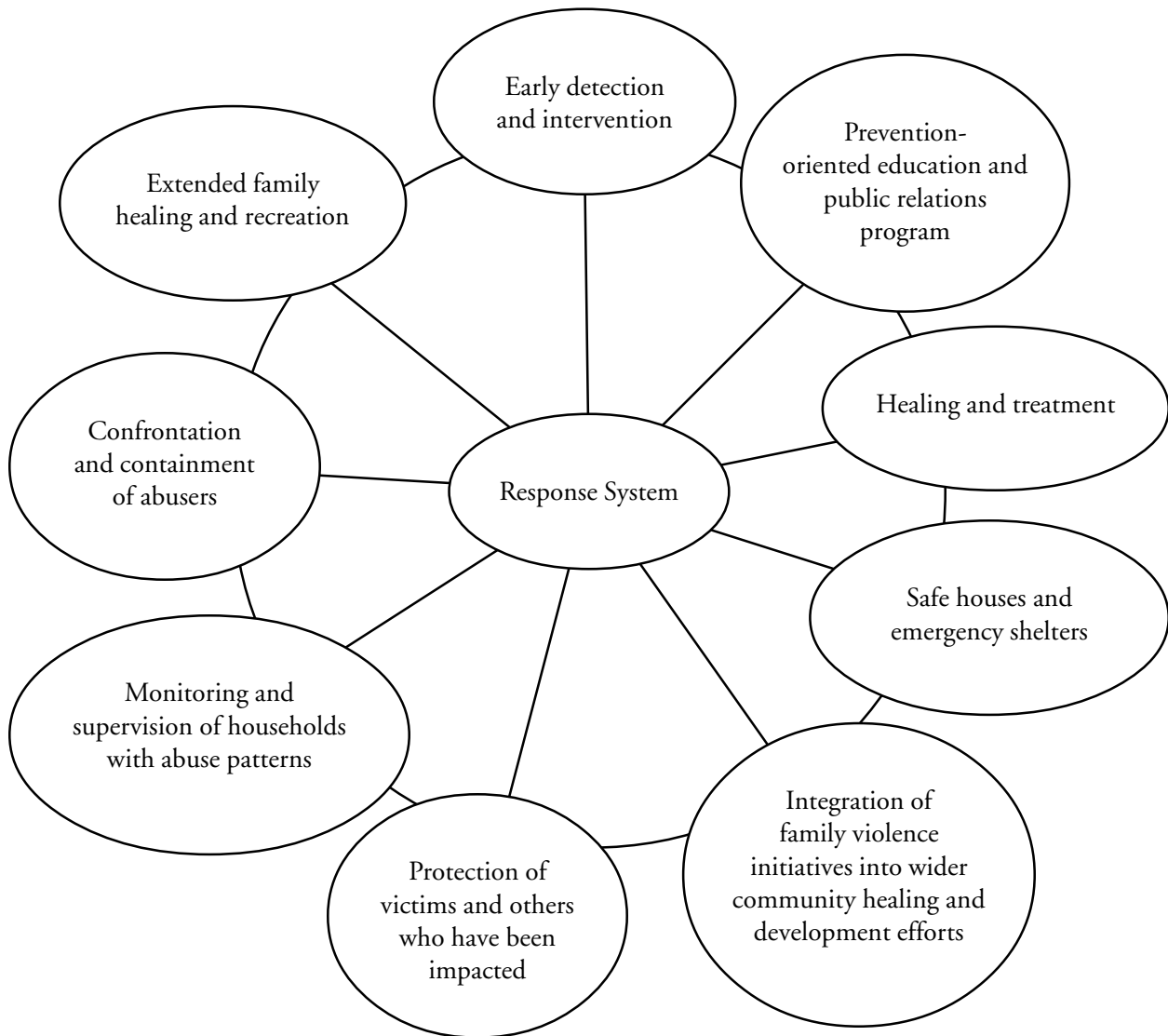
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The composition of the Community Response Team

In the Hollow Water model, representatives from agencies, such as mental health, child protection and police services, are augmented by a therapist with special training in helping the victims of abuse and those suffering from post-traumatic stress, as well as representatives of Chief and Council, Elders and key community volunteers. Given the wide range of issues that need to be addressed at the time of disclosure (that is, the time of the revelation that abuse may have taken place), this team needs a wide range of people playing a variety of roles.

In many smaller communities, a handful of resource people are left carrying the whole burden of response to community crisis. This almost always results in burn-out and a breakdown of services. The *only* way to make a comprehensive approach viable is to engage and train a wider circle of community volunteers who can also participate in team activities. In this way, while a single intervention may require eight to ten individuals in the first few days, others who are also trained to work within the intervention framework can spell off those people.

Figure 3 – Building an Adequate Community Response System



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2. *Team Training and Development*

Once the Community Response Team has been formed, it is important that team members go through a process of training and team development *together*. This training should address the following issues:

- a) personal healing from the trauma and abuse team members themselves have experienced;
- b) building team relationships into a mutual support system;
- c) learning about residential schools, family violence, physical and sexual abuse, addictions and other Aboriginal core healing issues, and also about the nature of the healing process and about a wide variety of healing strategies and models;
- d) learning about the cultural foundations of the community the team will serve and connecting the team to key cultural leaders;
- e) gaining familiarity with the fundamental knowledge base and skills of community development (such as facilitation and documentation skills) related to engaging the community as allies and partners; and
- f) gaining familiarity with the range of program models and options Aboriginal communities have developed related to healing and, more particularly, to family violence and abuse.

There are two distinct phases to team training and development. The first is what may be termed the “team preparation phase,” which can be accomplished through a series of workshops and supplementary readings (in about six months). Once the foundational work has been completed and the team begins to carry out its initial duties (beginning with a community consultation process and the development of protocols and agreements with all key players), a second type of training and technical support may be needed in the form of coaching and mentoring to assist the team to translate what they have learned in phase one of the training into action. This second phase is far more difficult than the first and can take eight to twelve months to complete (or sometimes longer).

3. *Developing a Comprehensive Response Plan*

Designing an Agreed-upon Intervention Protocol

The key strategy in the proposed model involves the steps described below. While these stages can easily be listed, the process can *only* work if *an agreement has been negotiated* between the community authorities (usually chief and council), the police, prosecutors office, judges, child protection services and other relevant players, that describes in detail how the process of intervention must be carried out, defines the roles of all the players and describes all the steps that must be taken by the team in order to satisfy the legal requirements that will govern the entire protocol. These steps include:

- a) abuse is reported;
- b) a part of the team meets with the victims and develops as clear a picture as possible of the nature and extent of the abuse that is taking place, and assesses the victim’s risk of further abuse, their need for shelter, healing and extended support (money, transportation, safe lodging, counselling, etc.). *This process needs to occur in a way that respects the rules for gathering forensic evidence;*

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- c) another part of the team meets with the accused abuser and confronts him with the picture of the abuse pattern obtained from the victims and other witnesses, explains to the accused that he is likely to be charged, and explains the choices he will be asked to make, (i.e., either cooperating fully with the community healing program or facing the full extent of Canadian law). The accused abuser is asked to admit to his abuse (the whole pattern, not just one incident) and is invited to consider healing as an option. The accused abuser is assured of the support and love of the team members, is encouraged to make a break with the past, and to seize this opportunity for change. *These meetings must also respect the rules for gathering forensic evidence;*
- d) if appropriate, the abuser is charged;
- e) in court, the judge hears the recommendations of the team. If the abuser is willing to cooperate fully with the healing process, a psychological and forensic assessment is ordered;
- f) upon receipt of the assessment and taking into account the recommendations of the Community Intervention Team, the court can decide to order the abuser to jail or to participate in the healing program; and
- g) the healing program is a lengthy and rigorous process that may span three to five years, and requires the abuser to work closely with the community's healing team through many stages and steps.¹⁹

Essentially, this is a “diversion program” in which the court cooperates with the community to allow an “alternative measure” to be applied. Clearly, such a scheme can only work if there is a functioning and capable community program to which abusers can be diverted.²⁰

Building an alternative program for community-based healing and reconciliation.

There are many examples of what a program might (in whole or in part) contain. Some of these include Minwaashin Lodge (Ottawa), the CHCH Program (Hollow Water), Changing Seasons and Warriors against Violence (Vancouver and the Squamish Nation), the Mi'kmaw Family and Community Support Services (Eskasoni Reserve, Nova Scotia), to site only a few examples.

At minimum, healing programs attempting to address family violence and abuse must address the following:

- a) the healing needs of abusers, including their families of origin and past abuse history; their past trauma and post-traumatic stress responses; their patterns of violence and abuse, addictions and other dysfunctions; and their need to learn new patterns of human interactions based on trust, respect, non-violence and oriented toward healthy relationships within family and community life;
- b) the healing needs of the victims, including their past history of abuse; their trauma response patterns; their sense of identity, of agency and autonomy, and of capacity and self-worth; their need to learn how to trust and be intimate, as well as the over-riding need to learn how to function within a healthy relationship and family life;

¹⁹ See Couture (2001:91) for a summary of the thirteen-step process Hollow Water uses.

²⁰ For a detailed discussion of what is involved in setting up a Sexual Abuse Response Team for Aboriginal Communities modeled, in part, after the Hollow Water Program, see Bopp and Bopp (1997).

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- c) child victims of abuse and children who have witnessed violence need to be treated according to the nature and severity of their symptoms, but above all, they need to be made to feel safe and unthreatened in their daily lives. It is important to note that the most threatening danger young children face is separation from their primary care givers, particularly their mothers. Whatever solutions are devised, careful attention to this reality should be observed; and
- d) because family dynamics often allow, encourage or perpetuate abuse, and because abuse patterns tend to spread across generations and households within Aboriginal extended families, family-based education, learning and healing opportunities need to be made available to willing extended families.

4. *Community Consultation and Engagement*

We have already seen that family violence and abuse in Aboriginal communities is a complex issue, touching every facet of community life. A fundamental rule of community transformation is that the people who are contributing to the existence and perpetuation of a problem must be engaged in finding and building solutions, because important parts of most solutions need to come from within. No matter how worthy solutions may be, they cannot be imposed by political or program leaders (Bopp and Bopp, 2001).

A Family Violence Community Intervention Team cannot be the community's answer to the problem of domestic abuse. What the team can do is to coordinate a community response. However, if there is to be a “community response,” the community has to be engaged. In practice, this means that:

- a) widespread community education and information campaign is changing the thinking and the norms of the community about family violence and abuse;
- b) groups of community workers are meeting and talking about the issue in many different contexts (church, cultural activities, social gatherings, workshops, etc.);
- c) key individuals who are opinion leaders and role models are engaged in dialogue aimed at identifying the nature of the problem in that particular community and in the search for solutions; and
- d) eventually, once community momentum is established, a series of community-wide consultations should take place involving all the stakeholder groups who must be a part of understanding the problem and building a solution. The goals of the consultation process should encompass the following four areas of work:
 1. *Reflection* (looking in the mirror) - to pool the knowledge that is now being held separately (like pieces of a jig-saw puzzle) about how family violence and abuse operates within the unique family and community systems of that particular community. From these consultations, develop a “map,” (i.e., an analysis, showing the extent of the problem, and how all the various players and community dynamics contribute to it);
 2. *Learning* - to become informed about what is known about Aboriginal family violence and abuse from research and Aboriginal community experience, particularly related to the impact on children and the community dynamics of abuse;

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3. *Planning*- to develop a (realistic) community response plan that takes into account the orientation of existing political leadership and public policy, the current capacity and orientation of community programs, current community wellness levels, and the degree to which sustained community involvement is fully engaged with the issue; and
4. *Core Group Formation* - To form a core group of individuals and agencies willing and able to work together to coordinate the implementation of the initial response plan.

Summary

We have said that an adequate community response system to the challenge of family violence and abuse contains, at minimum, concrete solutions to the following issues:

1. early detection and intervention;
2. safe houses and/or emergency shelters;
3. active protection of victims (including collateral victims, such as children witnessing violence) from abusers;
4. confrontation and containment of abusers;
5. healing and long-term support for victims of abuse;
6. a prevention-oriented education and public relations program;
7. monitoring and supervision of households at risk of future abuse and violence;
8. healing and reconciliation work with extended families impacted by family violence and abuse; and
9. integrating the family violence initiatives within a wider community healing and development movement, and engaging the community in building solutions to family violence and abuse.

The formation of a Community Response Team was proposed, consisting of human services workers (i.e., therapists, workers, police, band council representatives, elders, community volunteers and other relevant agency representatives). The team would be legitimated, by community leadership and the justice system, to coordinate interventions directed at ending on-going family violence and abuse and to healing the roots of the problem across the family and community system.

The role of the community in this approach is critical. The team is *not the solution*. It is only the focal point for coordinating a broad-based community response. This means that community members will need to be educated and involved in the on-going work (such as healing circles, support groups, monitoring the on-going levels of domestic abuse, early detection, etc.).

A Dash of Cold Water

It is important to add that this type of focused, sustained initiative requires focused and sustained resources. This issue was raised in Part III, but it is mentioned here again in order to underscore its importance. Two examples will help clarify how the lack of resources continues to hamper the efforts of Aboriginal communities in Canada.

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Although many people point to Hollow Water's CHCH program as a model of what can be done (which it most certainly is), the behind-the-scenes-reality is that Hollow Water people have made heroic and sacrificial efforts for some fourteen years in order to keep the program going. No government funders have seen fit to ensure that the program has a solid funding base, despite the fact that there have been numerous evaluations and other studies concluding that the program is really working and is cost effective (Couture, 2001). To this writing, the CHCH program is on soft year-to-year funding and short-term contracts. Nearly every year of the program's existence, workers have faced the possibility of program closure because they have not been able to secure a funding agreement for the following year. Valuable and well-trained staff have been lost because of funding cuts and very low wages.

Esketemc (Alkali Lake) has faced similar problems. Alkali Lake is well known to be a role model for Aboriginal community transformation, but their Chief and Council reported in 2002 that they have not been able to secure *any* significant funding to continue their own healing process or to support their important work of helping other communities on their healing journeys.

B. Healing the Root Causes

We have seen that the root causes of family violence and abuse in Aboriginal communities are many, and a careful analysis of the systemic nature of the problem reveal an inter-related web of factors that are mutually reinforcing, rather than straight lines running from this or that "cause" to a single episode or case of family violence in a particular community.

Nevertheless, we have identified two critical categories of root causes. The *first* relates to intergenerational trauma, which has been passed on for as many as seven generations through Aboriginal family and community systems. This trauma was inflicted on its victims in the form of physical and sexual abuse, abandonment, alcohol and drug dependency, suicide and loss, the withholding of intimacy and affection, persistent fear, lateral violence, racism and prejudice, and many other forms. Through these experiences, as role modeled by older generations to younger ones, a pattern of thinking and human interaction was learned that reflects the symptoms of post-traumatic stress and co-dependency. Among the behaviours that appear within this syndrome, family violence and abuse is the norm. Unless the present generation of parents are helped to see the roots of their own pain and to learn how to stop the cycle of abuse, and unless the children now living within abusive relationships receive focused therapeutic care to help them to heal from the trauma they have already experienced, the next generation will carry the abuse forward within a few short years, and the pain will go on and on.

So, what this implies about root causes is that *immediate intervention* into situations where family violence and abuse are on-going is critical to getting to the long-term roots of the problem. Clearly, such interventions need to be very carefully managed and skillfully completed. In past experience, it usually does not work to try to force people into therapeutic situations. They have to choose and eventually embrace the process wholeheartedly. The most potent force for attracting Aboriginal families to involve themselves in long-term programs may be the love they feel for their own children. Once Aboriginal communities really understand the terrible impact family violence and abuse are having on children and, ultimately, on whole nations of people, they may voluntarily involve themselves in well-run programs to stop the abuse and heal the hurts of the past.

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The *second* category of root causes relates to the dynamics of power within Aboriginal communities. At the family and community level, real power is often held in a few hands. If these individuals are abusers or, for any other reasons, are unwilling to support a community-wide campaign to stop family violence and abuse, it would be very difficult to mount an effective program. There are no easy answers to this dilemma. Somehow, the energy of the community should be mobilized around the vision of healing and of stopping the abuse. With or without key power brokers, the community has to move toward the positive actions that are required. Exactly how such a transformation can take place depends on the specific realities of each particular community.

The legendary women of Sparta stopped what they believed to be a stupid war that was wasting the lives of their sons by refusing to have sex with their husbands until the war stopped. While not advocating this strategy, the legend does illustrate the power that women have when they are united and determined. Indeed, any united core group of people within an Aboriginal community could eventually shift the balance of opinion and power within the community through the strength of education and persuasion. There are many examples of such shifts occurring in modern history: Gandhi and the British Empire in India, Martin Luther King and the civil rights movement in the United States, Nelson Mandela in South Africa, and Andy and Phyllis Chelsea in Alkali Lake are only a few examples.

The source of transformational development (i.e., how to effect transformational change in human systems) is only now emerging from the pages of history into hands-on application by organizational and community development practitioners (Wheatley, 1994; Wheatley and Kellner-Rogers, 1996; Bopp and Bopp, 2001). It is imperative that communities come to believe that transformation is possible. Reconnection to spiritual and cultural foundations and development and connection to a vision of possibility and systematic training in social-transformation dynamics and methods within community development will, shown in numerous social contexts, eventually empower communities to bring about the shifts that are so urgently required.

These two categories of root causes (*personal* growth, healing and learning and *social* transformation) are mutually inter-dependent and constitute the fundamental axis of change, upon which the process of ending family violence in Aboriginal communities ultimately depends.

C. Transforming Family and Community Systems

Part II discussed twelve community determinants of family violence and abuse,²¹ and it was argued that these twelve generic categories tend to operate as an inter-connected organic web of mutually reinforcing factors.

²¹ The twelve community determinants of family violence and abuse discussed in Part II are: (1) absence of consequences and personal immunity, (2) male beliefs and socialization about women and children, (3) past history of domestic abuse, (4) levels of community wellness, (5) the condition and capacity of community support services, (6) community leadership, (7) public policy, (8) policing and justice, (9) poverty and unemployment, (10) community awareness and vigilance, (11) geographical and social isolation, and (12) spiritual and moral climate.

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Each of these determinants constitutes large and complex areas of concern, containing within them many elements and dynamics. For instance, “levels of community wellness” was described in terms of some twenty indicators, ranging from levels of alcohol abuse, malicious gossip and lateral violence to the number and range of healing and wellness activities community members are engaged in promoting, the degree of support from community leaders and the existence of community commitment to a shared vision for well-being, prosperity and nation building. Embedded within the twelve determinants, as many as forty to sixty distinct factors were in a constantly shifting pattern of interaction. So how is it possible to know where to begin in the face of forty to sixty interacting variables?

This section will propose a methodology for progressing from a general description of community determinants of family violence and abuse (in a particular community) to the development of an intervention strategy that is likely to have the greatest impact on the problem of effecting a transformation in the prevailing pattern that presently enables and supports family violence and abuse.

Step One: Mapping the Determinants

The first stage in this work is to describe, in specific detail, the status and dynamics of each of the twelve determinants, in terms of how they play out within the community in question. To illustrate, consider the first determinant on the list, “absence of consequences and personal immunity.”

What are the real consequences for a man who is known to be violent and abusive? Does it depend on who that man is or on which families are involved? Who has to know about the abuse before there is likely to be an intervention (i.e., strategic interference from outside the intimate relationship in which abuse is taking place)? If reports are made to social services, is anything done? If police are involved, what usually happens? Have the courts been effective in serving as a deterrent to abuse? What does a potential abuser (realistically) stand to lose if his abusive behaviour becomes known in the community? Which professional agencies become involved in domestic abuse cases? Can they impose consequences? Do they ever do so? What are the consequences to victims for reporting abuse? What is the likelihood that reporting will bring retaliation and more abuse?

These sorts of question need to be answered by at least the following categories of people:

- individuals who have been, or are now, victims of family violence and abuse;
- human service professionals who work with victims, families and abusers;
- police; and
- community leadership, including Elders.

Once the answers to these questions are analyzed, and a clear picture emerges of the consequence system as it now contributes to the continuation or the ending of family violence and abuse, the following questions need to be answered:

1. How are the present patterns related to consequences connected to the other eleven determinants (i.e., male beliefs, past history of abuse, levels of community wellness, etc.)?
2. What steps would be required to strengthen the consequence system? What has to change?

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3. Are there factors related to other determinants that now constrain the potential for change? What are they? If these factors change, would it be easier to change the consequence system?

Suppose that, from this analysis, “male beliefs and socialization about women and children,” “community leadership,” “low levels of wellness” and “community awareness” are identified as determinants that are mutually reinforcing to each other and are particularly important in maintaining the absence of effective consequences.

A similar analysis regarding all twelve determinants almost always reveals that, in each particular community, there is a unique pattern of interaction, in terms of how the determinants are actually impacting family violence and abuse, which particular determinants consistently reinforce one another, and that it is difficult to understand or talk about one without the other. It becomes clear that it is difficult to understand or talk about certain factors without considering others. What often happens is that a cluster of three to five determinants begins to stand out as being key to the whole system.

In the example cited above, it may be that careful analysis will show personal and community wellness, community awareness and leadership are so mutually reinforcing that they must be treated as a set. If this set could be significantly shifted, the entire system of determinants would shift. While this sort of clustering pattern does not always occur, it often does.²² There are usually points of leverage that, when moved, will move the system. Like a combination lock, the first challenge is to properly decode the pattern.

Step Two: Assessing the Community's Capacity for Change

The term, “community capacity” has recently emerged in health promotion and community development literature (Labonte and Laverack, 2001a; Hawe, Noort, Burman, Edwards, Poland and Robertson, 1999; Bopp, Germann, Bopp, Littlejohns and Smith, 1999). The terms capacity may be defined as:

... a particular community's ability to carry on the work of community health development. In other words, we are concerned with the individual and collective capacities that a community needs in order to be able to effectively address the primary determinants of health affecting those people in that place (Bopp, Germann, Bopp, Littlejohns and Smith, 1999:7).

Labonte and Laverack add that:

Community capacity is not an inherent property of a particular locality, or of the individuals or groups within it, but of the interactions between both. It is also a function of the resource opportunities and constraints (economic, political, environmental) of the conditions in which people and groups live (2001:114).

²² This has been consistently borne out in the experience of Four Worlds as we systematically document what we have learned from twenty years of experience in working with Aboriginal healing and development efforts in many communities across Canada (Bopp, Bopp and Lane, 1998).

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In their two-part review of the literature on assessing community capacity, Labonte and Laverack list nine generic domains of capacity that are: (a) participation (i.e., the capacity to engage the population in the work), (b) leadership, (c) organizational structures, (d) problem assessment, (e) resource mobilization, (f) asking why, (g) links with others, (h) the roles of outside agents, and (i) program management (2001a). To that list, Bopp, Germann, Bopp, Littlejohns and Smith (1999) add shared vision, community cohesiveness, communication and learning.

Each of these domains represents a set of capacities communities need in order to shift the system of determinants that are now contributing to the present patterns of family violence and abuse. To illustrate, we will show how four of these capacity domains interact with the twelve community determinants discussed earlier. The four we will review are (1) people's participation, (2) shared vision, (3) resource mobilization, and (4) learning.

Definitions:

People's participation is the active engagement of the hearts and minds of people in improving their own health and well-being. There are key stakeholders, primarily victims and their families, but also many other players who are part of the problem and who must be brought into the circle of solution building. The ability to engage these key individuals and groups in a sustained and constructive process of dialogue, consensus building, conflict mediation, planning and action requires a critical set of knowledge and skills. If the individuals called upon to play this role lack the knowledge and skills, the orientation to dialogue, or the credibility and support they need from community leaders, this vital function will not be completed well and the process will be seriously handicapped.

Shared vision is a picture of the community at some time in the future, which portrays a healthy pattern of life that has moved beyond current challenges and obstacles. "Shared" means that a significant portion of the community sees the possible future, desires it to become a reality, and is committed to do the work required to bring it about. A true vision is not merely a wish list. In addition to the envisioned future condition, it also contains within it (a) a critique of the present situation, (b) pathways toward building the future that is desired, (c) the inspiration to move toward the vision, (d) the will to act, and (e) some sense of the pathways that need to be taken to get from where we are now to where we want to go.

A vision is not something "out there" to be given to people. A vision grows out of the hearts and minds of people as they came to understand what they need to do in order to achieve their collective goals. The Biblical statement, "If there is no vision, the people perish" (Proverbs, 29:18) is echoed by the principle "no vision, no development." The ability to imagine a future that transcends the challenges of the present, to believe in that future as an expression of the community's potentiality, and to unite in common cause to bring that vision into reality, is as fundamental to change as breathing is to human life.

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In part, the capacity to have a shared vision is a spiritual capacity that is related to the potential of every human being to learn, heal and grow. But it is also a collective capacity of human communities and, at that level, its prerequisites include a sufficient level of unity of thought and purpose, and the technical ability to articulate clearly what has been understood and envisioned, as well as the ability to systematically apply the vision to on-going work.

Resource mobilization refers to a community's ability to access and effectively utilize the resources they need in order to achieve their goals. The term "resources" includes such categories as money, human capacity, knowledge, infrastructure, partners and linkages. All too frequently, projects falter or fail for lack of one or the other type of needed resources. Sometimes, the failure is due to actual resource deficiencies, but often the real problem is the lack of effective utilization of what is there, which is a deficiency in management.

In the case of building an effective community response system to address family violence and abuse, if money budgeted for this work is given to people who do not really understand the problem (a knowledge gap) or who do not have the skills to carry out the roles and tasks that are asked of them (a human resource deficiency), the investment of money will not solve the problem. Even if there is enough money, the right people with the right capacities and adequate knowledge of what is required, an intervention can be seriously handicapped if the team has no appropriate space to do counselling, no access to telephones and transportation (an infrastructure gap), or no linkages and partnerships with other key agencies, such as police, judges and mental health workers whose collaboration is needed to build an effective response system.

Adequate resource mobilization requires managers who understand the true nature of the problems their programs are supposed to address and who have the capacity to weave together a broad range of resources into an integrated strategy. As the process of the work advances, the resource needs will evolve and change, and managers need to be able to *anticipate* these fluctuations and to respond creatively to them.

Learning, as a community capacity for growth and change, refers to an on-going process of reflecting upon what is happening within a project, organization or community and then systematically exploring what is discovered in order to *learn* how to be more effective. It is the organic "habit" of stopping to reflect at regular intervals on the process underway, the impacts occurring, the nature and quality of human interactions and, most importantly, on whether or not and to what extent the work being done is leading to the results that were intended. Based on this reflection (always carried on in light of the best guidance available from elders, from known healing and development principles and best practice, and from other trusted advisors), the project team continuously adjusts and improves its performance and the process of intervention itself.

Many projects fail because of what could be called the "charging rhinoceros" syndrome (CRS). A rhinoceros intent on attacking a perceived enemy fixes its gaze on the target, then lowers its head and runs as hard and as fast as it can until it crashes into whatever it was attacking. This strategy works well as long as the target does not move, but when a rhino is charging with its head down, it is no longer watching the target and it can only see the ground a few feet in front of where it is running.

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In community project work, “CRS” is the practice (all too common) of setting targets and methods at the beginning, and then blindly put into practice those plans without checking to see what impact they may be having or if community conditions have changed such that a new plan or new team learning is required.

Putting it all together— In addressing the problem of Aboriginal family violence and abuse, the fundamental challenge related to community capacity has two important components: (a) ensuring that the needed capacity is indeed present and available within the community system, and (b) linking the application of those capacities to the specific determinants of violence and abuse that have been identified.

The operative question to ask when assessing the extent of the community capacities that are available to work on specific determinants is: To what degree has this capacity been applied effectively to working on the status of this determinant? The team could use a simple scaling measure (from 1 to 5, 1 being the lowest score and 5 being the highest) and estimate the degree of effectiveness with which specific capacities have been effectively applied to specific determinants, based on the criteria they develop.

1	2	3	4	5
None	Little	Some	Considerable	Maximum

In determining “levels of community wellness,” to what extent have the people whose wellness is being measured (good and bad) been involved in the work of raising community levels of wellness? For example, community ownership of the problem was relatively low, although the team decides that most initiatives come from professionals with some community involvement. A ranking of “2” was assigned.

For the capacity of “shared vision,” the team concludes that the professional team and Chief and Council are unified in a common vision to raise community levels of wellness, but most community members have still not caught the vision and made it their own. A ranking of “3” was assigned.

Similarly, resource management is ranked a “4” because the team has a plan, a budget and is working hard to develop an effective intervention, but is still not integrating the family violence and abuse work into the overall web of program initiatives. Learning is ranked a “5” because the team does systematically stop and reflect and, in fact, the use of the grid below is sharpening their ability to think strategically. Community cohesion is ranked a “2.” There is no common vision or unified sense of purpose around ending family violence and abuse and, in fact, the community has long-standing conflict issues. Figure 4 illustrates how this assessment can be represented in the form of a grid.

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Figure 4 – Linking Determinants with Community Capacities

<u>Determinants</u>					
orientation of community leadership					
levels of community awareness and vigilance					
male beliefs about women and child-raising					
levels of community wellness	2	3	4	5	2
absence of consequences and personal immunity					
spiritual and moral climate					
	people's participation	shared vision	resource mobilization	learning	community cohesion
	<u>Community capacities</u>				

In this example, the team concludes that, in order to raise the levels of community wellness, a great deal more attention is needed to building the community's capacity to participate meaningfully and effectively in addressing key community issues, in developing and implementing a vision, and in building common oneness (unity of thought, purpose and action) as a solid foundation for long-term change.

This sort of analysis should lead the team to a recognition that the jigsaw puzzle of family violence and abuse cannot be solved by professionals or a community volunteer team working on their own. It needs the involvement, energy and commitment of a significant portion of the community, which also holds important pieces of the "puzzle." As a result of this analysis, the team may "learn" (another capacity) that team members need training in community development and facilitation, and a whole new arena of work will be developed as part of the team's primary lines of action.

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Summary

Transforming the family and community systems that support and enable family violence and abuse requires systematic work in two key areas. First, identify and map the dynamics of key determinants of family violence and abuse and acquire an adequate understanding of how each determinant plays out with the particular community system in question. The second area of work is to identify key community capacities needed to bring about change relative to the determinants of violence and abuse, to develop those capacities, and to apply them strategically and systematically to the work of shifting the status of key determinants.

D. Building Adequate Support and Service Systems for Long-term Healing and Community Development

This initiative has two inter-related sets of issues. The first concerns *internal* agencies and programs and the second focuses on *external* policy and programs that impact the internal work.

1. Internal

Within Aboriginal communities, nine components of a community response to family violence and abuse have been described, which constitute a comprehensive program; namely, (1) early detection and intervention, (2) safe houses and emergency shelters, (3) protection of victims, including children witnessing violence, (4) confrontation and containment of abusers, (5) healing and long-term support for both victims and abusers, (6) prevention-oriented education and public relations, (7) maintenance and supervision of at-risk households, (8) healing and reconciliation work with extended families, and (9) integration of the family violence initiative within a wider community healing movement. In addition to these responses is the overarching need to promote a transformation of the community systems within, which the determinants of violence and abuse reside.

There are functions or strategic lines of action, not programs. Every community will need to find its own way of doing this work. However, the following general principles are offered to assist in building an effective internal response:

- a) a written analysis and plan to ensure that careful thought has been given to mapping the dynamics and determinants of abuse within this particular community;
- b) a coordinating team with authority and a budget to implement a community-wide strategy involving all relevant stakeholders;
- c) budget and human resource allocations within each key participating department that are clearly identified and co-managed by the departmental manager and the coordinating team;
- d) an outside (arms-length) technical assistance and mentoring provider with adequate knowledge and experience in setting up and running integrated programmatic responses to complex social problems related to Aboriginal community healing and development;
- e) the implementation of a learning plan that provides for staff training related to healing in general, Aboriginal family violence and abuse in particular, and transformative development of community systems; and

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- f) visible, active and sustained support from political and other community leaders to provide legitimation and motivation to all employees and departments as they learn new patterns of working together.

2. External

There are four important issues, which are external to Aboriginal communities, that need to be addressed to support comprehensive healing from Aboriginal family violence and abuse. They are (a) funding, (b) public policy implementation, (c) support for the development of Aboriginal civil society, and (d) the status of Aboriginal people in society as a whole.

a) Funding

Essentially, we have said that an adequate community response to Aboriginal family violence and abuse has nine response components, as well as the overall project of transforming community patterns and relationships that give rise to and harbour the community determinants of violence and abuse. There is no single source of funding that even begins to support such a comprehensive approach, and yet this is clearly the direction those communities that have, to any degree, been successful in addressing complex social and healing related problems have gone.

It has already been explained that there are tremendous difficulties communities face in trying to meet the requirements of many different funding sources; the criteria is often far removed from the realities and needs communities are actually facing. Communities with sufficient human and financial resources can sometimes buy the help they need to write multiple proposals that somehow fit parts of the total picture of needs, and to maintain the often onerous reporting requirements involved in meeting the bureaucratic information and accountability needs of many different funding programs and agencies. Smaller, poorer and less developed communities are often totally unable to meet these requirements.

The establishment of a National Aboriginal Family Violence and Abuse Initiative, supported collaboratively by funds from Health Canada, Department of Justice Canada, Solicitor General Canada, Indian and Northern Affairs Canada (INAC) and Heritage Canada might be an effective strategy for addressing this reality. In the interim, however, there are now many separate programs that are on-going that can be directly related to the Aboriginal family violence and abuse crisis (such as the National Native Alcohol and Drug Abuse Program and the National Crime Prevention Centre's Crime Prevention through Social Development Strategy). As well, Solicitor General Canada's Aboriginal Policy Unit has been able to provide some time-limited support for alternative justice approaches.

b) Public Policy Implementation

As was pointed out earlier, both the "Gladeau" decision of the Supreme Court of Canada and Bill C-41 call for the creation of culturally appropriate and Aboriginal-community-driven approaches to the administration of justice and to the solution of justice-related issues. While there have been noted experiments in this regard across the country, the application of these official public policy shifts has been slow to come. Also, their application has been inconsistent across the country, and has only been

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funded to a token degree in terms of what is really required to bring about the shift envisioned in policy. In other words, there has been a breakdown between the articulation and the implementation of this policy.

Similarly, the federal departments that fund Aboriginal communities (INAC, Health, Justice, Solicitor General) have already seen the need for integrated approaches to funding and have developed a template for several mechanisms. The Consolidated Federal Funding Agreement or the Canada Funding Agreement are two versions of this idea through which coordinated funding could occur. Unfortunately, very few, if any, of such agreements have ever been implemented in partnership with Aboriginal communities. Some of the reasons why such mechanisms have never gotten much further than the idea stage include the following:

- i) Aboriginal communities have not been brought in as full partners in the development of the terms of these agreements and have largely been expected to sign on to programs that they fear will result (as so many “transfer” agreements of the past twenty years) in a net reduction of funding actually available to communities; and
- ii) one such agreement, implemented in Saskatchewan, consolidated health and social development dollars into one bundle, but still required separate reporting to all the participating federal programs. This resulted in constant disruption in cash flows, since various federal players responded differently and in different time frames.

This example illustrates a second dimension to the problem; namely, that *in order for Aboriginal communities to make needed changes internally (i.e., the requirements of community healing and development), the Federal Government also needs to make changes within itself, in order to be able to effectively exercise their roles and responsibilities.*

There are several aspects to this challenge. Besides the types of changes that need to be made with respect to how Aboriginal communities can access funds to support their healing and development efforts, which have been described briefly above, effective protocols to support more viable partnerships between Aboriginal communities and the judiciary and police need to be developed and systematically implemented. As well, there is a great deal to be understood about the dynamic inter-relationship among the determinants of family violence and abuse, about how strategic interventions can be made in this system to break the cycle, about how both government and Aboriginal communities can best work together to this end, and how government can best support Aboriginal communities to take on this type of integrated, systemic and long-term approach.

A pilot project across the country, between selected Aboriginal communities and relevant federal players, which uses a systematic action and reflection process, might be a useful strategy for learning how to shift the federal system and the relationship between the government and Aboriginal communities in the directions outlined above.

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c) Support for the Development of Aboriginal Civil Society

The term “civil society” refers to “we the people” and the initiatives that we take in collaboration with each other for a better world. In most countries in the world, there are three distinct sectors of human activity that influence the quality of daily life: government, business and civil society.

Civil society includes such diverse organizations as Boys and Girls Clubs, sports leagues, environmental and peace activists, cooperatives, cultural associations, churches, labour unions, professional associations, support groups, and a wide range of non-governmental organizations (NGOs) dedicated to social and economic development.

Civil society (sometimes called voluntary) organizations take many forms, but they are generally non-profit and dedicated to improving the quality of life of those they are established to serve. The Canadian National Institute of the Blind, the Red Cross and Save the Children are well-known national and international programs, but there are thousands of small non-profit groups, many of them incorporated as societies and managed by the membership of those organizations through elected boards of directors.

Most average small towns in Canada have twenty to forty voluntary organizations. By contrast, most Aboriginal communities outside of large cities have almost no organized civil society. Even though hundreds of people may be volunteering in youth activities, healing programs and churches in most Aboriginal communities, these activities are, in some way, tied to local government. Most significantly, nearly all the funding that flows into Aboriginal communities to support healing and development work flows through Aboriginal governments, and there has been considerable resistance in the past of community political leaders to change this pattern.

Funding and technical assistance directed to the civil society sector in Aboriginal communities would develop alternative platforms from which healing and development work could be conducted. Creating such an alternative is especially important in communities that are governed by individuals and families that are not supportive of the healing and transformational work required to end family violence and abuse. No political leaders should have the absolute power to stop the healing process simply because they were elected into a position of authority. Freedom from tyranny, intimidation, violence and terror are rights guaranteed to all people in Canada under the Constitution, as well as by international treaties such as the Universal Declaration of Human Rights. As argued in previous sections, a significant barrier to stopping family violence and abuse in some Aboriginal communities is the current pattern of authority and control. One way of shifting power in such situations is to diversify the funding by supporting civil society organizations to do at least some of the work that local government refuses or is unable to do.

It is important, in implementing such a strategy, that NGO funding be limited to those organizations that will focus entirely on the healing and development work and on the positive path of nation building, while keeping entirely free of political involvement of any kind. Otherwise, all that could be achieved would further divide the community. It is also extremely important that there should be seamless collaboration between government and voluntary sector programming, an outcome that could be considerably encouraged by making a portion of funding available to all relevant groups and would be dependent on the creation of mutually reinforcing and collaborative strategies.

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The beginnings of this approach have already been piloted through such initiatives as the Aboriginal Head Start Program, which requires the establishment of a community board. Many women's shelters have also been established in Aboriginal communities under separate legal umbrellas. While there have been growing pains (such as attempts at political interference in shelter management), we believe these initiatives are helping to move communities in new and positive directions.

In general, the sustainability and resilience of any organic development process depend on a fostering of a decentralized diversity of initiatives and options, such that if any one or cluster of them are unsuccessful or are blocked by community processes, the other will have the "carrying capacity" required to keep the overall process alive.

d) Shifting the Status of Aboriginal People in Society as a Whole

This report has reiterated the point made by RCAP (1996) and others (Frank, 1992; Atkinson, 1995; La Prairie, 1994) that the marginalization of Aboriginal people in Canada continues to contribute to the types of social issues that are associated with high rates of family violence and abuse, such as poverty and unemployment, low levels of education, poor and over-crowded housing, alcohol and drug abuse, the devaluation of the role of women, and the legitimization of violence, particularly in mass media.

In "Mapping the Healing Journey" (Lane, Bopp, Bopp and Norris, 2002), Aboriginal communities all across Canada identified factors, such as the imposed Indian Act for governance, economic conditions enshrined in law and public policy that prevent Aboriginal communities (and especially small communities) from getting out of poverty, and the climate of racism and prejudice institutionalized particularly in schools and the labour market, as being externally imposed factors that are directly impacting the ability of communities to heal.

These specific arenas; namely, (i) Aboriginal governance, (ii) the economic environment and related external conditionalities (such as access to credit and investment capital) within which Aboriginal communities must operate, (iii) racism and ethnic tensions in schools, and (iv) labour market conditions, represent areas of high priority, which focused resources and skilled intervention are needed to begin to shift the larger patterns. In general, it is not useful to think about changing "society." "Society" is far too big and far away. It is much more practicable to shift the patterns of governance in one community, of reducing racism and ethnic tensions in one school, of improving labour market conditions for Aboriginal people in one region, etc.

While funding and focused projects can sometimes help, much of the initial work to move forward in all of these and other important arenas should begin within the Aboriginal community. For it is that community that has the biggest stake in seeing positive changes come about. By investing in Aboriginal capacity to effectively engage these sorts of societal issues within local and regional contexts, and by providing training and technical support to assist them, Aboriginal people may be able to influence changes in the systems that are now creating barriers to the healing and long-term development that is needed.

Appendix A

Telephone Interview Guiding Questions For Community-Based Programs

Family Violence Programs: Interview questions

Your responses are being collected as part of a survey being carried out for a study funded by the Aboriginal Healing Foundation. The survey will be used in two ways:

- to provide information and support to communities across the country who want to start a family violence program of their own; and
- to assist funders, like the Aboriginal Healing Foundation, in their own work.

We are trying to get this information from many different programs across the country. All those who participate in the survey will be acknowledged and will receive a copy of the final report.

Let me begin by saying thank you for agreeing to share your experience and insight.

1. Name of Program
2. What year did the project begin?
3. Can you give me a brief description of your program?
4. What are the program goals?
5. Are you applying any specific healing and intervention models?
6. How do you define family violence?
7. What do you see as the main causes and contributing factors to Aboriginal family violence?
8. Which of the following groups has your program specifically targeted?
 - a. Victims
 - b. Offenders
 - c. Children and youth
 - d. Families
 - e. Communities
9. Is your program dealing with larger issues, such as:
 - a. the government or other institutions set up to address family violence
 - b. professional helpers
 - c. legal or policy issues
 - d. others – please specify

Appendix A

10. I have a list of the various groups which are affected by Aboriginal family violence. I would like to get your understanding of the role of each of these groups in your work:
 - a. victims
 - b. offenders
 - c. children and youth
 - d. families
 - e. communities
 - f. the government and other institutions set up to address family violence
 - g. professional helpers
 - h. government legal counsel or policy makers
11. How do you work with your target population? What specifically do you do?
12. Who else do you work with? Which other agencies and organizations do you partner with?
13. How do you measure success: How can you know that your program is working?
14. To date, what do you regard as the main accomplishments of your program?
15. What are the greatest challenges facing your program?
16. Are there other programs addressing Aboriginal family violence that we should be talking to? Which programs do you think are the best?
17. Can you list what you think are the best practices in the field of Aboriginal family violence?
18. What advice would you give to communities who want to start a family violence program?
19. From your perspective and given your experience, what would a truly comprehensive program look like if it were to address both the symptoms and underlying causes of Aboriginal family violence?
20. Is there anything else you think would be helpful?
21. Whose name would we give as a contact person for your program?
22. Who funds the program?
23. What is the approximate budget for your program?

Thank you!

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