

***PROVINCIAL FAMILY VIOLENCE
TREATMENT PROGRAM***

**Framework for Services to Aboriginal
Peoples**

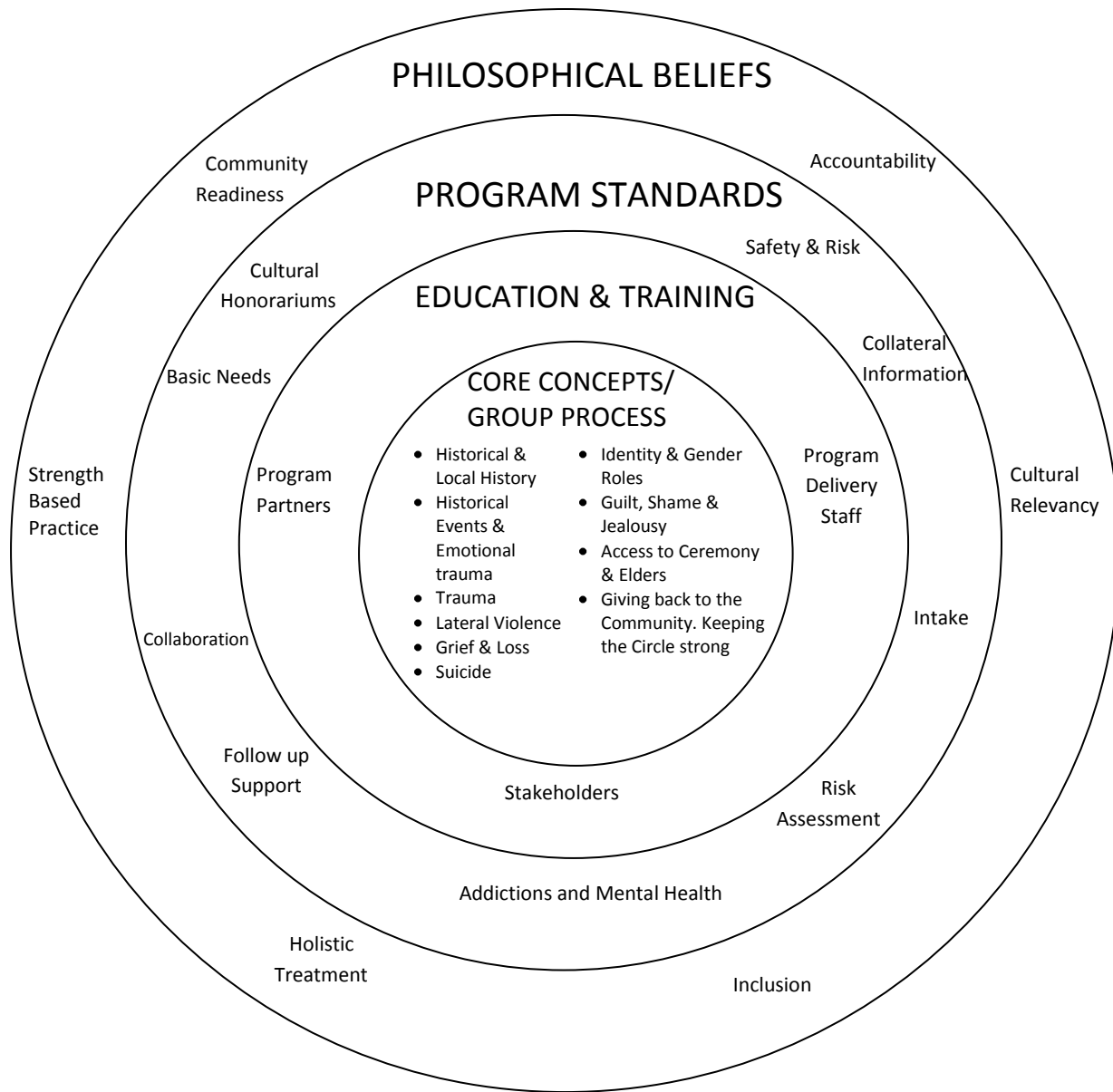
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Introduction

The Canadian constitution recognizes three groups of Aboriginal people: Indian, Metis and Inuit, and further acknowledges that these are three separate peoples with unique heritages, languages, cultural practises and spiritual beliefs. The term *Aboriginal* is used throughout this document and is intended to honour all First Nation, Metis, and Inuit people.

In 2012, Alberta treatment providers involved in service delivery to Aboriginal domestic violence offenders were asked to gather together, and share their wisdom and experiences specific to providing treatment services in their own communities. They were invited to bring the voice of their own wisdom, the voice of their community and the voice of the offender and their family to the table to develop and build an Aboriginal domestic violence framework. The Aboriginal Framework Committee's first step was to review the *Provincial Family Violence Treatment Program Standards* to determine if it was in balance with the Aboriginal framework being developed. All committee members agreed that the standards were congruent with building a culturally specific treatment framework and support the use of the current standards. This document further enhances the current standards to incorporate philosophical beliefs and core concepts unique to Aboriginal communities. The intention of this framework is to provide a blueprint for Aboriginal communities and it is hoped that it can be adapted to suit the diverse and unique needs of all Aboriginal communities.



Philosophical beliefs

The traditional concepts of respect and sharing that form the foundation of Aboriginal communities are built around the seven natural laws or sacred teachings. These teachings are Truth, Honesty, Respect, Humility, Love, Courage, and Wisdom. These create the foundation of the philosophical beliefs of the Aboriginal Framework. Similar to the roots of the Grandfather tree, an Aboriginal framework must have a strong foundation that is grounded in the unique stories of its people and the communities in which they reside. They are our teachers and this framework is reflective of their

voices, their struggles and their strengths. The priority of the Aboriginal framework is to build community capacity and enhance community support where ever possible.

Accountability

Treatment is not meant to be punishment but rather a means of holding an offender accountable. Treatment is grounded in a healing process yet remains consistent in an approach that reduces risk and increases safety for the offender, the partner, their family, and the community in which they reside.

History teaches that the majority of Aboriginal offenders have been both victims and survivors. Some of these victims are now perpetrators of violence which creates a unique dynamic in treatment delivery. Each community has its own story regarding historical trauma and intergenerational abuse. Treatment programs need to recognize, understand and honour the complexities and realities unique to living in Aboriginal communities.

Cultural relevancy -- grounded in local knowledge and history

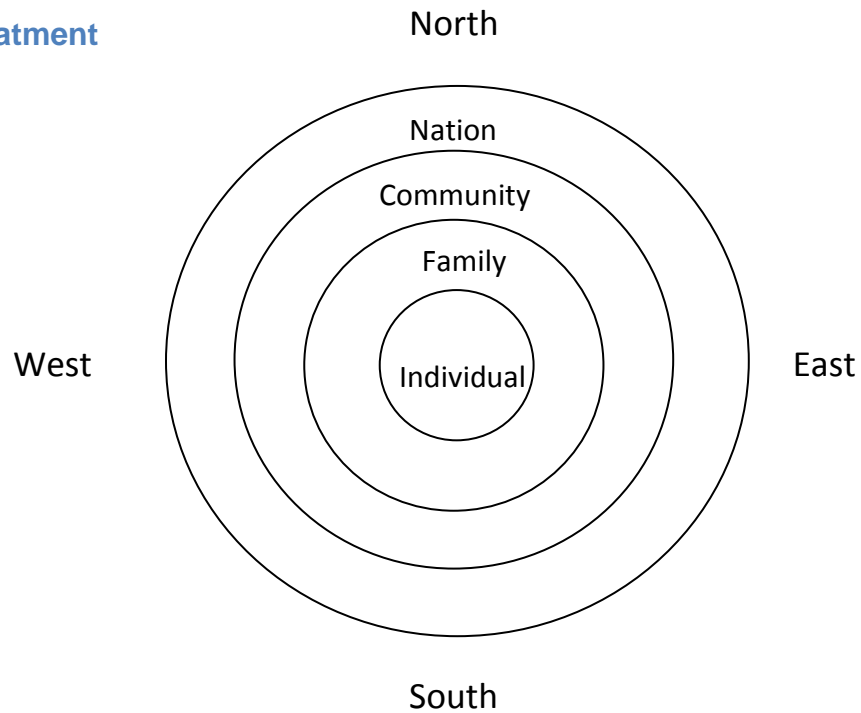
Each Aboriginal community has their own unique story and is the expert in relation to their history as well as their strengths and barriers. The community knows their own history and understands their own community better than those who do not live there. For this reason a “one size fits all” Aboriginal treatment model would be disrespectful. Programs must be grounded in the local history and honour the diverse values and protocols of each Aboriginal community. As well, the voice of the community must be present at all stages of the development of a treatment program. History has taught us that “parachuting in” to provide a program does little to strengthen community capacity. Program providers will have greater success if they ask community members to be their teacher. This comes through involvement in community activities and Ceremony, speaking with the Elders by following proper protocol, or connecting to cultural advisors. Honouring the wisdom of the Elders and cultural resource people in the community will strengthen the program and create a supportive Circle for program participants.

Inclusion

At its core, the framework targets offenders who are Aboriginal people. It also includes individuals wishing to participate in a domestic violence program grounded in cultural traditions and philosophy, while maintaining core provincial domestic violence treatment competencies.

The current funding attached to the Provincial Family Violence Treatment Program (PFVTP) initiative is exclusively for mandated offenders. Communities currently providing this service have identified a need to further enhance services to include familial violence against adults, child protection referrals and voluntary clients.

Holistic treatment



Each nation honours the Four Directions and places the mind, body, spirit and emotions in different areas based on their cultural teachings.

We are taught that healing will take place if we honour the mind, body, spirit and emotions that make up our existence. Holistic treatment honours these four teachings by ensuring that treatment models address these in both the content and the group process. Likewise, holistic treatment needs to include not only the offender but those within their family Circle including the community in which they reside. Each offender has their own unique dynamic and, therefore, needs to identify for themselves their positive supports, both during and after completion of treatment.

Treatment approaches must be comprehensive and diverse to meet the needs of the individual and the unique dynamics of the group. Victim safety is a priority in relation to treatment and any type of mediation should be seen as an augmentation but not a replacement for treatment. Practices that directly involve the victim with the offender must be assessed and screened in relation to the victim's safety and their uncoerced participation.

Strength based practice

Historical and current trauma creates shame and guilt which are barriers to healing. People change when they become familiar with their gifts and are given a sense of hope. Accountability does not have to be punitive to be effective. A strength based approach to treatment supports offenders to take responsibility for their offense while also learning about the many strengths they have been given by Creator. A person who

believes they are more than their behaviour will be motivated to change and take responsibility for the choices they are making.

Community readiness

While the issue of family violence may be present in many First Nations communities, there are challenges involved in maintaining a sustainable treatment initiative. Community acknowledgement of the issue is needed by Band Council and community support services prior to implementing a treatment program or pilot project and a demonstrated ability to work collaboratively among service providers is essential. A formal agreement is needed which involves each program partner's commitment to the initiative, the specific roles they will be responsible for and what action they are prepared to take that will support long term sustainability. These pieces should be in place prior to seeking funding.

Program Standards

Safety and risk

Offender safety

It is important that offender safety be developed to address the complex challenges that can occur through the change process. This can be addressed by assisting the offender in laying out a concrete safety plan for themselves which focuses on not reoffending. This entails safety planning in relation to addictions, housing, peer group, group dynamics and family members which includes both the victim and the current partner.

Victim safety

Partner safety checks should also be completed with the offender's current partner. Relationships can change many times through the course of a treatment program and current partners should be monitored for safety. Current partners also have the right to know if their partner is in a domestic violence treatment program.

Group safety

Conflicts between group members can create an unsafe environment. It is important to assess potential conflicts at intake and throughout the group process. Conflicts between facilitators and participants can also occur which influence the group dynamic and impact the safety of group members and facilitators. Developing protocols and procedures aimed at addressing lateral violence, crisis, conflict of interest, and risk and safety issues should be developed and are reflective of the unique circumstances of the community providing the service.

Community safety

Community safety is enhanced when the resources are in balance with the level of risk within the community. Stakeholders, including victim support services, should be informed when and where groups are located. A collaborative relationship between all stakeholders enhances community safety and honours the accountability of program participants, which fosters a holistic approach to the treatment process.

Collateral information

For the purpose of participation in a treatment program it is necessary to obtain collateral information pertaining to the offense prior to intake whenever possible. This information assists in identifying risk and safety issues. Maintaining the confidentiality of the offender is a priority, therefore policies and procedures must be developed both at the treatment provision and stakeholder level to determine who has access to the information and how it will be used.

Intake

While the intake needs to be thorough, there are additional areas to be considered when working with Aboriginal offenders. Note that some intake questions can trigger a traumatic response and it is important to be prepared and trained to address uncovered trauma. Experience shows that asking these questions in a simple, factual manner can help set boundaries and contain issues. Regardless, facilitators must be prepared to make referrals and/or offer additional supports whenever additional issues are uncovered.

Family of origin:

- Look for generational patterns
- Have they lived with anyone other than their parents?
- What patterns exist within their family?
- Have any members of their family been to residential school?

Self and identity:

- Are they connected/grounded within their community and culture?
- What are their supports in life? What are the negative influences in their life?
- What is their relationship with themselves and their community?
- What is their sense of belonging?

Risk assessments

As indicated in the provincial standards, domestic violence risk assessments must be used and understood within a cultural context. Wherever possible, risk should be assessed using an accumulation of sources aimed at understanding the risk and safety factors of all those involved. Group participants, whether mandated or non-mandated, should all undergo the same process when assessing risk¹.

In addition to routine risk assessment and mental health concerns, suicide is a significant issue within the Aboriginal community. The issue of suicide can cause a ripple effect throughout all members of a community and must be acknowledged and understood both within treatment and follow up. Considerations should be made available to perform specific and special assessment to fully capture these concerns.

¹ Some assessment tools do not adequately reflect an Aboriginal person's experience; therefore, there is a need for the development of culturally appropriate assessment tools for both victims and offenders.

Mental health and addictions

Mental health and addictions are a critical issue in the treatment of domestic violence in Aboriginal communities and need to be integrated into the treatment process. Consistent access to both mental health and addiction services must be resourced within the community providing the treatment service. Further, effective treatment and support involves culturally relevant resources which understand and incorporate historical trauma into their assessment process. Treatment and mental health services should recognize and support Aboriginal traditions and ceremonies as a valid process of healing. Ideally, offenders are provided a choice between mainstream or Aboriginal specific treatment for mental health and addictions.

Relationships should be explored so collaborative efforts can be made to develop partnerships that will assist with the provision of mental health and addiction services.

Follow up support

The treatment process can trigger historical trauma. Follow up services need to acknowledge this and ensure that mental health resources are made available to address trauma. Further, follow up is critical to creating a holistic response to treatment and should be flexible and adapted to the individual's needs. These may include supports for housing, food, employment, and life skills. Follow up supports should be created to nurture empowerment and honour the unique gifts of each individual.

Follow up planning should take place prior to completion of treatment and is an extension of service and support that goes beyond treatment. Resources are needed for an outreach position that can coordinate follow up support. This position would support the nonclinical needs of the offender in the program.

Collaboration Community

Prior to the development of a treatment program, it is essential for all stakeholders to meet on a regular basis. Stakeholders need to educate each other about the role they play in the treatment initiative. A respected member from the community needs to be in place who can be a liaison, advisor and advocate to the program and stakeholders, empowering the creation and maintenance of the coordinated community treatment response. This role may evolve over time as community and program needs evolve. It may or may not require the creation of a specific role or funded position, but will be determined by balancing the needs and desires of each community.

Treatment

Case conferencing and/or consultation occur on a regular basis among the treatment providers. Additional consultation occurs with those involved in the treatment plan where high risk or safety is an issue. Resources must also be in place so contractors can attend collaborative meetings when they occur.

Basic needs

The absence of basic needs such as food, transportation, and child care resources become barriers for program participants that will interfere with the treatment process. Experience has shown that providing some type of meal or snack for group participants

supports the learning process and honours the traditional teaching of sharing a meal. Access to transportation resources, such as drivers or bus tickets, can improve attendance and reduce obstacles that prevent participants from attending treatment. Budgets should also incorporate child care or babysitting resources.

Cultural honorariums

Elders, cultural resource people, and the use of Ceremony are our greatest teachers and should be an integral part of the treatment process. Respecting the wisdom and gifts of our Elders involves ensuring that funds are allocated so that cultural honorariums are provided and that proper protocol is followed to honour their time, expertise and support Ceremonies provided in the community.

Education and Training

The core concepts outlined in the Aboriginal framework involve both education and training necessary to support the development of an Aboriginal domestic violence program. It is important to identify the difference between education and training. Education refers to informing others who are involved in the community's collaborative response to domestic violence. Training refers to the teaching of specific skills that support people in the delivery of a service.

The Aboriginal framework recognizes three levels of support which are essential in the building of a community program. Stakeholders represent a larger system or umbrella which oversees the building of an initiative by providing funding and structure. Program partners include those systems which are essential in ensuring collaboration and coordination of services specific to the offender's treatment. These partners would involve Child Protection, Probation, Addiction and Mental Health, Elders, and Treatment Managers. Program Delivery staff refer to those directly involved in treatment provision.

Stakeholders

Training needs to be provided on an ongoing basis and include program staff, service providers, and stakeholders. Currently, services in the Aboriginal community are under resourced and should be supplemented to ensure on-going, consistent training. Further, stakeholders involved in the treatment of offenders must be educated in both local and historical factors of Aboriginal people including understanding the current dynamics and demographics within that community. Service providers must also be educated about the range of services available within the community.

Program partners

Program partners must have a clear understanding of their roles and responsibilities within the treatment initiative. Training must be made available to program partners and address each of the core concepts outlined in both the PFVTP and Aboriginal frameworks.

Program delivery staff

Staff involved in the implementation of the treatment program must have an in-depth understanding of the core concepts. There must be knowledge of domestic violence best practices, competency and understanding of program and group protocols including group process and dynamics. Staff must have knowledge regarding where treatment files have originated from and who is involved in the offenders treatment process. Treatment protocols must also be understood. Group delivery and ability to articulate content in a manner that is understandable is important. Knowledge and skills involving risk assessment, intake and suicide awareness are essential in program delivery. Safety and risk for both staff and group participants, as well as self care and vicarious trauma must be addressed.

Ongoing supervision should be provided to ensure best practices and integrity of program delivery. This involves clinical supervision, de-briefing, supporting staff and promoting resiliency. Maintaining program integrity involves continuous training to enhance program knowledge, skill development and the creation of a strong Circle of supportive professionals.

Core concepts/Group process

The core concepts outlined in the “Provincial Family Violence Treatment Standards” document have been reviewed and adopted within the Aboriginal framework. In addition to these core concepts, an Aboriginal framework is further enhanced with the inclusion of additional core concepts to address the unique and diverse issues facing Aboriginal communities.

Historical events and local history

Historical events in the community’s formation and development should be discussed within the group process. This includes the community’s relationship with surrounding reserves or towns as well as internal tribal family conflicts and dynamics. This provides participants with a historical foundation which increases awareness of local dynamics within their own community.

The impact of historical relationships, as well as the impact of residential schools, can ground participants in where they are along the continuum of Aboriginal history on a local and nation wide spectrum.

Historical events and emotional trauma

It is important to understand the impact of intergenerational abuse created through the residential school and foster care experience as it has a direct impact on the struggles and challenges of program participants.

Trauma

Understanding the impact of historical and current trauma is essential in the delivery of a treatment program. Each person's journey has been shaped by their own experiences, what support systems (or lack of support system) they've had in place and their ability to believe in themselves. Trauma assessment must be done at the early stage and should be included as part of the individual intake process. This will help create awareness or understanding as to how trauma has affected the individual, and help them to learn coping skills.

Lateral violence²

Defining and discussing the issue of lateral violence and its impacts on individuals and communities must be included.

Oppression is the unjust or cruel exercise of power or authority by one individual or group over another. It involves a dominant group of people keeping another contained or controlled.

Lateral violence happens as a result of oppression. Lateral violence may include:

- gossip, shaming, blaming, putting down others, or family feuds
- oppressed people acting out rage, anger and frustration
- violence directed at one's own people
- oppressed groups turning on one another
- outward jealousy and envy of others

Grief and loss

Both present and historical grief and loss are significant barriers in the healing process and can be factors that influence abusive behaviour.

Suicide

Suicide is a significant issue within the Aboriginal community. The issue of suicide can cause a rippling effect through all members of a community. It must be acknowledged and understood within both treatment and follow up. Suicide can be related to many issues such as trauma, grief and loss, anger, mental health issues and lateral violence. It is important to acknowledge its presence and incorporate the discussion into the treatment process where appropriate.

Risk assessment should include the following questions to assess both general risk and suicide:

- Have you had recent (last 3-6 months) emergency or hospital admissions for at risk behaviour (fighting, substance misuse, self-harm, accidents, suicide attempts or other acting out behaviour)?
- Do you have any pending court activity?
- What are your unique cultural and family beliefs regarding suicide and death?

² Adapted from "What is Lateral Violence?" Retrieved from <http://www.equaywuk.ca/HFHNDVT/WhatIsLateralViolence.pdf>

- How do you view suicide?
- How does your community view suicide?
- What has been your experience with suicide? What role have you played regarding suicides you have experienced as a: first responder, witness, caregiver, other?

Identity and gender roles

The importance of cultural and spiritual teachings related to gender, roles, and Ceremony is essential for developing self-identity and the role one plays within their family Circle and community. Discussing this topic can clarify and help gain a better understanding of how these roles unfold in modern society. The use of storytelling and group discussion can create a healthy conversation among group participants. This teaching is best done by matching the facilitator's gender with that of group participants. Service providers need to be aware of taking a culturally appropriate approach to the discussion.

Guilt, shame and jealousy

Guilt and shame remain embedded in the Aboriginal experience today, and is a barrier to self-worth and behaviour change. Jealousy can also be a powerful emotion often prevalent in abusive relationships.

Access to Ceremony and Elders

Treatment programs are committed to providing access to Elder teachings and Ceremonies throughout both the treatment process and follow up. Often offenders have had little exposure to traditional cultural practices, therefore providing opportunities to engage in Cultural teachings and Ceremony supports a grounded sense of identity. It is also important to respect the spiritual practises of all those involved in treatment.

Giving back to the community -- keeping the Circle strong

Reciprocity is a powerful healing tool that builds empathy and a sense of connectedness by giving back to the community. Likewise, program participants become empowered when individuals from the community participate and engage with the program. This further develops a sense of empathy, collective care giving and responsibility which is a core element in the healing process.

Acknowledgments

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