

# TURNING STONES: DESCRIPTIVE AND PRELIMINARY EVALUATION FINDINGS OF AN INDIGENOUS, FAMILY-CENTERED DOMESTIC VIOLENCE INTERVENTION PROGRAM

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## Abstract

*Turning Stones* is a family-centered domestic violence intervention program in British Columbia, Canada. This culturally sensitive program serves Indigenous men, women, and youth/children who suffer as a result of abuse in one or more intimate relationships. The study describes the *Turning Stones* program and provides a preliminary examination of program impacts based on nine men and nine women enrolled in the program. The program shows promising results with respect to decreasing abusive behaviours, with participants reporting declines in both physical and psychological abuse following program completion. Male participants also demonstrated gains in knowledge and skills concerning anger reduction. The limitations of the study and future research are discussed.

## Résumé

Turning Stones est un programme d'intervention (En Colombie-Britannique, au Canada) centré sur la famille, qui a pour cible la violence familiale. Ce programme (qui s'appuie sur une réelle sensibilité culturelle) dessert hommes, femmes et enfants/jeunes autochtones qui souffrent en raison d'abus dans une ou plusieurs relations intimes. L'étude décrit le programme et fournit un premier coup d'œil sur son impact d'après neuf hommes et neuf femmes qui y sont inscrits. Il montre des résultats

encourageants en ce qui concerne la décroissance de comportements abusifs, les participants rapportant une baisse du nombre d'abus (tant physiques que psychologiques) après l'avoir complété. Les participants de sexe masculin ont aussi acquis des savoirs et des talents plus poussés liés à la gestion de la colère. On parle des limites de l'étude et de recherche future.

## Introduction

The prevalence of domestic violence and abuse in Indigenous communities in Canada is high, and research shows that Aboriginal peoples are disproportionately represented as victims of violent crime in Canada. Prior research indicates that Aboriginal men and women experience substantially higher rates of violent victimization than do non-Aboriginals (e.g., Proulx & Perrault, 2000; Hylton, 2002). Results from the 2014 General Social Survey on Victimization (GSS) suggest that Aboriginal women suffered double the violent victimization rate compared to Aboriginal men, and almost triple the rate of violent victimization compared to non-Aboriginal women. In addition, Aboriginal women are at substantially higher risk of victimization from spousal violence. GSS data indicate that Aboriginal females are more than three times as likely to report intimate partner violence victimization than are non-Aboriginal females (Boyce, 2016).

Many studies posit that the roots of endemic violence in Canadian Aboriginal communities extend from historical trauma experienced by Indigenous peoples in Canada.<sup>1</sup> In other words, high rates of violence, substance abuse, and suicide are a direct result of the colonization and the forced assimilation process by white Europeans which led to Indigenous communities losing control over their families and cultural traditions. Colonization included numerous components, including but not limited to the 1876 Indian Act, which granted the Federal Government substantial control over the rights of Indigenous Canadians (Legacy of Hope Foundation, 2014), the prohibition of ceremonial traditions such as the potlatch (Bracken, 1994), and the forced removal of children from their families and communities and placement in residential schools designed to enforce European cultural assimilation. The first residential school opened in 1831; over the timespan until the closure of the final school in 1996 approximately 150,000 Indigenous children attended these schools (Legacy of Hope Foundation, 2014). Evidence of rampant physical, sexual, and psychological abuse of children in residential schools has been documented (Truth and Reconciliation Commission of Canada (TRCC), 2012); other negative impacts include irreversible loss of Indigenous language and culture.

Much research also suggests an intergenerational transfer of trauma and abuse from survivors and their families to succeeding gener-

ations of Aboriginal children (e.g., Abadian, 1999). Empirical research confirms that violent behaviour is often committed by individuals who themselves have been victimized, often in childhood (Rojas & Gretton 2007; Van der Woerd, Cox, & McDiarmid, 2006). Witnessing abuse between parents is also damaging to children; individuals with histories of witnessing interparental violence are at increased risk for perpetration of IPV as adults (Kaura & Allen, 2004). In addition to the devastating emergence of multi-generational violence among Aboriginal families, Abadian (1999) suggests that the cultural history of social and political violence inflicted upon Aboriginal communities by the state through the forced implementation of residential schools also eroded traditional beliefs foundational to relationships (e.g., the ability to experience intimacy, trust, and mutual cooperation) that have impeded the communities' ability to recover from trauma. In 2008 Prime Minister Stephen Harper issued a formal statement of apology on behalf of the Canadian Government, acknowledging that the policy of assimilation was flawed and had caused great damage to Indigenous peoples (TRCC, 2012).

Understanding the historical experience of trauma in Aboriginal communities is critical to understanding the patterns of domestic violence in current generations. As Aboriginal-focused literature on tertiary prevention programs is sparse (see Shea, Nahwegahbow, & Andersson, 2010), there is an ongoing need to develop effective Aboriginal-specific interventions that address family violence. The current study describes a culturally appropriate, family-centered, domestic violence intervention program for Indigenous peoples in British Columbia, Canada, and presents the results of a preliminary investigation of program impacts.

### **Culturally Sensitive, Trauma-Informed Intervention**

While many features of family violence are similar across Aboriginal and non-Aboriginal families (e.g., abuse of power, desire for power and control, the use of multiple types of violence, dehumanization of victims, etc.), the violence in Aboriginal families is embedded in cultural history in a much different way. The Report of the Royal Commission on Aboriginal Peoples (Government of Canada, 1996) presents a series of arguments concerning the pattern of family violence experienced by Aboriginal communities, suggesting that Aboriginal family violence differs from this type of violence in non-Aboriginal families as it has "invaded whole communities" (p. 54), is in large part a result of state interventions designed to disrupt Aboriginal families, and persists as a result of a discriminatory social environment which perpetuates demeaning stereotypes of Aboriginal men and women (p. 55-56). As discussed by Bopp and colleagues (2003), this distinction implies that IPV prevention and intervention approaches in Aboriginal communities should also be distinct from more traditional IPV intervention approaches used with

primarily non-Aboriginal participants.

Culturally sensitive treatment approaches that include traditional knowledge and practices are often cited as critical to making effective improvements in the health of Indigenous peoples (Indigenous Physicians Association of Canada and the Royal College of Physicians and Surgeons of Canada, 2009). For example, the traditional, holistic teaching approach of the Medicine Wheel examines how IPV relates to mental, emotional, physical, and spiritual domains (Dapice, 2006). Culturally safe approaches for Indigenous groups might include, for example, the involvement of Elders, sharing a meal together as a form of ceremony, an opening prayer and offer of thanks, incorporating talking circles, and implementing smudging ceremonies (Shea et al., 2010).

In addition, trauma-informed intervention approaches consider the impact of violence and trauma on program participants and recognize that violent behaviours may result in part from previously experienced trauma (Watt & Scrandis, 2013). Effective intervention approaches for IPV in Aboriginal communities should include an understanding of the Aboriginal historical experience of trauma (Browne & Varcoe, 2006). Because historical colonization forced Indigenous peoples to stop cultural practices and traditions that created a community structure and connected them with their oral history and traditional lands, effective intervention will incorporate elements to reconnect and engage men with their culture and help them regain a sense of identity, resiliency, and mental and emotional well-being (Ontario Native Women's Association, 2011).

### **Couples- and Family-Based Intervention Approaches**

IPV intervention approaches traditionally involve single-sex groups, with couples- and family-based approaches used far less frequently (Cannon, Hamel, Buttell, & Ferreira, 2016). Some research, however, suggests that including partners and/or families in intervention approaches may be an effective strategy for reducing family violence (MacDonell, 2012). For example, findings from a multisite study (Straus, 2014) suggest that, following a male's completion of an IPV intervention program, there is a 40 percent chance that subsequent physical violence will be initiated by his female intimate partner. In a comprehensive report on evidence-based standards for domestic violence intervention programs, Babcock et al. (2016) cite positive findings from a variety of violence interventions offered conjointly to partners and typically in a group format. These include, for example, nonaggression-focused behavioural couples' therapy (Simpson, Atkins, Gattis, & Christensen, 2008); interventions using brief motivation-focused approaches (Woodin & O'Leary, 2010); and interventions using Gottman's principles of communication, conflict management, and intimacy/friendship (Wray, Hoyt, & Gerstle, 2013). Findings from these studies and others suggest

that conjoint programs involving intimate partners may be a promising approach to effective violence reduction.

## Methods

### Research Design and Data Collection

The evaluation of the *Turning Stones* program involved two major components: (1) an assessment of the program framework and a process evaluation of program implementation, and (2) a preliminary assessment of program impacts. Due to limited outcome data provided by participants in the women's program, the outcome evaluation presented here focuses primarily on the impacts of the men's program.

### Program Framework and Process Evaluation

To develop a thorough understanding of the *Turning Stones* framework, program materials were reviewed and data were extracted to an information sheet containing sections for theoretical approach, program structure, participant screening, procedures and processes, curriculum content, and so on.<sup>2</sup> Program implementation fidelity was assessed via questionnaires sent to the program facilitators and manager following the last session of the program. The questionnaires focused in part on program processes, content, and delivery, e.g., deviations from the curriculum, challenges with participant engagement, unforeseen circumstances affecting program procedures, and facilitation difficulties.

### Preliminary Outcome Evaluation.

The evaluation of program impacts was designed as a single group pre-test/post-test with a six-month follow-up. Prior to program implementation, the evaluation team met with *Turning Stones* staff to review procedures for survey administration. The pre-test questionnaires were administered by staff to the adult participants (male and female)<sup>3</sup> during the intake interviews, while post-test questionnaires were administered on the last day of the program. Prior to completing the pre-tests, all participants were given an infographic and consent form which outlined the purpose of the questionnaires, emphasized voluntary participation, the benefits and risks of participation in the study, and procedures for maintaining strict confidentiality of their responses. The consent forms and all surveys were structured to adhere to the Canadian Tri-Council Policy Statement standards on ethical conduct for research involving humans (TCPS). All respondents used unique identification (ID) numbers when completing surveys; the key linking their names with ID numbers

was created and held by *Turning Stones* staff and not shared with the evaluation team. The follow-up questionnaires were administered in person by *Turning Stones* staff approximately six months following the last day of the program. The completed hard copy surveys were mailed to the evaluation team; to further protect respondent confidentiality the surveys were not viewed and copies were not retained by program staff. To encourage a high response rate, participants were informed that if they completed the six-month follow-up survey they would be provided with their choice of a \$50 payment in the form of an Amazon e-gift card, a cheque, or cash.

## Measures and Instrumentation

### Abusive Behavior Inventory

Abusive behaviours were assessed using the Abusive Behavior Inventory (ABI) (Shepard & Campbell, 1992). The 29-item ABI contains a summed "Total Abuse" scale which subsumes two subscales: Physical Abuse (9 items) and Psychological Abuse (20 items).<sup>4</sup> Strong internal consistency has previously been demonstrated for the subscales, with alphas ranging from .70 to .92 (Shepard & Campbell, 1992; Zink, Klesges, Levin, & Putnam, 2007). The 29 questionnaire items are assessed using a 5-point Likert scale ranging from 1 (never) to 5 (very often); higher scores indicate more frequent levels of abuse. Prior to completing the ABI, respondents were asked "at any point during the past 3 months, did you have a partner/significant other (e.g., girlfriend, fiancée, wife)?" Respondents answering negatively were instructed to skip the ABI and proceed to the next section of the survey.

### Open-ended Questions

Questions were developed in collaboration with the *Turning Stones* program manager to assess targeted program outputs via participant acquisition and retention of specific knowledge and skills taught in the curriculum. These questions are as follows: (1) How does the "cycle of violence" and history of family abuse affect you?, (2) What does taking responsibility for stopping abuse mean to you?, and (3) What are two techniques you could use to try to calm yourself when you are feeling angry?<sup>5</sup>

## **Analytic Approach**

### **Process Evaluation**

Program implementation fidelity was assessed through facilitator and manager post-test questionnaires; responses were summed narratively.

### **Outcome Evaluation**

Impacts of the *Turning Stones* program were examined via the participants' attainment of five targeted outputs: (1) Reduce psychological and physically abusive behaviours, (2) Understand the cycle of violence, (3) Understand the impact of residential school and colonization on abuse, (4) Take responsibility for stopping abuse, and (5) Understand how to communicate without escalation. Attainment of these outputs were evaluated with ABI scores and responses to open-ended knowledge and skills questions.

### **ABI**

Mean scores and standard deviations were computed for each of the 29 ABI questionnaire items. The Psychological Abuse subscale score represents the sum of average frequency across the 20 ABI items reflecting psychological abuse, while the Physical Abuse subscale score is the average across the 9 physical abuse items. Given the small sample sizes as well as the preliminary nature of the evaluation, tests of statistical significance were not used.

### **Open-ended Questions**

Participant responses regarding knowledge and skills are presented for each individual at pre-test, post-test, and follow-up, in verbatim format. Textual analysis was used to identify the dominant themes across participant responses for each question.

## **Results**

### **Description of the *Turning Stones* Program**

*Turning Stones* is a family-based violence prevention program for men, women, and children/youth living in an Indigenous tribal territory bordering a larger urban area in British Columbia. *Turning Stones* is a culturally safe program intended for those who are impacted by abuse

in intimate relationships. The program was founded on the understanding that the roots of partner violence in Aboriginal communities is a combination of the effects of patriarchy and the historical and complex traumatic effects of colonization and residential schools. At the time of the evaluation, the program had been in operation for approximately three years.

### **Program Structure**

The *Turning Stones* program involved 16 three-hour sessions and was structured as a 12-week program using two sessions per week for the first four weeks, and one session per week for the remaining eight weeks. All program sessions began with participants coming together to share a meal. Following a teaching from an Elder and a brief group check-in, individuals broke into different rooms for their separate group sessions (i.e., men, women, and children). All sessions ended with a check-out and description from group members on what take-home teaching was most prominent for them, and a closing prayer was given by the Elder. Individual and group counselling was provided as a means of extra support.

### **Program Content.**

Program materials included binders for all participants, a flip chart, pens/markers, a tear basket, tissues, candles, a traditional drum, cedar water (for washing away tears), and a container. The program used a combination of psychoeducational and narrative techniques infused with a culturally safe, trauma-informed approach that included experiential exercises drawn from feminist analyses of power and control, and of grief and loss, and incorporated Indigenous cultural practices, traditional teachings and medicine, some native language, and ceremony. The curriculum also incorporated techniques from Cognitive Behavioral Therapy (CBT), Acceptance Commitment Therapy (ACT), mindfulness, drawing, and art therapy. The content of the 16 sessions for the men's program is outlined in Table 1.

### **Program Staff**

Each session was led by two facilitators and an Elder. Facilitators were mental health and addictions therapists and counsellors with training in trauma-informed practice. All staff members held post-secondary degrees in the fields of counselling or social work, and had specialized training in domestic violence, suicide prevention, and addiction.

## Process Evaluation

Following completion of the *Turning Stones* program cycle, one program facilitator from the men's program and the program manager completed surveys. Overall, few deviations from the planned curriculum content were indicated; the facilitator noted the addition of a flex session on Attachment during the second week of the Anger session. Three challenges were made evident through the process evaluation. First, there were some difficulties in catering food. Second, facilitators expressed concerns with the workload in terms of having the time to prepare and deliver the program while maintaining their everyday roles as counsellors. Last, efforts to recruit both male and female participants to the program were not as successful as desired.

**Table 1. *Turning Stones* Men's Group Curriculum Content**

Session	Content/Activities
(1) Introduction	Introductions of facilitators and Elders. Icebreaker. Group guidelines, including confidentiality. Communication exercise. Identifying cues to escalation. Identifying supports. Grounding exercise (guided visualizations/relaxation).
(2) Defining Abuse	Discussion on violence: what is it? How do we justify violence? Power and Control wheel. Equality wheel. Cycle of violence.
(3) Anger	Warrior Caregiver. Defining anger. Introduction to journaling (writing/drawing). Anger log.
(4) Anger (continued)	Sharing of completed Anger Log. Relaxation exercise. Anger journal exercise. Instant calming sequence.
(5) Core Beliefs, Self-Awareness	Negative thought patterns and replacement thought patterns. How were relationships defined in your family of origin?
(6) Joint Session on historical trauma	Understanding the impact of colonization/oppression and the impact of residential schools. Is abuse cultural with Indigenous peoples? What happened to families?
(7) The Impact of Violence	Understanding the effects of childhood abuse on parenting practices. Connecting the past, present, and future (our own and our children's).
(8) Boundaries	What are boundaries? Different types of boundaries. Setting and respecting boundaries. Who is responsible for what? Disengaging from conflict.
(9) Self-Esteem	What is self-esteem? Forming and maintaining self-esteem. Maslow's hierarchy of needs.
(10) Healthy Relationships	Role models for peaceful, caring relationships. Substance use. What kind of family do you want?
(11) Coping Strategies	Positive ways of coping. Honoring resiliency. Acts of resistance that work/don't work.
(12) Closing the Circle	Future goals and next steps. Celebration as a large group. Completion certificates.

## Outcome Evaluation

*Turning Stones* was implemented in a single program cycle from March to June 2017. A total of nine men were enrolled in the program. Of these enrollees, nine completed the pre-test survey (90%), and five completed the post-test survey (50%); these five men also completed the six-month follow-up survey.<sup>6</sup>

## Program Participants

The nine Aboriginal men who completed the pre-test survey are described here and shown in Table 2. The average age was 39.3 years, with a range from 25 to 60 years old. Six of the men (67%) were born in Canada. Two-thirds of the respondents (67%) indicated that their highest level of education was elementary school or some high school. With regards to employment, three men (33%) were unemployed, one participant was working full time (11%), one part time (11%), one was a seasonal employee (11%), and two were on disability (22%). One third of the participants (33%) reported being single at the start of the program, one third were in a common-law relationship (33%), and 22% were married. Seven men (79%) reported they had children (ranging from one to nine children); two respondents (22%) indicated that their children were currently living with them. Seven men (78%) noted that child protection services were involved with their families, while two participants (22%) had a protection order in place concerning their partner and/or their child(ren). When asked about their history of exposure to domestic violence, five men (56%) responded that, as children, they had been exposed to domestic violence at home, while six participants (66%) had been direct victims of domestic violence. With respect to criminal history, four participants reported having previously been arrested for spousal assault (44%), three had prior charges for spousal assault (33%), and three had been convicted of spousal assault (33%). Additionally, three men (33%) had a record of other charges or convictions (theft, auto theft, fishing violations, and assault with a weapon). Participants were also asked about their history of substance abuse and mental health in the three months prior to the program. Two participants had consumed alcohol (22%), and two participants reported having used marijuana (22%). In addition, two participants suffered from anxiety (22%), while two experienced depression (22%).

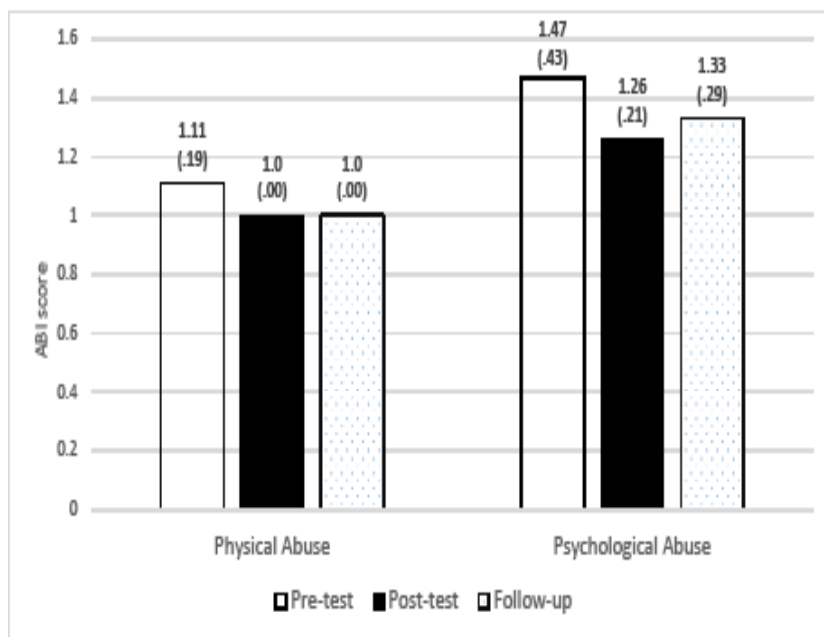
**Table 2. Sample Characteristics**

Item	N (%)
Age (mean (range))	39.3 yrs (25-60)
Ethnicity Aboriginal	9 (100%)
Immigrant status I was born in Canada I immigrated to Canada No response provided	6 (67%) 1 (11%) 2 (22%)
Education Elementary or some high school Graduated high school No response provided	6 (67%) 1 (11%) 2 (22%)
Employment status Full time Part time Seasonal Unemployed Disability No response provided	1 (11%) 1 (11%) 1 (10%) 3 (33%) 2 (22%) 1 (11%)
Marital status Single Living common-law Married No response provided	3 (33%) 3 (33%) 2 (22%) 1 (11%)
Do you have children? (Yes) If yes, are any of them currently living at home with you? (Yes)	7 (78%) 2 (22%)
Criminal history. Ever been arrested for spousal assault? Ever been charged for spousal assault? Ever been convicted of spousal assault? Ever been charged or convicted of any other offense? Are you currently on probation?	4 (44%) 3 (33%) 3 (33%) 5 (56%) 1 (11%)
Protection services Child protection services (MCFD) currently involved with your family? Protection order in place with your partner and/or children?	7 (78%) 2 (22%)
History of domestic violence Exposed to domestic violence at home as a child? Direct victim of domestic violence as a child?	5 (56%) 6 (66%)
History of substance use in the past 3 months: Alcohol Marijuana Street (illicit) drugs or other drugs	5 (56%) 3 (33%) 0 (0%)
Mental health Suffer from anxiety Suffer from depression Ever diagnosed with a mental illness	2 (22%) 2 (22%) 0 (0%)

## Attainment of Program Outputs.

### Output 1: Reduce Psychological and Physically Abusive Behaviours

Preliminary results from the ABI suggest that participation in the Turning Stones program contributed to a decrease in physical and psychological abuse. These decreases mostly remain six months following program completion. Specifically, Figure 1 shows that Physical Abuse subscale scores decreased from pre-test to post-test (from an average of 1.11 (SD = .19) to 1.0 (SD = .00)) and remained constant six months following program completion. Similar findings are demonstrated for the Psychological Abuse subscale, where the pre-test mean score of 1.47 (SD = .43) decreased to 1.26 (SD = .21) at post-test. These scores increased slightly to an average score of 1.33 (SD = .29) at six-month follow-up.<sup>7</sup>



**Figure 1. Abusive Behavior Inventory Overall and Subscale Average Scores; Male Participants (n = 5)**

### *Output 2: Understand the Cycle of Violence, and Output 3: Understand the Impact of Residential School and Colonization on Abuse*

Understanding the cycle of violence is instrumental to understanding abusive behaviours. Additionally, learning about residential schools and its subsequent impact on generational trauma is a cornerstone piece

of the *Turning Stones* program. Results from the outcome evaluation suggest that participants developed a deeper understanding of generational trauma, and how this continues to impact their everyday lives. As demonstrated in Table 3, participant responses showed a general understanding of the cycle of violence at pre-test, and this knowledge was increased at post-test and retained at follow-up. Moreover, while at pre-test all participant responses were primarily focused on feelings of anger and hatred (e.g., “created hatred of White people”; “Father went to prison for not attending residential school”), the responses at post-test and follow-up demonstrate a broader perspective on the impact of residential schools and the cycle of violence. For example, two respondents discuss how the cycle of violence normalized various forms of abuse in their household (e.g., “It affected me a lot and showed me a life I thought was okay. Picking up on everything I saw”). Additionally, three respondents discuss the continued impact of residential schools and its role in broken families and unhealthy coping strategies (e.g., “stuffing feelings, drink to get rid of pain”; “robbed me of my happiness and my family”).

**Table 3. Knowledge Regarding the Cycle of Violence; Verbatim Responses (n = 5)**

ID	Pre-test	Post-test	Follow-up
1	Family went through residential schools - absent mother, couldn't eat certain foods, mother abused me mentally, verbally, physically	It affected me in a big way. It affected me a lot and showed me a life I thought was okay. Picking up on everything I saw	Has affected me emotionally, physically, mentally. Has affected in every way inc relationship, drinking/drugging seemed normal
2	Hearing about residential school. Come through with anger affects relationship. Relationships are getting worse.	Understand history, residential school, stuffing feelings, drink to get rid of pain	My grandparents were in residential school. Was hard to hear their stories
3	Not too sure	Robbed me of my happiness and my family	Broke family apart. Hurtful. Got children back full time
4	Harshly. Parents are abusive emotionally and financially. Father went to prison for not attending residential school	Split from family, parents not wanting you, killing themselves, being used, no respect	Quite a bit. Father would beat my mother. Father does not acknowledge me or the grandchildren
5	Created hatred of White people, priests, nuns. My self-value is lower, makes me feel like half a person	Seen the abuse and learned how to treat ladies, she stayed home to clean and not be seen	Made me think the abuse was normal. Seeing more alcohol than food

### Output 4: Take Responsibility for Stopping Abuse

When asked what it means to take responsibility for stopping abuse, participants responded with answers that varied substantially (e.g., family acceptance, learning how to help themselves and others, being accountable). Comparing responses across the three survey time points in Table 4 shows an evolved understanding of the importance of taking responsibility and how it can be achieved. In particular, pre-test responses were limited to immediate implications of accountability. In comparison, responses provided at post-test and the six-month follow-up suggest that respondents had a better understanding of what it means to take responsibility, how to achieve it, and the positive long-term implications of accountability for themselves and their family. For example, Respondents 1 and 5 discussed the importance of recognizing their behaviour as abusive, and the learning process involved in taking responsibility (e.g., *"It means a lot to me to realize what I have done was not right. It has been a learning process for myself"*; *"To be stronger and knowing this has to change at some point"*). Further, when Respondents 3, 4, and 5 discussed the importance of taking responsibility, their motivation for change was largely focused on their children and the future of their family (e.g., *"Changing my life for my kids and their future"*; *"To raise my children in a good way"*).

**Table 4. Knowledge Regarding Taking Responsibility; Verbatim Responses (n = 5)**

ID	Pre-test	Post-test	Follow-up
1	Means a lot to me. Family beginning to see me change. Family acceptance	It means a lot to me to realize what I have done was not right. It has been a learning process for myself	Means a lot. It's a lot to take in thinking about my abusive behaviour. Looking at I have done and taking responsibility for it
2	Treat people how they want to be treated. Want to learn and help self and others	Stop what you are going to say	To treat yourself like you want to treat others. Can't continue to not treat others with respect
3	Being accountable for your actions	Being accountable for my own actions, learn how to deal with anger in a positive manner	Have children back now
4	Very much because I am a role model to my kids	Changing my life for my kids and their future, changing my life, do anything for my family and kids	Not doing it. Showing my children that its not the way
5	Makes me think before I take action. Standing up for the abuse I did, and taking ownership	Stronger, admit the abuse, would I do that to my girls? Would I tolerate someone else hurting my girls? Not to judge.	To be stronger and knowing this has to change at some point. To raise my children in a good way

## Output 5: Understand How to Communicate without Escalation

Learning about stress and anger, cues that trigger these feelings, and developing and using skills/techniques to deal with stress and anger are important measures of program success. Overall, findings suggest that participants gained knowledge of communication strategies to avoid escalation (e.g., consideration of their partner's perspective, listening before speaking, talking to friends to gain a different viewpoint). The verbatim responses provided in Table 5 demonstrate an array of techniques used by men when trying to calm down. Notably, responses at pre-test demonstrated limited communication strategies, as responses were primarily centered around themselves (i.e., things they do by themselves, for themselves), for example: listening to music, breathing exercises, bike rides, going for walks. Responses at post-test and follow-up showed a growth in perspective and strategies for dealing with stress and anger, as well as an understanding that this is something they do not necessarily have to accomplish alone. For example, rather than focusing on his own perspective of the situation, Respondent 1 discussed the need to take into consideration the perspective of his partner (e.g., *"Try to think about what is going on for her"*). Similarly, at post-test, both Respondents 2 and 4 suggest listening to their partner before they speak. Additionally, Respondent 5 proposed gaining a different perspective by talking to someone else rather than keeping it all to himself (e.g., *"talk to someone: a counselor, a priest, friend, partner"*). Altogether, as a result of participating in the program, participants were able to identify and discuss new communication strategies they can use in lieu of abusive/controlling behaviour or violence. Moreover, participant responses emphasize the value of asking their partner more questions, how asking a person to elaborate on their point of view can create a better understanding of the situation, and that learning to communicate effectively can help to a rebuild trust with their partner.

**Table 5. Knowledge Regarding Anger Management; Verbatim Responses (n = 5)**

ID	Pre-test	Post-test	Follow-up
1	Working out, listening to music	Anchor myself, take a break and go for a walk. Listening to music, work out, biking	Try to think about what is going on for her, take a walk
2	Going to river or ocean, "why am I doing this?", inhale and exhale, use traditional teachings	"Stop, tell me more", listening, listen to music, sit by river or lake, thinking before I speak, cold shower	Stop and think before escalation, go for walks and cool down, know your body
3	Bike around or go fishing, breathe	Time out, walk away, breathing exercises	Time apart, time outs, take a break
4	Breathe: 4 breaths in through nose and out through mouth. Go for walks	Breathe and think before I speak, wash my face, go for a walk	Go for a walk or smoke weed, escape from reality
5	Deep breathing. Pray	Take a walk, hold my tongue, don't say shitty stuff, talk to someone: a counselor, a priest, friend, partner	Think about jail. Think "I am not always right"

## Discussion

The current study describes the *Turning Stones* domestic violence intervention program, a culturally focused program primarily targeting voluntary Indigenous men, women, and youth/children, and presents results from a pilot evaluation of program impacts. Overall with respect to program implementation fidelity, the facilitator reported having almost completely adhered to the program design. Some challenges were evident through the process evaluation with regards to difficulties in catering food for the men's program, the workload for the facilitator in terms of having the time to prepare and deliver the program while maintaining their everyday roles as a counsellor, and recruitment of participants to the program.

A preliminary outcome evaluation was designed using a pre-test-post-test-follow-up single group approach. Impacts of the *Turning Stones* program were examined via the program's attainment of five targeted

outputs; attainment of these outputs was evaluated with ABI scores and responses to open-ended knowledge and skills questions. Overall, findings from the ABI and open-ended questions show some indication of the program's success in attaining specific participant outputs. For male participants, results from the ABI suggest that participation in the *Turning Stones* program contributed to a decrease in total intimate partner abuse as well as physical and psychological abuse specifically. These decreases mostly remained six months following program completion. In addition, results for the open-ended questions indicate small gains in knowledge and skills from pre-test to post-test, and these gains were retained six months following completion of the program. For example, at post-test participants demonstrated a greater understanding of the impact of residential schools and the cycle of violence, and learning what it means to take responsibility for abusive behaviours.

Though family violence is not a culture-specific phenomenon (i.e., it occurs across a wide range of social, economic, religious, and cultural backgrounds), considering the patterns and prevalence of family violence experienced by Aboriginal communities it is clear that Aboriginal family violence differs in some ways from this type of violence in non-Aboriginal families. As such, because conventional domestic violence programs were originally developed for White, lower middle-class male perpetrators (Babcock et al., 2016), some have argued that mainstream (i.e., non-culturally specific) responses to family violence are inappropriate for minority groups, such as Aboriginal families (Bopp et al., 2003; Cripps, 2007).

While evidence concerning the overall effectiveness of culturally sensitive family violence programs for minority groups is mixed, some research has shown that conventional "mainstream" family violence programs are less effective for minority populations (e.g., Gillum, 2008; Gondolf & Williams, 2001; Jewell & Wormith, 2010). With respect to an Indigenous population specifically, the benefits of culturally safe interventions have been well-documented (Gillum, 2008; Whitaker et al., 2007). Culturally sensitive programming is designed to create an environment that is spiritually, socially, emotionally, and physically safe, and is intended as an alternative to mainstream interventions. When treatment approaches meet the specific needs of their participants – for example, they take place in an environment that is familiar/safe for participants, consider the historical context of abuse, incorporate traditional teachings and disseminate information within a cultural framework, and are delivered by staff who represent the culture – interventions may be better positioned (compared to mainstream programs) to achieve success. Consistently, several studies have shown that culturally sensitive correctional programming is more effective for Aboriginal offenders than mainstream interventions in terms of improvement in knowledge and attitudes (Trevethan, Moore, & Naqitarvik, 2004), treatment

completion rates (Ellerby & MacPherson, 2002), and recidivism (Sioui & Thibault, 2001; Trevethan et al., 2004). Incorporating traditional Indigenous teachings, practices, and ceremonies into mainstream family violence interventions has also shown positive impacts on Aboriginal offenders (Thibodeau & Nixon, 2013).

Additionally, family-centered interventions are considered a key component of family violence interventions for minority groups. For instance, because family violence is deeply embedded within Aboriginal communities to the extent that it is said to have “invaded whole communities” (Bopp et al., 2003, p. 54), family-centered practices that work with all members of the family, both together and separately, are key to engaging families and increasing the safety and well-being of entire communities (Stanley & Humphreys, 2017). While Aboriginal-focused research toward family-centered domestic violence prevention and intervention is lacking (see Shea et al., 2010), in his discussion of the benefits of culturally specific family violence intervention programs for African Americans, Gillum (2008) proposes that holistic and family-centered practices are central to effective healing practices with minority groups. Despite the suggested benefits to family-centered interventions, however, some concerns have been raised regarding such practices in the context of family violence interventions. For example, one such criticism is that family-centered approaches fail to acknowledge the gendered nature of abuse. Other concerns toward shared family sessions such as couples’ interventions include the possibility that shared therapy/intervention sessions may become sites for coercion and control, and if proper safety assessments are not conducted, shared sessions may expose victims to further abuse, or escalation of abuse due to retaliation (Stanley & Humphreys, 2017).

## Limitations

Although the current study was a pilot investigation of program processes and outcomes, there are several limitations to consider. First, the program was evaluated in a single group cycle. Facilitator implementation of the curriculum and the nuances of the delivery experience may have differed across different program cycles and groups of participants had the program been evaluated across multiple program cycles. This may have resulted in differences in the process evaluation findings. With respect to the outcome evaluation, resource limitations precluded the use of a comparison group. Without a comparison group, it is possible that changes evidenced by participants from pretest to post-test and follow-up may have been a result of factors other than the program itself. In addition, low participant post-test response rates were observed. Specifically, out of nine enrolled men, nine completed the pre-test (100%) and five (56%) completed the post-test survey (all five also

completed the follow-up survey). The small number of survey respondents precluded statistical analyses of the data and findings concerning within-person changes from pre- to post-program should be considered descriptive rather than causal. Last, the outcome evaluation data were limited to self-report measures only and the surveys were administered by *Turning Stones* program staff. The evaluation team did, however, remain in close contact with program staff and provided instructions with regards to survey administration procedures, the importance of emphasizing voluntary participation and confidentiality of responses, and suggested highlighting survey incentives to encourage high response rates.

## Conclusion

Understanding the historical experience of trauma as a result of residential schools is critical understanding the prevalence of family violence in Aboriginal communities in Canada. Because research has shown that conventional “mainstream” family violence programs are less effective for minority populations, including Indigenous peoples, there is an ongoing need to develop and evaluate culturally sensitive tertiary prevention programs for family violence in Aboriginal communities. When prevention programs approach violence and abuse through a culturally safe and trauma-informed lens, such practices may minimize barriers experienced by Indigenous peoples to access mainstream services (e.g., intimidation, lack of trust toward Western services, experiences of prejudice and racism, incongruence with cultural norms, values, and beliefs), and, as a result, may be better positioned to achieve success. In addition, because family violence is deeply embedded within Aboriginal communities, the use of family-centered practices may better serve communities by engaging families and increasing the safety and well-being of entire communities. Further research on the effectiveness of culturally safe, family-centered practices for Indigenous peoples is necessary in to ensure optimum impacts of violence reduction intervention practices in Indigenous families and communities.

## Notes

1. In the current study the terms “Aboriginal” and “Indigenous” are used interchangeably. In Canada, the term “Aboriginal” encompasses three groups, including First Nations, Inuit, and Métis peoples. Indigenous is a broader term used globally and refers to a variety of Aboriginal groups.
2. The program manager was provided a copy of the program information sheet and asked to verify the accuracy of the information and add to/edit the content as necessary. A site visit was also con-

ducted by the evaluation team to examine the context of program processes, setting, and delivery.

3. While *Turning Stones* involves a child/youth component, child/youth participants were not included as part of the process or outcome evaluation and are not reported on here.
4. Item 21 was removed from the scale by Shepard and Campbell due to a low response rate and a negative correlation with the total ABI scale; we removed this item as well.
5. In addition to the ABI and open-ended knowledge and skills questions, the pre-test questionnaire contained a series of background and demographic questions including, for example, respondent age, race/ethnicity, marital status, number of children, criminal history, recent use of alcohol and illegal drugs, and exposure to domestic violence as a child.
6. Twelve women enrolled in the program; nine female participants completed a pre-test survey (75%), and four of these women completed the post-test survey as well as the six-month follow-up survey (33%).
7. For all three ABI scales, female participants reported a decrease in abusive behaviour by their partners from pre-test to post-test, with a larger reduction shown at six-month follow-up. See Figure A1 in Appendix A.

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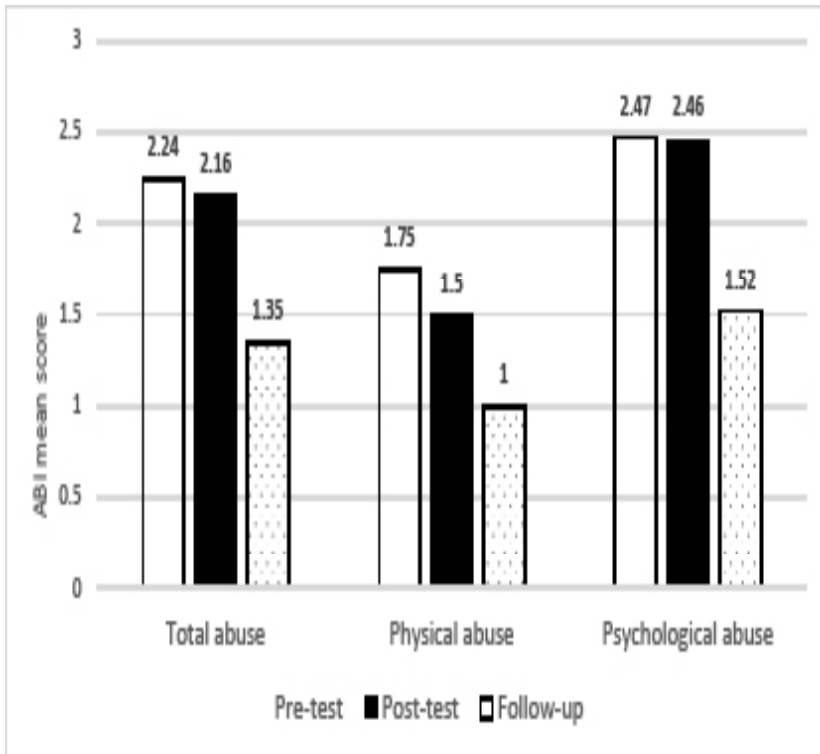
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## APPENDIX A



**Figure A1. Abusive Behavior Inventory Overall and Subscale Average Scores; Female Participants (n = 4)**