Exploring Strategies to Reduce Family Violence in the Northwest Territories: A Scoping Review

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Government of Northwest Territories

July 2019

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ABSTRACT

Background

Family violence is a devastating everyday occurrence in the Northwest Territories and finding ways to diminish the presence, effects and outcomes of family violence are a priority of the 18th Legislative Assembly of the Government of the Northwest Territories. This review takes a broad look at interventions to stop family violence across the lifespan.

Methods

A scoping review was completed from January to July 2019 that considered literature from northern, remote and Indigenous populations and interventions to reduce violence. The search of databases included CINAHL, Medline, PubMed, Cochrane Library, Social Sciences Complete Text, and Joanna Briggs Library. Other articles were included from a search of other sources.

Results

Seventy-three articles were included in the final synthesis. Evidence-based and other promising interventions were identified as a contextual fit for the northern, remote and Indigenous context. Findings were grouped under five major themes: educational interventions, cultural integration, clinical response, justice response and system transformation.

Conclusions

There are no systematic reviews on the northern, rural and remote and Indigenous context specific to the Northwest Territories. Within systematic reviews, there are inconsistencies in designs, methods and evaluations making it difficult to find evidence. Despite this, the synthesis identifies promising direction within a comprehensive approach.

Keywords

Family violence, intimate partner violence, violence against women and children, elder/older adult abuse, scoping review, northern Canada, remote, Indigenous

INTRODUCTION

Family violence is a significant issue in the Northwest Territories (NWT) where assessment of police-reported violent crime is seven times higher than the national rate (Statistics Canada, 2016). Descriptors of these statistics paint a picture of victimization in the territory where 90 percent were adults age 18 and older (ibid). Children and elders are also exposed, witness and victimized in this picture. At the same time, globally, interventions to prevent intimate partner violence are growing, but there needs to be more efforts to both evaluate and disseminate these interventions (Madden et al., 2019). Many interventions are aimed at urban developing and developed countries, generally with fewer focused on rural and remote areas, and even less on Indigenous Canadian populations. The aim of this scoping review is to provide evidence from the literature to assist in the development of a comprehensive approach to family violence in the Northwest Territories.

Background

The NWT is one of Canada's three territories that span the arctic and subarctic jurisdictions above six of the Canadian provinces. The territory is located to the east of Yukon and to the west of Nunavut, with a population of 44,590 (Statistics Canada, 2018). The NWT has 33 communities scattered across a vast land of 1.346 million square kilometres. The largest community is Yellowknife, the capital, with a population of 20, 607, and the smallest hamlet is Kakisa, with a population of x (so small there is no designation) (Statistic Canada, 2018). In addition, 27 of the 33 NWT communities have a population of less than 1,000 people. The people of the territory are newcomers, settlers, Dene, Métis and Inuit (with distinct Indigenous groups within these groups). There are 11 official languages in the NWT, with nine of these languages spoken by Indigenous peoples. The NWT is rich with cultural diversity, traditional and western knowledge, and a rugged and pristine land, but the Indigenous peoples of the territory bear a disproportionate burden of socioeconomic inequity (Moffitt & Mercer, 2015) and social suffering (Irlbacher-Fox, 2010).

The current territorial government is seeking evidence from the literature to guide their actions for a more coordinated and comprehensive approach to family violence. Family violence was identified a priority by the 18th Assembly and a government departmental team are creating a comprehensive approach to family violence; a plan to be initiated for the 19th Assembly. Under the family violence agenda, there are a wide range of overlapping activities, roles and responsibilities from a variety of government departments. These activities include health and well-being, child welfare, victim services, policing

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services, criminal justice reform, family law, shelter and housing, economic stability, personal safety and gender perspectives. The territorial government has attempted to meet the needs of its residents through broad priority areas, including the availability of housing, accessible transportation networks and access to income assistance. Too often, this approach has been reactive, based on short-term funding and aligned to meeting concerns or responses as they trend. It is hoped that this review will guide a new evidenced-based approach.

Objective of this Study

To provide the Government of the Northwest Territories a synthesis of the best evidence on the prevention of family violence from peer-reviewed literature that is aligned with the territorial context.

Definition of Family Violence

Family violence is considered an umbrella term that covers a wide range of topics: conceptualizations and theories about the cause of family violence (typologies), the victims and perpetrators of family violence, types and forms of family violence, and interventions and strategies to combat family violence. An important caution in defining family violence too broadly is that this may "obscure particularities of each type or form of violence" (Cousineau & Rondeau, 2004, p.940).

Cousineau and Rondeau (2004), when defining violence within the family, ponder the different kinds of relationships to include within family violence. They named married partners, same sex partners, common-law partners, occasional partners, dating partners, parents toward their children, children towards parents, between siblings and relatives; they also acknowledged the broader definition of violence to include female victims, male victims, children who witness violence, child abuse or molestation, and dating violence (pp. 939-940).

According to Rutherford, Zwi, Grove and Butchard (2007), family violence includes child maltreatment, sibling violence, intimate partner violence and elder abuse. The concept of family violence is being increasingly used to draw attention to how each of the sub-types of family violence may cause or be a risk factor for the other sub-types, and how there may be common underlying risk factors at the levels of the family and the relationship between the family and the wider community and society. In turn, this suggests the adoption of prevention opportunities that can help reduce the risk of all types of violence within the family by more holistically addressing the family and social systems. The interconnectedness of family violence, suicide, crime, and drug, substance and alcohol abuse as manifestations of intergenerational trauma and the importance of understanding historical contexts that produce family violence have been emphasized in Australia and in Indigenous communities elsewhere.

Taylor-Butts (2013) report that there is no universal accepted definition of family violence, but quotes a 2010 report:

- The Federal Family Violence Initiative described it as a range of abusive behaviours within relationships based on kinship, intimacy, dependence or trust and that the abusive behaviours include physical, sexual, verbal, emotional and financial victimization and neglect basing the definition of two key elements of type of family relationship and form of family violence (National Clearinghouse on Violence and the Public Health Agency of Canada,2010, p. 1).

In the *Australian Domestic and Family Violence Protection Act 2012*, family violence is defined as:

- Behaviour from a person to a family member that is physically, sexually, psychologically or economically abusive, threatening, coercive or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or well-being of themselves or another family member or behaviour of a person that causes a child to hear or witness or otherwise be exposed to the effect of the behaviour (Australian Government, 2012).

According to the Australian Institute of Health and Welfare (2018), the most common type of family violence is intimate partner violence, which is also called domestic violence.

Historical oppression (Burnette & Fenner, 2017; Roh, Burnette, Lee, Lee, & Easton, 2016) and/or historical trauma (Hartmann & Gone, 2014, 2016; O'Neill, Fraser, Kitchenham & McDonald, 2018), colonialism (Brownridge et al., 2017; Kubic, Bourassa & Hampton, 2009; Royal Commission of Aboriginal Peoples, 1996), patriarchy (Bettman, 2009; George & Smith, 2014; Hunnicutt, 2009), social determinants (Holtman & Rikards, 2018) and intersectionality (Armstrong, Gleckman-Krut, & Johnson, 2018; Kelly, 2011) are considered structural and theoretical factors of family violence.

Recent local research focused on intimate partner violence (IPV) identified IPV is occurring across the NWT, in every region and community, and at rates higher than other Canadian jurisdictions, with the exception of Nunavut (Moffitt & Fikowski, 2017). Given this, we see the necessity to further elaborate on IPV. Johnson (2006; 2011) describes three main typologies of IPV: intimate terrorism (pattern of control tactics – threat and terror, coercive control, strong gender asymmetry, mostly men); violent resistance (mostly women resisting the perpetrator, sometimes retaliatory, turn to other tactics to resist, how to defuse, how to escape); and situational couple violence (most common type of IPV, arguments that escalate to violence, both men and women involved in this type of violence, roughly equal for men and women in terms of perpetration, but consequences are different; there are some that become homicidal and they are situations where there is a need to intervene). These definitions describe the roles of the violence in the relationship (Johnson, 2006; 2011) and would indicate specific directives for governmental policy and program initiatives, which would target those distinct populations engaged in that type of IPV.

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Context plays a significant part in family violence in the NWT. We are a geographically large territory with scattered communities that are remote, scarcely populated and with limited to no resources. Moffitt and Fikowski (2017) identified the following contextual characteristics in relationship to IPV that creates a sense that "our hands are tied" (p.14) both from the frontline services' capacity to help women and women's capacity to approach services or successfully flee violence: women are putting up with violence, shutting up about the violence and getting on with life. Embedded within these are seven factors that intersect uniquely for each community and each woman's experience.

The factors include social determinants of health social and geographic remoteness of communities and depleted resources. Another factor is a culture of violence and silence that is an intersecting result of the effects of historic trauma, community dynamics that silence women, such as gossip and community retribution, as well as frontline workers' desensitization over time. The actuality of frontline services is another factor. It is described as crisis-oriented, ineffective and non-collaborative. The remaining factors include: high rates of alcohol use that are expected and accepted to some degree by both community people and frontline service providers; the resilience witnessed in women who forge on; and the hope frontline providers maintain in their efforts to reduce family violence incidents.

Operational Definition for Family Violence

Using an ecological systems approach[1], which acknowledges our unique and important northern context, our operational definition of family violence is behaviour, across the lifespan, from a person to a family member that is physically, sexually, psychologically, economically or spiritually abusive, threatening, coercive, uses surveillance or in any other way controls and dominates the family member. This behaviour causes a family member to fear for the safety or well-being of themselves or another family member. This behaviour of a person also causes a child to hear or witness or otherwise be exposed to the effect of the behaviour. We also include three main typologies of IPV: intimate terrorism, violent resistance and situational couple violence.

[1] An ecological systems approach is often used to address intimate partner violence. This theory was founded by Bronfenbrenner in the 1970s. The social ecological model examines how the environment affects human behaviour

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Research Design

A scoping review identifies key concepts about a topic: detects existing gaps in a topic, examines current evidence, provides an overview of the existing literature, and can lead to a systematic review (Joanna Briggs Institute (JBI), 2015). In this case, we wanted a broad method to address strategies to decrease family violence in a northern Indigenous context in Canada.

The scoping review was conducted using the JBI Reviewers' Manual 2015 (JBI, 2015). This methodology enhanced prior work on scoping reviews by Arksey and O'Malley's (2005) original steps and an additional step by Levac, Colquhoun and O'Brien (2010). Steps of the research process in this study include:

Identifying the Research Question (an iterative process)

The research question was developed through discussions with the knowledge user (five departments of the Government of the Northwest Territories, with the Community and Policing Division, Department of Justice, taking the lead role) and was then vetted and approved by the Executive Committee, SPOR Evidence Alliance. We conducted an integrated research process, meeting with the lead knowledge users monthly and the large group three times throughout the research. As well, we consulted with community youth and elders in eight NWT communities using a sharing circle approach to ascertain contemporary and traditional knowledge about preventing violence and their prioritization of the results of this scoping review (this research will be shared in a later report). The objectives, inclusion criteria and methods for this scoping review were specified in advance and documented in a protocol (see appendix A).

The research question, as defined by the knowledge user, is: in northern, remote, primarily Indigenous communities, what are the most effective short and long-term strategies to reduce the incidence and severity of family violence?

Further questions evolved as we searched using the operational definition of family violence:

- What are the best strategies and practices to prevent elder (older adult) abuse?
- What can be done to protect children from family violence?
- What are effective interventions for intimate partner violence?

Inclusion Criteria

- Published in English from 2008 to 2019 (10 years).
- Published in full text.
- Focused on short and long-term strategies/ interventions to prevent/address family violence.
- Contextual fit: rural, northern, remote, primarily Indigenous.
- Address violence across the lifespan (utero, children, youth, adults, older adults).

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Exclusion Criteria

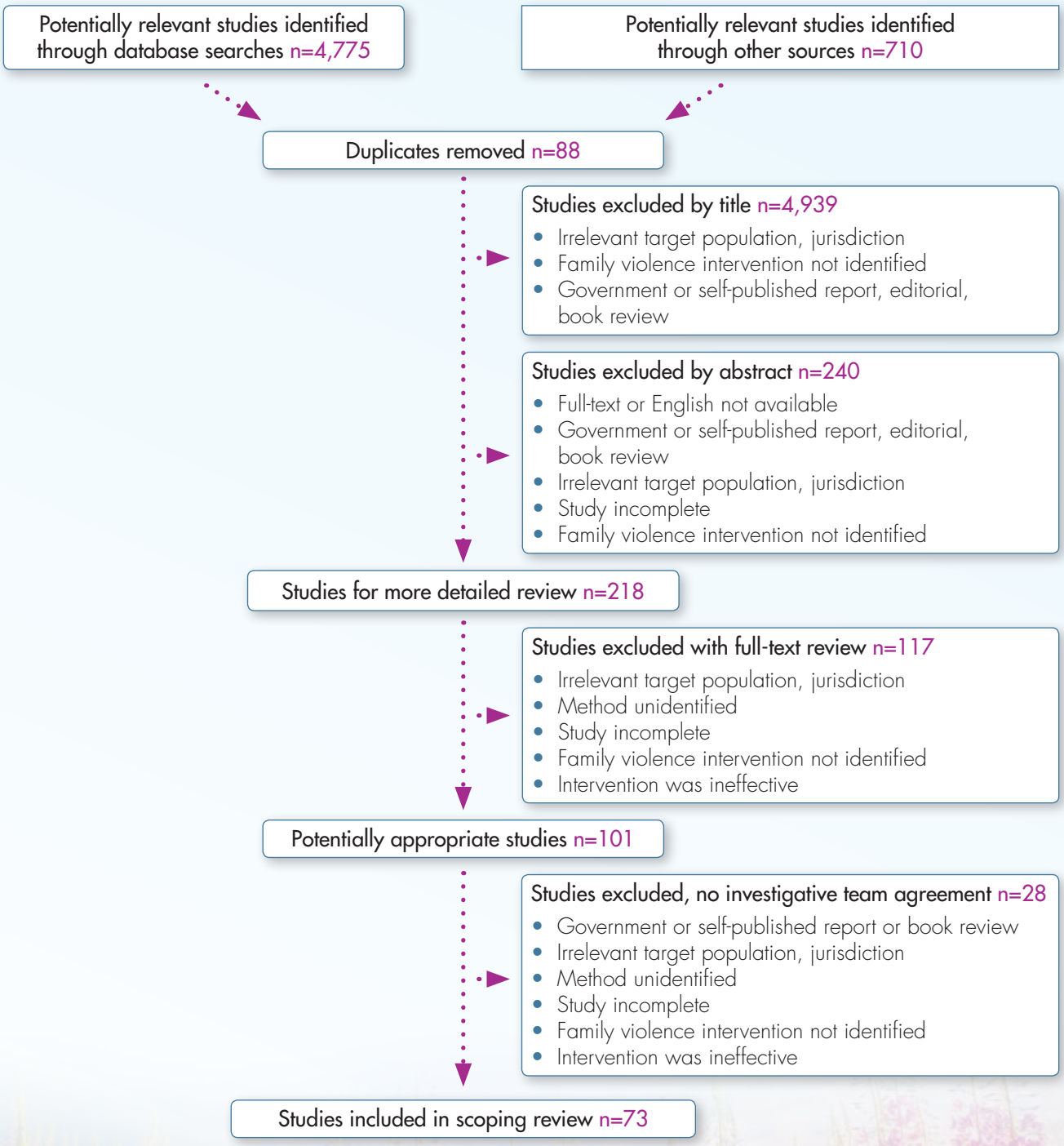
- Studies that focused on specific populations that did not fit the northern, rural, remote and Indigenous context.
- Studies not included in the operational definition.
- Studies which are preliminary in process or findings.

Searching for Relevant Studies

Using a combination of keywords (Appendix B), six databases (Cumulative Index to Nursing and Allied Health, Medline, Cochrane Systematic Reviews, PsychInfo, PUBMed, Social Sciences Complete Text, Joanna Briggs Library) were searched. We also searched the grey literature, such as Indigenous portals on the web and websites. Concurrently, we were searching for government initiatives across Canada and in circumpolar countries to find Indigenous peoples' solutions to end violence. The search was completed from January to July 2019 for all eligible studies in the past 10 years. The search terms were modified to the database requirements. Three researchers independently scanned the titles and abstracts, and then further refining was completed of the full text of articles selected. The eligibility of the articles was completed independently and totalled 4,775 articles from the databases and 710 articles from other resources. Within that process, duplicates (n=88) were removed. The search terms were initially established through creation of an operational definition of family violence, as previously described. The following steps were utilized in the analysis:

1) Title review: A large number of articles were removed by title (n= 4,939) utilizing the PICO inclusion/exclusion criteria. The major reasons for exclusion at this level was irrelevant target population that did not fit the context of northern, rural and remote, and Indigenous; that a family violence intervention was not identified; and that it was a government, self-published or book report.
2) Abstract review: The remaining articles were reviewed at the abstract level, utilizing the PICO criteria; 240 articles were removed. Abstracts were excluded if: full text in English was not available; the study was incomplete (research protocol only); the methodology was weak or not described; a family violence intervention was not identified; or the family violence intervention was irrelevant for our population. At this point in the review, 218 articles were considered for more detailed review.
3) Full text review: Articles were read completely by each reviewer and 73 studies were considered relevant and included in the synthesis.
4) Charting the data: The scoping review process was carefully plotted and the following flow diagram (figure 1) was developed to demonstrate the process.

Figure 1: Flow Diagram of Scoping Review Process



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Collating, Summarizing and Reporting the Results

We began the analysis process by collating the studies according to author(s)/year, method, population, best practice and recommendations on an excel spreadsheet. Studies were carefully considered, adhering to the inclusion/exclusion criteria. There was an ebb and flow to the number as our level of critique increased over time. We met twice weekly to discuss the merits of each study that would be placed in the final table. Once the spreadsheet was complete and the final 73 studies selected, we were able to collate and summarize further the method, population, best practice and recommendations.

We noted that the methods used in the 73 studies varied greatly, including systematic reviews, scoping reviews, literature reviews, quantitative methods, qualitative methods, mixed methods, RCT, secondary analysis and community-based participatory action research. These variations are noted in the findings section and present as limitations of incongruence when taken as a whole.

In terms of best practice, we identified 12 areas of best practice, including education, policy, education and community, clinical, legal, program, culture, prevention, health promotion, community development, Indigenous interventions and informal supports. We then began a process of streamlining these categories to a more concise list. For example, we realized that culture and community development fit under Indigenous interventions. The four most prominent areas of best practice were clinical (n=22), policy (n=22), program (n=15) and education (n=14). This method of review afforded a way of labeling and sorting strategies or interventions and did aid with the analysis of the large number of studies. The areas of best practices informed the major themes in the synthesis.

We searched independently and then came together to discuss the sources we each felt should be included in the final table. We presented our individual review then identified the strengths and weaknesses of each source and their contribution to the end product, a comprehensive approach to family violence. As we read, understood and interpreted the content of each article, the categories shifted, overlapped and became apparent. With our final review and synthesis, we collapsed the main themes with many sub-themes into the following major themes: educational interventions, cultural integration, clinical responses, justice responses and system transformation.

Education is a priority in the literature and under educational interventions we addressed key sub-themes: community and family education, community cohesion, child and youth prevention programs, and education to professionals. Cultural integration was also identified. Included as sub-themes are: roles for elders, men's healing, Indigenous sentencing circles, shaming, two-eyed seeing, supporting women and reconnecting youth. Clinical responses had several key sub-themes: screening, supporting disclosure, self-assessment tools, risk assessment tools, death reviews, work with women, mothers and their children, improved mental health monitoring for children, safety planning, and building sensitivity to traumatic brain injury. The last major theme addressed in this scoping review is system transformation. It includes a strengths-bases approach, co-locating mental health and child protection services, integrated response to family violence, and multi-sectoral policies.

AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Alt, Nguyen and Mercer (2011)	Systematic Review	Older Adults	Education	Fourteen sources that included 22 educational interventions/programs that focused on physician training programs service providers and first responders and mixed audiences There are lack of details on the programs and limited evaluation. **Recommendation:** When educating helpers in reporting of elder abuse and neglect interactive methods are more effective than paper resources.
Anisko (2009)	Descriptive	Older Adults	Education	Mistreatment, neglect or physical abuse are considered the most common forms of abuse in American Indians and caregivers are often the perpetrators. Those experiencing elder abuse share the following: more alcohol use, current depression, history of depression/ suicide attempts and health problems. Poverty is a factor and overburdened caregivers. The response of tribes to elder abuse is different for different tribes. **Recommendations:** 1) Need for more research – epidemiological and qualitative studies. 2) Education about caregiving needs to be provided to families with three strategies (incorporate fixed routine when caring for elder; improve family assistance; and take breaks from caregiving).
Arkins, Begley and Higgins (2016)	Systematic Review	Women	Policy	Screening instruments for IPV as used in multiple healthcare settings were reviewed with 10 tools identified, including: • Abuse Assessment Screen/Abuse Assessment Screen-Disability (AAS and AAS-Disability); • Humiliation, Afraid, Rape and Kick (HARK); • Hurt, Insulted, Threatened or Screamed Questionnaire (HITS); • Partner Abuse Interview; • Partner Violence Screen PVS); • SAFE-T; • STaT; • Woman Abuse Screening Tool (WAST); • WAST-Short Form; and • Women's Experience with Battering Scale. **Conclusions:** 1) The AAS, HARK and WAST screen all three areas of IPV and have demonstrated validity; and 2) Of all tools included in the review, only one (HARK) demonstrated strong psychometric properties.

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AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Baker, Francis, Hairi, Othman and Choo (2016)	Systematic Review	Older Adults	Education	Most of the seven studies included in this research provided low evidence as related to small sample size and no consistency across the seven studies of methods. They declared provided insufficient evidence of effectiveness. **Recommendation:** High quality trials.
Belknap and McDonald (2010)	Qualitative Study	Men and Families	Policy	**Findings:** 1) Benefits of sentencing circles (SC): community involvement and public awareness; defendant takes responsibility; address root causes of IPV. 2) Criticism of SC: may not be effective in stopping IPV, and can place victim at greater risk. 3) Recommend more research on recidivism, safety for victims and colonization/racism.
Braithwaite (2018)	Survivorship Storytelling	Women	Education and Community	Education for non-Indigenous workers to understand impact of colonization, historical oppression and ongoing marginalization – and how it continues to restrict help-seeking; focus on help for perpetrators, not punishment; and support "grass roots" social change so Indigenous communities can reclaim their personal and political power.
Brownridge, Tailleau, Afifif, Chan, Emery, Lavoie and Elger (2017)	Retrospective Survey	Families and Children	Clinical	**Findings:** 1) Treat historic trauma; and 2) Reducing child maltreatment leads to decreased occurrence rates of future IPV as adults.
Burnette and Sanders (2017)	Critical Ethnography	Women	Education, Policy, Clinical	**Findings:** 1) Take a community approach to engagement and awareness. (Strengthen existing multi-sectoral services; 2) Establish education standards and provide professional training to enhance competency specific to interdisciplinary/ multi-sectoral communication and collaboration, and knowledge of the process and complexities of IPV; 3) Child focused prevention and education strategies, particularly targeting youth; and 4) Family-focused interventions what works with the whole family system and includes effective parenting strategies and positive community and family social activities.

AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Chesterman (2016)	Policy Analysis	Older Adult	Policy	**Findings:** 1) The wishes of the elder must be central to the response rather than focusing on vulnerability; 2) In terms of financial abuse, it is important for banks to develop better protection for elders; and 3) There is a suggestion that regional integrated service committees who meet regularly be implemented. Within these committees, there needs to be lead agencies.
Coburn, Chong and Connolly (2017)	Quantitative	Children and Youth	Legal	**Findings:** 1) Sentencing severity felt to reflect the impact on child/youth victim; and 2) Greater intrusiveness (early age, severity, repetitive, forced to testify) has more negative outcomes for child/youth.
Crooks, Jaffe, Dunlop, Kerry and Exner-Cortens (2019)	Literature Review	Adolescent and Young Adults	Program	**Findings:** 1) In-school programs most effective, but recommend that program delivery extend beyond classroom setting and be implemented in other contexts; and 2) Specific programs with demonstrated effectiveness include: (a) three adolescent school-based prevention programs (Fourth R; Safe Dates; Shifting Boundaries), (b) WiseGuyz, a boys' school-based selective prevention program, and (c) two adolescent at-risk school-based programs including Expect Respect Program and Youth Relationships Program that targets youth in the child protection system.

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Day, Jones, Nakata and McDermott (2012)	Literature Review	Men	Program	Culturally informed violence prevention programs need to examine: 1) Root causes of anger such as inherited grief, dispossession of land, loss of traditional roles, economic exclusion and poverty; 2) Address Indigenous men's identity; 3) Help perpetrators understand hidden grief and inexpressible rage (collective losses combine to make anger more overwhelming and confusing); 4) Support men to make changes to anger expression while understanding that their environment provides constant reminders of loss, grief and anger, including pervasive substance use; and 5) Help perpetrators of violence understand their accountability while also monitoring safety of victims. One strategy suggested to enhance perpetrator engagement is the use of Indigenous program facilitators who bring cultural safety and sensitivity. Suggestions are made for non-Indigenous program facilitators (self-reflection, cultural awareness training and networking/ supervision with Aboriginal colleagues).
Diemer, Humphreys and Crinall (2017)	Mixed Method	Women and Children	Policy, Clinical	**Recommendations:** 1) When women have severe threats to violence, they should not remain in their home with the perpetrator and, instead, relocate; number of breaches to an EPO and protection order were high in this population. 2) Create stronger measures for perpetrators who breach EPOs and protection orders. 3) If women chose to stay in the home, there needs to be a collaborative strategy to ensure her safety, with housing, economics and justice departments working together. 4) Staying home leaves women more open to breaches than if they were to re-locate.
Duley, Botfield, Ritter, Wicks and Brassil (2017)	Program Evaluation	Adolescents	Program	Program description: Five modules engaging elders and youth in conversations about range of issues, including relationships, consent, family violence, drugs and alcohol. Program evaluation results: Mean knowledge and attitude scores improved for both genders after completing all modules; participants found content useful, relevant and delivery enjoyable; important areas of change included enhanced knowledge and improved attitudes about contraception, rights, consent and respectful relationships. No long-term change measures were completed.

AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Engnes, Liden and Lundgren (2012)	Phenomenology	Women	Policy, Clinical	Midwives play a critical role in inquiring about IPV and encouraging women to build trustworthy, supportive networks.
Fikowski and Moffitt (2018)	Mixed Method	Women	Policy, Education, Program, Clinical	**Recommendations:** 1) Inject community education campaigns that work to de-normalize violence and encourage community members to speak out against it; 2) Target education to children and youth that focuses on healthy relationships; 3) Ensure that non-violence programs, services and campaigns reflect the uniqueness of communities, and that it comes from and is supported by the communities; 4) Educate organizations and frontline workers to the effects of compassion fatigue and vicarious trauma, including ways in which the impacts of these can be mitigated at all levels; and 5) Service providers work from a trauma-informed lens, and work to establish and maintain a trusting relationship with women who are experiencing violence.
Fleming, O'Driscoll, Becker and Spitzer (2015)	Literature Review	Adolescent Girls	Policy	Routine and repeated screening for violence in adolescent pregnancies due to increased rates of IPV in this population.
Fong, Hawes and Allen (2019)	Systematic Review	Women and Children	Clinical	**Findings and recommendations:** 1) Increase public awareness and knowledge as well as change the attitude towards violence; 2) Incorporate positive parenting strategies to non-abusing parent interventions, which promotes a warm relationship to the child and reduces behavioural problems that may present; and 3) Target mothers' mental wellness, which reduces externalizing behaviours in children exposed to IPV.
Giles (2018)	Literature Review	Women and Children	Program, Clinical	Grade A evidence = 1) Triple P – Positive Parenting Program; 2) Hospital and home-based educational programs; 3) Parent-child interaction therapy; and 4) CBT. Grade B evidence = 5) School-based education programs (increase knowledge and protective behaviours) prevent sexual abuse; and 6) Community group treatment for women experiencing IPV.

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Goulet, Lorenzetti, Walsh, Wells and Claussen (2016)	Scoping Review	Women	Indigenous Intervention	Three protective factors identified: 1) Traditional knowledge (higher level of knowledge, use of elders, passing on oral traditions and participation in ceremony/ spirituality contribute to greater healing); 2) Family strength and support networks (important for all populations, but belonging to larger kin network is especially helpful for Aboriginal persons); and 3) Positive self-identity (those who have "re-built" or "re-discovered" their Aboriginal identity through a decolonizing lens have increased resilience).
Graham-Bermann, Miller-Graff, Howell and Grogan-Kaylor (2015)	Randomized Control Trial	Women and Children	Clinical	**Findings and recommendations:** 1) Increase public awareness and knowledge as well as change the attitude towards violence; 2) Incorporate positive parenting strategies to non-abusing parent interventions, which promotes a warm relationship to the child and reduces behavioural problems that may present; and 3) Target mothers' mental wellness, which reduces externalizing behaviours in children exposed to IPV.
Graham-Bermann, Gruber, Howell and Girz (2009)	Quantitative Cluster Analysis	Women and Children	Clinical	Recommended strategies targeted children and parents as a way of best improving children's functioning when exposed to IPV: 1) Most significant predictor of improving children's functioning is linked to maternal mental health – recommend that early interventions treat mother's depression and traumatic stress; 2) Provide programs that target effective parenting skills for mothers such as appropriate consequences and limit-setting strategies; and 3) Provide children opportunities to express their feelings about the violence, including the fears and worries associated with the violence.

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Graham, Sahay, Rizo, Messing and Macy (2019)	Quantitative Cluster Analysis	Women and Children	Clinical	1) Use IPV and intimate partner homicide risk assessment tools, with practitioners working with women experiencing IPV, selecting tools based on reliability, validity and feasibility, ensuring it is an appropriate fit for the practice setting.
Guggisberg (2019)	Phenomenology	Women	Policy, Education	**Recommendations:** 1) Educate younger generations about consent and that IPV is not normal; 2) Educate both genders to principles of unacceptance towards violence and that it should not be silently tolerated; 3) Educate CFS workers that IPV a significant risk factor for child homicide; 4) Educate professionals to the increased risk of intimate homicide, use of risk assessments and women's desire to protect their children when in violent relationships; and 5) Clinical practice should encourage cultural competence, be trauma-informed, and incorporate Indigenous elder women and organizations' use of cultural and spiritual healing practices.
Herbert and Bromfield (2019)	Systematic Review	Children	Clinical	Multi-disciplinary teams found to make significant difference in: 1) Mental health service use and improvement in trauma symptoms; 2) Increased child protection responses; and 3) Increased referrals to medical services.
Hirst, Penney, McNeill, Boscart, Podnieka and Sinha (2016)	Systematic Review	Older Adults	Education, Prevention, Health Promotion	The authors used five guiding questions to summarize findings. In terms of responding to abuse, they found that it is important to individualize the plan and that support be given, culturally-sensitive and providing a coordinated approach. Education needs to be focused around providing information about recognizing abuse, responding and reporting.

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Holkup and Salois (2017)	Community-based Participatory Action Research	Older Indigenous Adults	Clinical	Based on process by Maori in New Zealand, the family-centred conference is recommended in Tribal American communities. 1) Build on strengths of extended families and promote strategies created by them to focus on elder well-being and safety. There are six stages to the process – referral, screening, engaging the family, logistical preparation, family meeting and follow-up.
Hughes (2010)	Qualitative	Women	Policy, Education	Recommendations for routine screening or IPV disclosures for Public Health nursing: 1) Clear mandate with consistent and clear practice guidelines/protocols for nursing staff to use when providing interventions; 2) Provide specific safety protocols to effectively address IPV as well as address safety concerns with home visits and unique circumstances of northern, remote communities; 3) Improve IPV-specific knowledge to nursing staff so they are better able to detect and support women; and 4) Provide clinical supervision to staff to support effective practice.
Hughes, Chau and Vokrri (2016)	Narrative Inquiry	Women	Clinical	To improve child welfare practices with mothers: 1) Women need support, time, non-judgement; 2) Acknowledgement of their efforts and strengths (not a deficit-oriented approach); and 3 More holistic approaches to family (not merely "protect kids", but enhance and support couple and family functioning).
Hunter (2008)	Literature Review	Children	Policy, Clinical	**Recommendations:** 1) Provide long-term support and, within that, recognizing the historical impacts of colonization; 2) Provide education and training for service providers specific to the historical perspectives and impacts of colonization; 3) Ensure long-term funding for programs; 4) At an organizational level, lay foundation for effective collaboration between Indigenous and government agencies; and 5) Improve monitoring of children in remote Aboriginal communities using regular child health checks, specifically considering physical and emotional abuse and neglect.

AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Jung and Buro (2017)	Mixed Methods	Adults	Policy	Study aimed to examine the predictive accuracy of assessing risk for IPV using three tools (ODARA, SARA and FVIF). **Recommendations include:** 1) The endorsement of ODARA and SARA as effective assessment tools to determine risk; 2) The need to integrate risk assessment of IPV in policing so as to improve the accuracy of predictive decision-making; 3) Matching the intensity of services to the level of IPV risk; and 4) Using IPV risk assessment tools to advise risk management recommendations.
Kingston, Heaman, Urquia, O'Campo, Janssen, Thiessen and Smylie (2016)	Secondary Analysis Canadian Maternal Services Survey	Women	Policy, Clinical	**Findings:** 1) A screening tool improves detection rates, particularly when repeated questioning on multiple occasions and when detailed questions about types of abuse experienced is incorporated into the tool; and 2) Recommends that the screening tool be used by a practitioner versed an IPV process, and complexities, and who has an established a trusting relationship with the woman.
Koziol-McLain, Vandal, Wilson, Nada-Raja, Dobbs, McLean, Sisk, Eden and Glass (2018)	Randomized Control Trial	Women	Program	iSafe: Interactive web-based decision tool with capacity to perform risk assessments, priority setting for decision-making and creating personalized safety plans. **Findings:** Effective intervention in reducing violence at six and 12 months, and in reducing depression symptoms at three months.
Lauw, Spangaro, Herring and McNamara (2013)	Case Study	Health Care Workers	Education	Evidence-based therapeutic curriculum to address child abuse, IPV and sexual violence to non-Aboriginal workers, Aboriginal workers, and to direct the delivery of community-based programs. The study looked at a one-year course to qualify Aboriginal workers in specialized family violence positions. **Findings:** 1) Rigorous course content, instructors and assessments used; 2) Course participants were able to obtain more senior positions, increased their skills and experienced improved personal self-regard and that for their communities; 3) Participants had increased confidence to advance their education and training; and 4) Course delivery can both advance knowledge and skills to address family violence, but, as well, address the personal impacts of abuse and colonialism of participants.

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Lester-Smith (2012)	Qualitative Study	Adults	Clinical	**Recommendations:** 1) Address reasons for inequalities in health care for Indigenous peoples – healing from family violence requires Indigenous, holistic approach to healing families; and 2) Warriors Against Violence Society (WAVS) provides family violence awareness, prevention and healing interventions by helping participants to understand the oppressive roots of their anger (men) and re-connect with strong maternal role models (women).
Linton (2014)	Secondary Analysis	Women	Clinical	Encourages the link between traumatic brain injury and intimate partner violence be recognized. Native Americans were found to be more likely victims to TBI related to IPV. The recommendation is to make sure that TBI is identified and followed in victims of IPV. If they have not been treated, their vulnerability to leave violent situations increases because of their cognitive impairment.
Lucero and Bussey (2012)	Program Evaluation	Children and Families	Program	Family preservation model as an effective framework to deliver child welfare services.
Macvean, Humphreys and Healey (2018)	Scoping Review	Children and Families	Policy	Interagency collaboration between child protection/FV/Family law services. Twenty-four models, 22 "facilitators" for collaboration noted. Five major themes reported: 1) Shared vision; 2) Formalize the model; 3) Authorizing environment; 4) Leadership; and 5) Information sharing.

AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Mason, DuMont, Paterson and Hyman (2018)	Exploratory Study	Families	Policy, Education, Program	**Recommendations:** 1) Obtain greater clarity with the roles and responsibilities of child protection and mental health professionals; ways of achieving this is by joint capacity building activities to build and strengthen the inter-professional relationships, build trust and improve collaboration for more effective services (facilitate knowledge-sharing of respective roles, responsibilities, procedures, assessment and decision-making practices); 2) Between mental health and child protection, recognize a shared responsibility for the families; can occur by introducing interagency protocols that formalizes a working relationship between the disciplines; 3) Use of collaborative case conferencing and/or joint situation tables; 4) Co-locate a mental health professional with child protection services as a way to ensure ongoing and timely communication and information exchange as well as improve collaboration and cooperation between the two services; and 5) Identify and use a mental health champion within the child protection service to address collaboration and communication barriers between the two services.
Matamonasa-Bennett (2015)	Grounded Theory	Men	Program	**Findings:** 1) Effective ways to help men redefine themselves and change their violent behaviour achieved with traditional Indigenous values, spirituality, ceremonies and elders; 2) Sobriety required to successfully address violence; 3) Alcohol use should be addressed within the community by returning to traditional values; and 4) Incarceration worsens the issues alcohol and violence.

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AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
McCalman, Heyeres, Campbell, Bainbridge, Chamberlain, Strobel and Ruben (2017)	Systematic Review	Families	Education	Recommend six strategies, four enablers and measuring health outcomes. The six strategies included support and self-care of the family, increased maternal knowledge, strengthen links with the clinic, build the Indigenous workforce, promote culture community connectedness, and advocate for the social determinants of health. The enablers – competent and compassionate program deliverers, flexibility of access, continuity and integration of health care and supportive care. Measure health outcomes in Indigenous children, parents and caregivers and health care services. **Recommendations:** 1) Incorporate these strategies into our early childhood programs; 2) Program facilitation by the community wellness workers and/or community health representatives; and 3) Measure and monitor children's nutritional status and emotional and behavioural health; measure depression in parents and substance use; measure in health services – satisfaction, access, utilization and cost, and ,in the community, cultural revitalization.
Memmott (2010)	Qualitative	Youth and Families	Education, Community Development	Workshops on Aboriginal understanding of kinship and appropriate behaviours; changing behavioural codes during developmental stages; "initiate" youth into adult roles; and Aboriginal emotional concepts, i.e. shaming in punishment.
Messing (2019)	Description	Survivors, Perpetrators, Families	Policy, Clinical	Presents an evidence-based model of practice for social workers to use when completing IPV risk assessments and interventions focusing on the use of a risk assessment tool, clinical expertise and client input. Presents three decision trees based on the intended type of risk assessment, including: 1) Homicide and severe re-assault; 2) re-arrest and re-assault; and 3) re-arrest/re-assault and severe re-assault. Decision trees applicable to multiple disciplines, including police, corrections, probation, criminal justice professionals, judges, social workers, health care professionals and victim services workers.

AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Messing and Thaller (2013)	Meta-analysis	Women	Policy	Examined the predictive validity of risk assessment instruments, including: ODARA, Spousal Assault Risk Assessment (SARA), Danger Assessment (DA), Domestic Violence Screening Inventory (DVSI), and Kingston Screening Instrument for Domestic Violence (K-SID). Results demonstrated that the ODARA, SARA and DA had the highest predictive validity of the instruments compared, but authors noted that the body of rigorous evidence is lacking, in part due to the inconsistent use of tools in the field. Recommends that the tool selected takes into consideration: 1) The intended setting, intended outcome of assessment and skills of user; and 2) The ability to access victim, offender or case information when using the assessment tool.
Messing and Thaller (2015)	Meta-analysis	Women	Policy	Examined the accuracy of ODARA, DA, SARA and DVSI as it applies to social work practice. **Recommendations:** 1) Use of risk assessment tools facilitates interdepartmental and interprofessional communication and aids in safety planning and interventions; 2) The DA and SARA have capacity to integrate dynamic risk factors as compared to ODARA and DVSI, which primarily integrates past criminal history and does not facilitate opportunities for change and intervention; 3) SARA has broad application for social workers in the criminal justice and victim services settings; 4) DA most appropriate for social workers in victim advocacy settings and those who work with survivors in helping to identify high risk for homicide and developing effective interventions; 5) To practice with evidence-based model that incorporates survivor's input, risk assessment tools, and practice knowledge and experience; and 6) That risk assessments lose validity with time, therefore, re-assessment for risk must occur. Social workers use the assessment scores as a means of communicating risk to survivors and engaging in safety planning and interventions.

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Miller, Howell, Hunter and Graham-Bermann (2012)	Randomized Control Trial	Women and Children	Clinical	**Findings and recommendations:** 1) Develop safety plans with children in partnership with their mothers as an essential mechanism to protect their physical and emotional health; 2) Preschool aged children are capable of learning and remembering information about safety planning; 3) Active help-seeking was best retained strategy for children, but this might be due to its role-playing rehearsal; 4) Role-playing particularly effective teaching strategy to increase children's skill-building; 5) Building active strategies within safety plan reduces risk they will use maladaptive strategies when incidents of IPV occur; and 6) Teaching with preschool aged children should incorporate active, dynamic strategies.
Moffitt and Fikowski (2018)	Mixed Methods	Women	Policy, Education, Program, Clinical	**Recommendations:** 1) Introduce legislation that restricts purchase of large quantities of alcohol; 2) Formalize a territorial death review committee to help understand the key predictors for homicide; 3) Improve recruitment and retention with regularly implemented training specific to IPV and northern contextual practice; 4) Provide early education strategies with children and youth that focuses on healthy relationships and effective coping strategies; 5) Establish stable and adequate funding earmarked to address social determinants of health that are typically faced by northern women experiencing violence; 6) Providing a coordinated multi-sectoral service response with case management and interdisciplinary practice to streamline and improve services for women in remote locations; 7) Initiate the use of IPV screening tools in the health system; 8) Review the health promotion initiative "Reclaiming Our Spirits" as an effective intervention that could be adapted to meet a northern context; and 9) Incorporate staying or leaving strategies into safety plans that are tailored to the unique needs of women and the unique risks and barriers within their community context.

AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Moffitt, Fikowski, Mauricio and Mackenzie (2013)	Literature Review and Media Watch	Women	Policy	Findings from this study include important challenges and areas to address for policy and program changes: colonization and the effects of residential school; alcohol and substance use; housing inadequacy; help-seeking behaviours; gaps in the justice system; and high rates of domestic homicide within a small population. **Recommendations:** Further research is required to find tangible solutions to these issues.
Moore and Brown (2017)	Systematic Review	Older Adults	Best Practices	This paper provides an overview of many best practices and evidence-based practices for elder abuse. They do note that there are limited science-based work and there is limited generalizability within these studies. There needs to be more efforts to test programs in place. There are promising assessment tools, decision-making tools and innovative programs.
Nixon, Bonnycastle and Ens (2017)	Qualitative	Women	Clinical/ Education	**Findings and recommendations:** 1) Child protection workers to listen for strengths and purposefully inquire about protective strategies, and to incorporate those into case plans (including those specific to children and any informal supports where formal supports are used at minimum or not at all), and create plans that move away from more "heavy-handed measures". Education: focus on the children as a prevention strategy; 2) Genuinely reinforce a women's sense of being a good mother to her children by providing positive messages about her ability to care for them, which improves a women's sense of self and increases engagement with children; and 3) Educate children who are exposed to IPV about healthy relationships and relationship violence, incorporating Indigenous teaching.
Paterno and Draughon (2016)	Literature Review	Women	Program	**Conclusions:** 1) All women should be screened for IPV; 2) Systematic protocol for screening is in place, including who completes them, method for screening and how frequently women should be screened; and 3) The protocol includes immediate clinical, therapeutic responses (e.g. scripted responses), actions and resources.

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AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Puchala, Paul, Kennedy and Mehl-Madrona (2010)	Retrospective Clinical Case Studies	Men	Program	**Findings and recommendations:** 1) Effective reduction in domestic violence when programming is community-based, and when it incorporates Indigenous elders using traditional and spiritual approaches; 2) Recommends that reductions in excessive alcohol and substance use be a priority; and 3) Recommends that helping professionals receive cross-cultural training.
Rasmus, Charles and Mohatt (2014)	Community Based Participatory Research	Elders and youth	Indigenous Intervention	Interventions that use culture as prevention. Elder leadership to develop modules such as men's house, traditional kinship, surviving feelings.
Rizo, Reynolds, Macy and Ermentrout (2016)	Qualitative	Women	Program	MOVE program (Mothers Overcoming Violence through Education and Empowerment), 13-week mandated IPV and parenting group format program for women survivors with minor children as well as therapeutic support to the children (ages five to 13) and childcare to younger children. **Findings:** 1) Reported reduction of IPV – women in new relationships were free from violence and, if in same relationship, reduction in frequency and severity of violence; 2) Increased parenting knowledge and skills, including understanding the impacts of child exposure to violence and being better able to support their children's behaviours and needs; and 3) Positive improvements with help-seeking behaviours and increased self-esteem. Women felt supported and empowered by others participating in the group.
Rowan, Poole, Shea, Mykota, Farag, Hopkins, Hall, Musquash, Fornssler and Dell (2015)	Scoping Review	Adults	Indigenous Intervention	This study addresses substance abuse with cultural interventions. This paper refers to using the Two-eyed Seeing Approach and is part of a larger study called "Honouring our strengths: Indigenous culture as intervention in addictions treatment". The recommendation is to utilize the Two-eyed Seeing Approach.

AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Shortland and Palasinski (2019)	Survey	Women and Men	Education	**Findings:** 1) Overall, men found anti-IPV posters less effective campaign than women; 2) Anti-IPV posters featuring female victims (as opposed to male perpetrators or male victims) was more effective; 3) Cartoon images less effective, emotional or believable than posters using real images; 4) Well-known real images less effective than generic image campaigns; and 5) A moderate degree of severity (e.g. bruising) depicted in poster campaigns is more effective than high-severity image campaigns.
Slade (2018)	Systematic Review	Men	Clinical	Cognitive Behavioural Therapy (CBT) = Grade B evidence for effectiveness in changing abusive behaviour.
Spangaro, Herring, Koziol-Mclain, Rutherford, Frail and Zwi (2016)	Qualitative	Women	Policy, Education	**Findings and recommendations:** 1) Disclosure using a screening tool for IPV improves when: (a) aspects of cultural safety incorporated (sense of comfort and ease with provider, including an establish relationship before screening tool used), (b) providers are friendly and reassuring, (c) inquiries are direct, (d) women feel free from being shamed, and (e) feel safe from their abuser and from having mandated interventions as well as free from institutional racism; 2) Screening should not occur at first prenatal visit; 3) Maintain the same prenatal care provider for the duration of pregnancy to help establish a trusting relationship; 4) Use response-based practice that identifies and positively reinforces acts of resistance; and 5) Improve professional competency specific to IPV and aspects of culturally safe practice.

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AUTHOR AND YEAR	METHOD	POPULATION	BEST PRACTICE	RECOMMENDATIONS
Spangaro, Herring, Koziol-Mclain, Rutherford and Zwi (2019)	Qualitative	Women	Policy	**Findings and recommendations:** 1) Reported benefits to prenatal screening for IPV, including being able to name the abuse, establishing a connection, feeling unburdened after the disclosure, outlining steps towards safety and enabling informed care; 2) Reported negative effects included women's sense of intrusion and disengaging; 3) Establish clear protocols between health and child protection agencies that addresses the "double jeopardy" Indigenous women face when trying to flee violence, that they are fearful their children will be apprehended when abuse is disclosed; 4) Recommends that protocols address history of colonialism; complex and multiple interactions of marginalization experienced by Indigenous families; intergenerational trauma and its effects; extra surveillance experienced by Indigenous families; clear pathways for collaboration, information sharing and notification; mother's input if child protective services is indicated.
Strand and Storey (2019)	Description	Adults	Prevention	In this study, more severe IPNV is reported in remote areas and it is recommended that victims in remote areas require more support in quicker response time. BSAFER effective risk assessment tool for police, but recommended that they maintain awareness of specific remote risk factors, in addition to the tool measurement.
Taft, Hooker, Humphreys, Hegarty, Walter, Adams, Aguis and Small (2015)	Randomized Control Trial	Women and Children	Program	**Findings and recommendations:** 1) Ongoing screening and outreach to post-partum mothers leads to significant increase in safety planning; 2) Screening in primary care; and 3) Further research on longer term outcomes.
Taft, Small, Humphreys, Hegarty, Walter, Adams and Aguis (2012)	RCT	Women and Children	Policy	1) Establish trust before screening; 2) Women use safety plans more than referrals as outcomes of screening process; and 3) Use a trauma-informed approach to the screening intervention.
Taket, O'Doherty, Valpied and Hegarty (2014)	Qualitative	Women	Informal Supports	Family/friend support: 1) Importance of affirmation, listening and social contact; and 2) Unhelpful social supports include judgement, blame, advice and isolation. Correlates to what women need from health professionals.

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Tsey, Whiteside, Haswell-Elkins, Bainbridge, Cadet-James and Wilson (2010)	Qualitative	Adults and Children	Program, Education	Community empowerment education improved Indigenous health (positive outcomes in Indigenous/spiritual identity, respect for self and others, enhanced parenting, and capacity to deal with substance use and violence). Recommend integrating micro-level empowerment (such as family wellness program) with macro policies and programs aimed at population health.
Turner, Hester, Broad, Szilassy, Feder, Drinkwater, Firth and Stanley (2017)	Systematic Review	Children	Clinical, Education, Policy	**Findings and recommendations:** 1) Education and training to professionals about impacts of exposure to IPV with children improves their knowledge, attitudes and clinical competence for up to one year, but not sustained over time, thus recommend "booster" sessions; 2) Effective training includes experiential components, post-training discussion, "booster" sessions, incorporating family violence specialists in the training and ensuring training is in line with current, clear protocols for interventions; 3) Include collaboration with community resources for training initiatives and practice approaches; and 4) Coordinate system-level changes across child welfare agencies.
Tutty and Babins-Wagner (2019)	Qualitative	Men	Program	Evaluating the effectiveness of specialized domestic violence court and the batterer intervention program demonstrated: 1) Depression, anxiety and self-esteem improved significantly for men after completing the intervention program; 2) recidivism rates decreased significantly after implementing specialized DV court; and 3) Re-offence rates after specialized DV court was introduced is attributed to the collaborative system approach with Crown, police, probation, court case workers and counselling program, all of whom have specialized knowledge of the dynamics of IPV.
Tutty, Radtke, Ateah, Ursel, Thurston, Hampton and Nixon (2017)	Longitudinal Study	Women	Clinical	**Findings and recommendations:** 1) It is important to assess disability status since having a disability related to more dysfunctional mental health in the women with IPV in this study; 2) Do not assume that long-term mental health disability always results from IPV; and 3) Mental health status does improve with short-term interventions like shelters and support groups where women receive some interventions.

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Varcoe, Browne, Ford-Gilboe, Stout, McKenzie, Price, Bungay, Smye, Inyallie, Day, Khan, Heino and Merritt-Gray (2017)	Mixed Method	Women	Program	Pilot tested a revision to iHEAL program with aim to better Indigenize the intervention: 1) Demonstrated some good effect, but recommends further revisions and testing; 2) Group work and trauma-informed practice training needed to bolster program staff; 3) Hiring full-time RNs with sound knowledge of Indigenous women's experiences and community health experience; and 4) Having smaller group sizes with two elders present.
Varcoe, Ford-Gilboe, Browne, Perrin, Bungay, McKenzie, Smye, Price, Inyallie, Khan and Stout (2019)	Longitudinal	Women	Program, Clinical	iHEAL/ROS informational program using a group format led by two elders and a nurse over six to eight months. **Findings:** 1) Overall effectiveness maintained at six-months post-intervention, with significant improvements to quality of life, trauma symptoms, depressive symptoms, social support, mastery and interpersonal agency; 2) Elders can effectively support Indigenous people, even if they do not share the same language, culture or traditions; and 3) Participants need ongoing and regular support from nursing staff, including reminders and tangible assistance to attend, and support for other health and social issues.
Vu, Jouriles, McDonald and Rosenfield (2016)	Meta-analysis	Women and Children	Clinical	Found an association between IPV exposure and greater lag time for children's externalizing and internalizing problems. Suggested this could be a "sleeper effect" or related to the cumulative effects of IPV over time. Recommend that periodic clinical assessments with children are ongoing to better detect the emergence of problems associated with IPV exposure; that these symptoms may take months or years post-exposure.
Wendt and Baker (2013)	Qualitative	Mothers and Children	Program	Women leaving violent relationships benefit from: 1) Intense, individualized and long-term support; and 2) Affordable housing, plus practical supports.

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Wilson, Jackson and Herd (2016)	Qualitative	Women	Policy, Program, Clinical	**Findings and recommendations:** 1) Locate resources and shelters within communities as women's sense of safety when experiencing violence is significantly linked to their "home"; 2) Incorporate strengths-based approach that uses and builds upon women's existing strategies to maintain their safety; 3) Service providers need to acknowledge women's cultural identity and connectedness to their culture, using this to inform culturally-relevant supports and services; and 4) Women double-bind experience and fear that their efforts to access safety and support leads to child protection involvement.
Wuerch, Zorn, Juschka and Hampton (2019)	Qualitative	Women	Policy, Education, Program	**Findings and recommendations:** 1) Hire appropriately trained professionals that have an understanding of unique dynamics in northern practice, which helps with staff retention and improved relationships with community members; 2) Reinforce the importance of collaborative practice and, as part of that, to strengthen providers' knowledge of multi-sectoral services and programs available; 3) Establish local safe shelters to increase accessibility though cautions and efforts should be made to address its security and anonymity; 4) Education to community, especially youth, that focuses on healthy relationships; and 5) Offer home visits to increase sense of confidentiality with women seeking support.
Zorn, Wuerch, Faller and Hampton (2017)	Qualitative	Women	Clinical	**Findings and recommendations:** 1) Specifically denote to community members which programs and services are specific to IPV and have providers with specialized knowledge about violence; this will reduce the more generalized services listed as IPV services that do not have specific training or programs for women experiencing IPV; and 2) Policy developed with heightened awareness to the unique northern, remote barriers present for women fleeing violent relationships (i.e. transportation, distance to services, lack of housing, confidentiality concerns, dual relationships).

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Consulting with Knowledge Users

Consultation occurred throughout the scoping review process with the knowledge users and ran parallel to research conducted with community youth and elders about their perspectives of what would help to prevent family violence in their communities. Community consultations focused on two areas of inquiry: first, how did youth and elders understand family violence in their community and what strategies or actions did they believe were effective; and second, how did they assess and rate the research findings of this study for potential application in their community.

FINDINGS AND DISCUSSION

In this study, 72 studies met our eligibility criteria within the broad topic of family violence and northern context. Most of the studies were qualitative (n=25) and were from a variety of qualitative methods, including phenomenology, ethnography, grounded theory, narrative inquiry and case study. The other methods used in the selected studies included systematic reviews (n=11), literature reviews (n=6), scoping reviews (n=3), randomized control trials (n=5), secondary analyses (n=2), quantitative, such as surveys, meta-analysis and retrospective designs (n=9), mixed methods (n=5), descriptive studies (n=7), policy analysis (n=1) and program evaluation (n=2). This variation in methods can be accounted for within the broad topical area of family violence and researcher preference, but has been noted by researchers as problematic when reaching evidence-based conclusions (Baker, Francis, Hairi, Othman & Choo, 2016). Further complications occur when researching northern populations with small sample sizes, and to some extent, it is this characteristic that favours qualitative methods and perhaps accounts for many of included.

The synthesis of the articles is grouped under five major themes: educational interventions, cultural integration, clinical response, justice response and system transformation. Considering the complexity and nature of family violence across the lifespan, this scoping review produced wide-ranging strategies to prevent and mitigate family violence.

FINDINGS AND DISCUSSION

Educational Interventions

Community and Family Education

Family violence researchers recommend the need for education within communities (Burnette & Sanders, 2017; Duley, Botfield, Ritter, Wicks & Brassil, 2017; Fong, Hawes & Allen, 2019; Guggisberg, 2019; Weurch, Zorn, Juschka, & Hampton, 2019) and the salience of regional differences and uniqueness of northern communities (Zorn, Wuerch, Faller & Hampton, 2017). Suggestions include an education focus on IPV, mental health and community services (Wuerch et al., 2019); child focused prevention and education strategies, particularly targeting the youth and family-focused interventions targeting the whole family unit that includes effective parenting and positive family and community social activities (Burnette & Sanders, 2017).

One study (Shortland & Palasinski, 2019) looked at the effectiveness of anti-IPV poster campaigns. Overall, they found that this tool was effective, but more so with women than men. Specific poster features that yielded stronger endorsement included the use of women as survivors of violence (as opposed to male perpetrators), real images that were generic (avoiding cartoons and recognizable people) and depicting moderate degrees of abuse rather than higher levels of severity.

Family caregivers of the elderly require education about how to provide care, the importance of a fixed routine and of caregivers taking a break (Anisko, 2009), and the wishes of the elder must be central to care (Chesterman, 2016). As well, Moore and Browne (2017) completed a systematic review on emerging innovations, best practices and evidence-based practice on elder abuse and neglect. In this review, they reported: a targeted intervention to elder abuse survivors that included either home visits by a social worker and police officer or receiving educational materials or both. In the intervention where the participants received both the information about elder abuse and the home visit, the elder abuse survivors were more likely to report subsequent abuse. In another research intervention using educational group support, there was no difference between the control and the intervention, but the study participants reported the group support increased self-esteem and well-being (Moore & Browne, 2017).

From Australia, evidence-based therapeutic curriculum was developed and a one-year course delivered to Aboriginal workers in specialized violence positions to prepare them to work in communities (Lauw, Spangaro, Herring & McNamara, 2013). After completing the program, workers left with increased skill-set, greater opportunity to advance their career and the confidence to do so. Personally, they experienced increased self-regard that extended towards their community and addressed personal impacts of their own abuse experiences and impacts of historic trauma.

Community Cohesion

At the community level, Wuerch et al. (2019) recommend implementing interventions that build community cohesion such as education awareness (violence needs to be reported and addressed), school programming (self-regulation skills and positive and respectful relationships) and workshop training that assists community members to respond in healthy and helpful ways (Wuerch et al., 2019). In a systematic review, McCalman et al. (2017) suggest family-centred interventions that include six strategies, enablers to the success of these strategies and measuring health outcomes. This intervention and potential ongoing measures to evaluate its effectiveness can be incorporated into NWT early childhood programs. The evaluation includes measuring children's nutritional status, emotional and behavioural health; measuring depression and substance abuse/use in parents; and measuring health services – satisfaction, access, utilization and cost to community cultural revitalization (McCalman et al., 2017).

Child and Youth Prevention Programs

Multiple studies stressed the importance of prevention programs that target children and youth as a way to end gender-based and relationship violence (Burnette & Sanders, 2017; Crookes, Jaffe, Dunlop, Kerry & Exner-Cortens, 2019; Fikowski & Moffitt, 2018; Giles, 2018; Guggisberg, 2019; McCalman et al., 2017; Nixon, Bonnycastle, & Ens, 2017; Wuerch et al., 2019). These programs aim to change knowledge, attitudes and behaviours within primary prevention and specifically targeted population prevention programs (Crookes et al., 2019). Topics that were highlighted included consent (Guggisberg, 2019), bystander roles (Crookes et al., 2019) and healthy relationships (Nixon et al., 2017; Wuerch et al., 2019) as a means to address the normalization of violence (Fikowski & Moffitt, 2018; Guggisberg, 2019) and understanding oppression and structural violence as well as social actions to address it (Crookes et al., 2019). Nixon et al. (2017) and Rasmus, Charles and Mohatt (2014) recommended education programs for children and youth incorporate Indigenous teachings.

In their systematic review of 104 peer-reviewed articles and 40 websites, Crookes et al. (2019) found that in-school programs were most effective, but recommend that program delivery extend beyond the classroom and be delivered in other contexts. Five programs that are aimed at youth have significant evidence to support their effectiveness, and Crookes et al. (2019) note this delivery as a key opportunity to universally prevent teen dating violence as well as have opportunities for early identification and supporting at-risk youth.

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Fourth R (relationships), is a Canadian-developed primary prevention program focusing on healthy relationships. The curriculum format flexes to grade level and age, and can be delivered in school or within a community-based setting. Several studies have found that this program reduces negative behaviours, improves knowledge and awareness about the impacts of violence, increases healthy coping skills and has a protective impact with youth who have a history of maltreatment by reducing the likelihood of engaging in violent delinquency (Crookes et al., 2019).

Safe Dates is an evidence-based school primary prevention program delivered over nine 45-minute sessions that aims to raise awareness to dating violence and provide them skills if they or friends are engaged in a violent dating relationship (Crookes et al., 2019). It also focuses on skills that help them to develop healthy future relationships, including communication, anger management and conflict resolution. One study noted its effectiveness to reduce sexual violence perpetration. Shifting Boundaries is a primary prevention program that targets middle-school students and aims to reduce dating violence and sexual harassment.

The Youth Relationships program is an 18-session community-based selective prevention program targeting youth with a history of family violence (Crookes et al., 2019). It aims to help youth develop positive, healthy dating relationships within three main curriculum sections (education and awareness, skills building and social action). Findings demonstrate the program's effectiveness; however, Crookes et al. (2019) noted the 20-year-old program manual as lacking relevance.

The Expect Respect prevention program has different components to the model, including school-wide prevention strategies, community engagement, leadership training and a targeted support group for at-risk youth in middle and high school (Crookes et al., 2019). This particular support group program is delivered in gender-separate weekly sessions over 24 weeks and targets youth with a history of child maltreatment, exposure to IPV or aggressive peer and dating relationships. The support group aims to provide youth the opportunity to explore their attitudes about violence and practice healthy relationship skills.

The Strong Family Program is composed of five modules that bring together elders and youth to converse about a diversity of issues such as consent, relationships, violence, substance and alcohol use (Duley et al., 2017). Though no long-term change was evaluated, findings demonstrated both genders demonstrated enhanced knowledge and attitudes about contraception, rights, consent and respectful relationships. They reported the program format was engaging and the content was relevant to their needs.

Education to Professionals

Professionals who work in communities require education about family violence and its complexities across the life course (Alt, Nguyen & Meurer, 2011; Anisko, 2009; Burnette & Sanders, 2017; Chesterman, 2016; Fong et al., 2019; Moffitt & Fikowski, 2017; Moore & Browne, 2017). Having a historic understanding of the impacts of colonization, residential schooling, as well as current experiences of marginalization and oppression, and unique

northern remote practice dynamics, are important for professionals so they can better understand the barriers to accessing services and support (Braithwaite, 2018; Moffitt & Fikowski, 2018; Wuerch et al., 2019). Several studies highlighted the importance of having and/or improving IPV-specific knowledge for professionals, including nurses, social workers, counsellors, physicians and police officers (Fong et al., 2019; Hughes, 2017; Kingston et al., 2016; Spangaro, Herring, Koziol-Mclain, Rutherford, Frail & Zwi, 2016; Turner et al., 2017; Varcoe et al., 2017; Wuerch et al., 2019; Zorn et al., 2017). This knowledge base leads to better detection and more effective support to women and children. Education sessions to professionals on elder abuse knowledge also improves detection and reporting, with increased comfort recognizing signs and symptoms of abuse and neglect (Hirst, Penny, McNeill, Boscart, Podnieka & Sinha, 2016; Moore & Browne, 2017).

IPV is a significant risk factor for adult and child homicide and there is a link between sexual victimization (a type of IPV), alcohol use and domestic homicide (Gussisberg, 2019). The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) researchers have identified vulnerabilities for domestic homicide within four populations: Indigenous peoples; immigrants and refugees; rural, remote and northern communities; and children exposed to domestic violence (Jeffrey, Fairburn, Campbell, Dawson, Jaffe & Straatman, 2018). This is an important resource for considerations of risk assessment, risk management and safety planning for preventing domestic homicide in the NWT. As well, lethality has been identified as a pattern in IPV studies in the NWT (Moffitt & Fikowski, 2017; Moffitt, Fikowski, Mauricio &Mackenzie, 2013). Gussisberg (2019) suggested service providers become aware of women's increased risks for intimate homicide and that CFS workers recognize IPV as a significant risk factor for child homicide.

Professionals also require education and support to facilitate a paradigm shift from blaming mothers to recognizing their desire and efforts to protect their children (Gussiberg 2019; Nixon et al., 2017). Workers need to integrate a mother's strengths and protective strategies into care plans and safety plans. Taking this approach facilitates a trusting relationship with protective services and empowers women as mothers, which leads to increased engagement with their children.

Compassion fatigue and vicarious trauma awareness and education are needed for professionals working in family violence (Fikowski & Moffitt, 2018). In their research with frontline service providers in the NWT, Fikowski and Moffitt (2018) found that only one of 54 participants interviewed had identified the impacts of their work while almost all others had indirectly addressed the short and longer term effects of being secondarily exposed to violence. At an organizational level, senior management needs to better respond to and support workers through effective policy and clinical supervision.

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Cultural Integration

Clinical and educational approaches to family violence were found to be stronger when Indigenous culture informed and directed the healing.

Role for Elders

Multiple studies referenced enhanced violence prevention/intervention program outcomes when Indigenous elders facilitated the discussions and programming (Duley, et al., 2017; Goulet, Lorenzetti, Walsh, Wells & Claussen, 2016; Guggisberg, 2019; Lester-Smith, 2012; Matamonasa-Bennett, 2015; Memmott, 2010; and Puchala, Paul, Kennedy & Mehl-Madrona, 2010; Rasmus et al., 2014; Rowan et al., 2015; Varcoe et al., 2017; and Varcoe et al., 2019). As knowledge keepers, elders introduce, teach and reinforce traditional and spiritual approaches in community-based programming. This was cited as measurably effective in reducing domestic violence (Puchala et al., 2010). Benefits were found for different groups impacted by family violence: helping men to reduce their violence; supporting women to heal from violence; and teaching youth healthy relationship skills.

Men's Healing

Day, Jones, Nakata and McDermott (2012) and Lester-Smith (2012) studied counselling approaches with men who were violent. They found greater success when the men were able to examine the collective, root causes of their anger such as "inherited grief", loss of traditional roles, and dispossession of land, economic exclusion and poverty. Long-standing cultural losses contributed to a collective grief that for Indigenous Australian male perpetrators of violence was described as "hidden", "inexpressible" and "overwhelming" (Day et al., 2012, p.108). When clinical interventions fail to understand how Indigenous men face continual reminders of loss in their environment (including substance abuse), it is more difficult for the men to make changes in how they express anger. Men were better able to take ownership over their anger and violence, and learn more appropriate responses, when they developed a contextual understanding of their anger and rage.

Indigenous counsellors/program facilitators were found to be more effective in engaging perpetrators of violence (Day et al., 2012) as they included a level of cultural safety and awareness that was lacking in non-Indigenous therapeutic programs. For violence intervention programs that do not have Indigenous facilitators who can apply a critical cultural lens, Day et al. (2012) had several recommendations for non-Indigenous facilitators to more effectively engage Indigenous men about their violence. First, non-Indigenous facilitators need to engage in self-reflection about power, privilege and colonization. Second, those without Indigenous background should engage in cultural awareness training. Finally, supervision from Indigenous colleagues helps non-Indigenous workers engage more effectively with Indigenous perpetrators of violence.

Men who used violence were able to re-consider their Indigenous identity, re-define themselves and change their violent behaviour through elders' role modelling traditional values, re-writing the narrative of violence through sharing stories about healthy families, understanding of spirituality and demonstrating ceremony (Day et al, 2012; Lester-Smith, 2012; Matamonasa-Bennett, 2015).

Indigenous Sentencing Circles

Indigenous sentencing circles, considered a traditional, community-based response to restitution and healing, were evaluated as potentially helpful and potentially harmful for family violence. Belknap and McDonald (2010) found that the benefits of sentencing circles were increasing community awareness, providing

perpetrator accountability and addressing root causes of family violence. However, the researchers cautioned that sentencing circles may be unsafe for victims of family violence and may in fact put them at greater risk for harm. The evidence was not conclusive for eliminating family violence, and Belknap and McDonald (2010) recommended further research be conducted on rates of recidivism, safety for victims, and the underlying impact of colonialism and racism on violence and healing.

Shaming

For some Indigenous cultures, shame is a powerful deterrent for anti-social behaviour. Some elders in Australia advocated teaching shame to discourage and hold accountable violent behaviour that harms families (Memmott, 2010). However, alternative views were proposed that advocated supporting and helping families/the violent person first, before invoking shame/banishment or avoiding shaming altogether (Braithwaite, 2018; Hughes, Chau & Vokrri, 2016; Matamonassa-Bennett, 2015). Guggisberg (2019) highlighted the need for elders to bring an Indigenous and trauma-informed approach to educate younger generations to refuse to tolerate and accept violence.

Two-eyed Seeing Approaches

Two-eyed seeing approaches that incorporate Indigenous traditional knowledge show promise in reducing substance use (Rowan et al., 2015). The integration of the western and the Indigenous worldview strengthens many interventions. This approach of two-eyed seeing is similar to what Elizabeth McKenzie cited from Chief Jimmy Bruneau when he talked about the need to educate Tłı̨chǫ people in two worlds, which would make them "strong like two people" (Tłı̨chǫ Community Services Agency, 2005).

Supporting Women

Women experiencing violence were also more likely to engage in programming and to heal from family violence when exposed to strong, Indigenous female role models (Lester-Smith, 2012). Furthermore, women maintained significant improvements in quality of life, decreased trauma and depression symptoms, improved social support and greater mastery over their lives when working with elder facilitators (Varco et al., 2017; Varco et al., 2019). Service providers need to acknowledge women's cultural identity and connectedness to culture, and use this to inform culturally-relevant supports and services (Wilson, Jackson & Heard, 2016).

Reconnecting Youth

Indigenous elders engaged youth in unique and relevant ways to effectively prevent family violence. Alaskan Indigenous elders developed a series of teaching modules for youth. Youth learned about traditional kinship and the expected codes of conduct to treat family members with respect. Elders shared valuable teachings about the importance of "surviving feelings" as a strategy for survival on the land. This teaching translated well for youth, inspiring younger generations to learn to cope with intense feelings such as loss and anger in healthy, non-violent ways (Rasmus et al, 2014).

Etter et al. (2019) used a community mapping process to identify gaps in youth mental health. The community of Ulukhaktok is launching an investigation using ACCESS Open Mind to enhance youth mental health by incorporating traditional cultural values and skills to improve access to mainstream mental health care. Although this project has not yet been evaluated, it reflects a culturally-relevant approach to youth wellness in the Inuvialiut region of the NWT.

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Clinical Responses

Literature endorses a violence-informed, trauma-informed and strengths-based approach that addresses historical trauma as well as using culturally-relevant and local resources to supporting people who have experienced family violence (Brownridge et al., 2017; Fikowski & Moffitt, 2018; Guggisberg, 2019; Nixon et al., 2017; Varcoe et al., 2017; Wilson et al., 2016).

Screening

Research indicates that the routine use of screening instruments and repeated screening improves detection rates and interventions (Fleming, O'Driscoll, Becker & Spitzer, 2015; Hughes, 2010; Kingston et al., 2016; Messing & Thaller, 2015; Paterno & Draughon, 2016). Every woman of child-bearing age should be screened (Paterno & Draughon, 2016). Multiple studies indicated its effective use in a diversity of health care settings such as public health, maternal health, mental health, family medicine and emergency care (Arkins, Begley & Higgins, 2016; Engnes, Liden & Lundgren, 2012; Moffitt & Fikowski, 2018; Fleming, et al., 2015; Hughes, 2017; Kingston et al. 2016; Paterno & Draughon, 2016; Spangaro et al., 2016; Spangaro et al., 2019; Taft et al., 2015).

Fleming et al. (2015) found that its implementation in prenatal screening for adolescents was effective. Despite reported effectiveness at detection and increased response to IPV in a health care setting, only nine percent to 40 percent of professionals are completing IPV screens (Paterno & Draughon, 2016).

Hughes (2010) noted that public health nurses need to be alert to disclosure of IPV within their practice, and respond by supporting and referring women. Nurses in northern communities can provide safe space to hear women's stories, provide them with information and refer them as indicated by their personal context.

Clear guidelines, policy and procedures are required to successfully implement routine IPV screening and effective interventions (Hughes, 2017; Paterno & Draughon, 2016). These protocols should identify who is completing the screen, which tool is used, frequency of screening and the response to positive screens (Paterno & Draughon, 2016). The need for privacy is important when screening and should occur one-to-one, without children, her partner, family or friends present (Paterno & Draughon, 2016). IPV-specific knowledge and training was also indicated (Hughes, 2017; Kingston et al., 2016; Paterno & Draughon, 2016). Hughes' (2017). Qualitative study with rural and remote Canadian nurses also found that clinical supervision to professionals using screening instruments is required as a way to ensure best practice, but as well, address the effects of secondary exposure. Immediate response to a positive screen should include additional assessments (i.e. depression, post-traumatic stress disorder, traumatic brain injury) and offers of assistance, including safety planning and referrals (Paderno & Draughon, 2016).

Supporting Disclosure

Having a trusting relationship supports survivors' disclosure of violence (Kingston et al., 2016). Spangaro et al. (2016) found that having a consistent prenatal provider facilitated the relationship and improved disclosure rates. They reported that repeated screening provides women the opportunity to disclose over time with their health care provider when it feels safe to do so. Trust and a sense of being safe from shame and blame were identified as important qualities to the helping relationship, which improves disclosure rates (Enges et al., 2012; Kingston et al., 2016; Spangaro et al., 2016).

Self-assessment Tools

While survivors of IPV self-assess their risk in a relationship, studies indicate they will more likely underestimate their risk, linked possibly to an employed coping strategy or demonstrated cumulative effects of trauma (Messing & Thaler, 2015). iSafe is an interactive, web-based decision-making tool for survivors (Koziol-McLain et al., 2018). The tool has the capacity to perform risk assessment, set priorities, aid in decision-making about their current circumstance as well as help create a safety plan. Results from a randomized control trial demonstrated iSafe as an effective tool to reduce violence at both six and 12 months, and reduce depressive symptoms in survivors at three months.

Risk Assessment Tools

Literature supports taking a risk-informed approach to supporting survivors of IPV and men who use violence (Messing, 2019). Professionals' use of formal risk assessment instruments effectively compliment survivors' self-assessments (Messing & Thaler, 2015). Graham, Sahoy, Rizo, Messing and Macy (2019) recommend selecting tools that are reliable, valid and feasible for the practice setting. The systematic review also found that assessment is required to intervene and prevent a lethal outcome. The use of formal risk assessment instruments also improves interdepartmental and interprofessional communication, as professionals can more clearly present evidence of risk (Messing & Thaller, 2015). Tools that have detailed questions about abuse improve detection rates (Kingston et al., 2016). Several tools were indicated in the literature for use in policing and health care settings: Spousal Assault Risk Assessment (SARA); Brief Spousal Assault Form for Evaluation of Risk (B-SAFER); Ontario Domestic Assault Risk Assessment (ODARA); Danger Assessment (DA); Woman Abuse Screen Tool (WAST); Abuse Assessment Screen (AAS); and Humiliation, Afraid, Rape and Kick (HARK).

In a policing context, three tools were found to be effective with identifying risk, though the ODARA had the strongest endorsement for use. The ODARA and SARA were developed in Canada, with the intent to use in the criminal justice setting, and both tools demonstrated very good predictive validity for violence, IPV risk and recidivism (Jung & Buro, 2017; Messing & Thaller, 2015). It is important to note that Jung and

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Buro (2017) used a modified version of the SARA in their study, eliminating six of the 20 items from the tool because they had limited information and they were unable to complete all items of the instrument. However, it was still endorsed as having strong evidence to support its use. Strand and Storey (2019) concluded that the B-SAFER was a more effective tool for remote areas, but recommend more research be conducted. In addition to using a formal instrument, it is important that police also take remote contextual factors into consideration when assessing overall risk for IPV (Strand & Storey, 2019).

For victim services workers or social workers within the criminal justice setting who work with survivors of violence, the SARA and/or DA are recommended. The DA is the only risk assessment tool that has the specific intent to predict lethality (Messing & Thaller, 2015). It is based on victim self-report, and facilitates dialogue about risk and safety planning when administered. It would also help workers to identify the need for more immediate and coordinated response across service agencies when higher risk scores are obtained.

In a health, mental health and social services setting, several instruments were demonstrated to have very good evidence, including the HARK, ASS, WAST, ODARA, SARA and DA. Preferred features of the HARK are its four-item screen, screen for sexual abuse, simple scoring and ease of use in clinical practice. It was recommended that more research be done in mental health settings and use with male survivors of IPV to improve the generalizability of the HARK tool; however, it was given the greatest endorsement from Arkins et al. (2016) as compared to all other tools they reviewed. The ODARA, SARA and DA was not included in the previous study that endorsed HARK, nor was the HARK included in Messing and Thaller's (2013) review of risk assessment tools. In Messing and Thaller's (2013) review, the ODARA had the highest predictive validity; however, information to complete the instrument is intended to come from criminal justice files. This might preclude its use in a health and social services setting when compared to the HARK. The DA would be an appropriate addition to an initial risk assessment where violence is indicated. This risk assessment tool would help service providers and victims identify high risk for homicide and, as previously noted, encourage the coordinated response across organizations to provide effective safety planning and interventions (Messing & Thaller, 2015).

Death Reviews

One way to develop effective preventative actions that are tailored to the uniqueness of a jurisdiction is to complete death reviews (Moffitt & Fikowski, 2018). These help to identify the predictive risk of violence as well as positively influence stronger risk assessments, safety plans and interventions.

Work with Women, Mothers and Children

A consistent finding from two different studies found that the inclusion of elders and Indigenous organizations' use of traditional healing improved outcomes for group participants (Guggisberg, 2019; Varcoe et al., 2019). This scoping review found two evidence and theory-based group interventions targeted to women who are or have survived violence in their intimate relationships – iHEAL (Varcoe et al., 2017; Varcoe et al., 2019) and MOVE (Rizo, Reynolds, Macy & Ermentrout, 2016).

Health Enhancement After Leaving (iHEAL) is a program developed by Canadian researchers suggesting a process of strengthening capacity to limit intrusion (Varcoe et al., 2017). They explain that women experience multiple intrusions from abusive and violent relationships. Examples of intrusions include such things as ongoing harassment and abuse from former partners, the mental and physical health symptoms related to abuse and other social outcomes as a result of leaving the relationship (e.g. financial insecurity, housing issues, social isolation). By addressing the intrusions, women's health and well-being is enhanced. The six-month program combines one-to-one weekly or biweekly home visits by a nurse and a weekly co-led circle (nurse and elder) that incorporates Indigenous teaching and healing practices.

Several feasibility studies have been conducted, two of which evaluated Indigenous program modifications on Canadian Indigenous women participants (Varcoe et al., 2017; Varcoe et al., 2019). Overall, women reported that the intervention was "profoundly positive" (Varcoe et al., 2019, p. 18) and results from the longitudinal mixed study demonstrated significant improvements to quality of life, depressive and trauma symptoms as well as social supports and increased sense of control over their lives. One finding reported some women's experiences of 'being triggered' during the group and would draw their attention away from the group and might also increase risk of substance use (Varcoe et al., 2017). Other challenges highlighted the importance of nursing support to provide women reminders to attend appointments and circles as well as offering childcare and transportation assistance if noted as a barrier (Varcoe et al., 2019). Finally, it was recommended that the facilitators have the proper training and education specific to group facilitation, counselling, trauma and violence-informed practice skills.

Mothers Overcoming Violence through Education and Empowerment (MOVE) is a CFS mandated 13-week IPV and parenting group therapy program that meets weekly for 2.5 hours (Rizo et al., 2016). The program content for the women's sessions incorporate peer support and psychoeducation covering topics such as IPV, safety planning, communication, child development, parenting and strategies for discipline, self-esteem and anger management. A concurrently run therapeutic group is held for the women's children who are between five and 13 years; younger children are provided childcare during the sessions.

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A qualitative study was conducted with 38 women who had completed the MOVE program between 12 months and 41 months from when the study began. Results indicated long-term, positive outcomes for participants (Rizo et al., 2016), including: positive changes in their intimate partner relationships (same, new or single status), improved parenting skills and knowledge (e.g. increased knowledge about effects of child exposure to IPV, improved communication, new discipline strategies, reduced spanking), increased sense of self-worth and help-seeking behaviours. It recommended that agencies help secure additional supports such as housing, affordable childcare and housing as well as offer booster sessions and referral for longer term counselling after the program's completion, particularly given the mental health status of women.

Interventions targeted to the non-abusing parent are ultimately linked to children's safety and wellness, therefore, it is recommended that therapeutic services are offered to both the non-abusing parent and children. Vu, Jouriles, McDonald and Rosenfield's (2016) meta-analysis highlighted the importance of helping survivors of violence access support services to address their mental health needs and that this, in turn, will positively impact children's well-being. A meta-analysis completed by Fong et al. (2019) also found that addressing maternal mental health has good effect on the reduced externalizing behaviours demonstrated in children who have been exposed to IPV. It is important to work from a non-judgmental, trauma-informed and strengths-based approach when providing intervention services for survivors of IPV (Hughes et al., 2016; Nixon et al., 2017). Often times, women experience blame from service providers, which detracts their engagement and decreases their sense of self-worth and confidence as a parent. Service providers should inquire into the parent's strategies to protect the children from immediate harms, the efforts they make to mitigate the effects of their children being exposed to the violence, and the supports and resources they access (Nixon et al., 2017).

Improved Mental Health Monitoring for Children

The effects children may experience as a result of being exposed to IPV has been shown to have a "sleeper effect" in a longitudinal study conducted by Vu et al. (2016), particularly demonstrating itself with internalizing symptoms. It is unclear if this lag time is due to a delayed response in demonstrating the effects of if it is a cumulative result of exposure. Recommendations call for ongoing mental health and health assessments of children who have been and/or continue to be exposed to IPV (Hunter, 2008; Vu et al., 2016). It was also suggested that parents be informed of this possible delayed effect so they can remain alert to children's needs over a period of time and access services when needed.

Safety Plans

Safety plans should be developed without coercion, and to collaborate with survivor, ensuring their expertise is incorporated into the plan (Miller, Howell, Hunter & Graham-Bermann, 2012). Safety planning with women and their children is critical to protect them from future harms. Frontline workers should inquire about, give credit to and support the non-abusive parent's risk-reduction strategies for themselves and their children (Hughes et al., 2015; Nixon et al., 2017). For example, a strengths-based approach when developing a safety plan with mothers is to inquire about and incorporate their protective strategies into the plan.

Safety planning with children is appropriate, even for younger children of five years (Miller et al., 2012). The overarching goal is to minimize the negative consequences of children living in a home with IPV occurring. Ultimately, the safety plan will work to remove the children from the home, either hiding or leaving, and to provide them helping strategies without them becoming directly involved. Miller et al. (2012) found that active, dynamic and engaging strategies to develop and rehearse the safety plan were most effective. Their study showed younger children were capable of learning and remembering the plans, repeatedly presented information leads to greater success in its implementation, and that children who had plans in place were less likely to directly intervene when violence was occurring in the home.

Safety planning with elders is important. The family-centred conference approach, building on strengths of extended families, is recommended for elder well-being and safety (Holkup & Salois, 2017). Safety planning includes screening and engages the whole family in examining the older adult's situation.

Building Sensitivity to Traumatic Brain Injury

The consequences of traumatic brain injuries (TBI) with women who have experienced IPV are significant and not routinely screened for or considered with health care, justice and social services providers. TBI is found to be higher in people who have experienced IPV, leaving them vulnerable to psychosocial and health risks, including its lethality (Linton, 2015). Linton encourages emergency care practitioners to better identify TBI with survivors of IPV, particularly suggesting the importance of assessing for TBI, especially Indigenous women from rural locations who are presenting with alcohol levels above the legal limit at the time of their injuries. Frontline service providers should have heightened awareness to the possibility of TBI and how that might impact people's capacity to manage and recall information and appointments, and to engage in effective decision-making and safety planning (Varcoe et al., 2019).

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Justice Responses

Specialized Domestic Violence (DV) Court

Specialized DV court is a coordinated response from the justice system that aims to reduce future IPV assaults by providing early intervention for low risk offenders and strong prosecution for serious repeat offenders. Tutty and Babins-Wagner (2019) conducted a longitudinal study over 10 years, considering the impact of specialized DV court on recidivism rates in Calgary, Alberta. The study included 382 men mandated to participate in the program between 1998 and 2009.

The program uses a narrative approach and feminist perspective with the goal to help abusive men become violence-free (Tutty & Babins-Wagner, 2019). Initially, men attend one-to-one counselling sessions where the therapist assesses their readiness to change using the transtheoretical model, determines the extent of violence and the person's treatment goals. Once the person is deemed ready for group therapy, they enter the group therapy program. This second component is conducted over 14 weeks, two two-hour sessions per week, with between eight and 12 participants per group. Groups are purposefully facilitated by a male-female team so as to role model healthy conflict resolution, negotiation and communication skills as well as addressing gender role stereotypes. Group interventions use cognitive behavioural and social learning theories, incorporating cognitive restructuring techniques, stress and relaxation exercises, communication skills and sex-role socialization strategies.

Completion rates for the program were 71 percent. Results indicated that participants in the program had increased self-esteem and lower depression scores. It also demonstrated reduced recidivism rates, from 41 percent before the specialized DV court program started to 8.2 percent after the program was implemented (Tutty & Babins-Wagner, 2019). Other notable outcomes from specialized DV court is improved collaboration and understanding about the dynamics of IPV within the criminal justice system, expedient referrals to the program from probation services, and improved collaboration and increased services from the community counselling program to accommodate needs.

Emergency Protection Orders (EPOs)

An Australian study examined the effectiveness of EPOs in supporting the safety of women and their children, considering those who remained in their homes and those who relocated (Diemer, Humphreys, & Crinall, 2017). Of the 138 survey responses, 124 women were separated from their partners and 69 percent of those had current EPOs. Almost all women (96%) who remained in their home with the EPO reported that the order had been breached; only 26 percent of women reported that the abuse stopped after having an EPO in place. However, women reported a feeling of safety despite the ongoing abuse and breaches by their partner. Diemer et al. (2017) indicate relocation for women with greater number of risk factors (e.g. unstable housing, younger age, lack of family/ community support, remote locations) and women experiencing more severe abuse. It also recommends multi-sectoral responses to support the safety of women and their children to remain in their homes, that breaches be taken seriously and that stronger measures for EPO breaches are put in place to hold men accountable.

System Transformation

A theme that was repeated in many studies was the need for a paradigm shift in approaches to family violence intervention/prevention.

Strengths-based Focus

Service providers are invited to view women's responses to intimate partner violence from a more strengths-based perspective, rather than sending implied or explicit messages of punishing women for being victimized. Often times, women experience blame from service providers, which detracts the women's engagement, limits their help-seeking, and decreases their sense of self-worth and confidence as a parent. Several authors recognize empowerment as an important intervention to identify the resilience and protective strategies that women already use in their daily lives, and as a way to strengthen and sustain relationship with the formal system (Nixon et al., 2017; Wuerch et al., 2019). Service providers must foster a non-judgemental environment (Weurch et al., 2019), and openly acknowledge and enhance the protective factors that women use in their personal lives to keep their children and themselves safe (Hughes et al., 2015; Nixon et al., 2017). Across all systems, service providers should inquire into the parent's strategies to protect the children from immediate harms, the efforts they make to mitigate the effects of their children being exposed to the violence, and the supports and resources they access (Nixon et al., 2017). This type of strength-based environment will foster self-confidence in women's personal capabilities and enhance their positive experience with service providers (Weurch et al., 2019).

Co-locating Mental Health and Child Protection Services

A Canadian exploratory study asked child and family services (CFS) staff about the benefits and needs of co-locating mental health services within their division (Mason et al., 2012). Recommendations to strengthen collaboration included: improve information sharing between the two agencies; increase knowledge and understanding of the different roles, responsibilities and issues; co-locate mental health services/consultations; and create shared work space and initiate specialized teams or partnerships where joint efforts and multidisciplinary practice is encouraged and increased (e.g. situation tables, case conferences and joint capacity-building activities).

Integrated Response to Family Violence

A different form of collaboration speaks to how service providers need to work together differently (Burnette & Sanders, 2017; Herbert & Bromfield, 2019; Hunter, 2008; Mason et al., 2018; Moffitt & Fikowski, 2018; Wuerch et al., 2019). In a systematic review of literature on multidisciplinary team approach to children experiencing child abuse, significant findings were reported with uptake of mental health services and increased medical referrals, improved trauma symptomology, and increased response from Child and Family Services (Herbert & Bromfield, 2019). Wuerch et al. (2019) found that, within communities, some providers do not know what other services offer. Enges et al. (2012) qualitative study reported that a fragmented and divided system creates more stress for

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women experiencing violence, on top of the stressors associated with the violence itself. Existing family violence services can be strengthened and enhanced by developing education standards and organizational protocols for interdepartmental, interprofessional and interagency collaboration (Burnette & Sanders, 2017).

Clear protocols are needed between health and child protection agencies that address the double jeopardy that women face when trying to flee violence because they are fearful their children will be apprehended when the abuse is disclosed (Spangaro et al., 2019). This double bind experience for women acts as a barrier to accessing services and supports for herself and children. It also suggests that this shift in protocol will require education to women so that they can better understand the system change to better support their needs while ensuring the safety and well-being of children.

The foundation for collaborative practice is located at the larger organizational level where governmental agencies and Indigenous governments need to establish formal working relationships as a means to facilitate the work (Hunter, 2008; Macvean et al., 2018; Mason et al., 2018). Other key features of professional collaboration were highlighted in the literature and identified as vital to its successful implementation: a shared responsibility and vision, formalizing the model being used, providing clarity to the diversity of roles and responsibilities among professionals, and creating pathways for successful information sharing (Macvean et al., 2018; Mason et al., 2018). Spangaro et al. (2019) also indicated clear pathways for collaboration, information sharing and notification, with the implementation of global screening protocols across disciplines and services.

In remote communities, collaborative service provision might improve victim reporting, particularly when policing presence is low or limited (Strand & Storey, 2019). Strand and Storey (2019) suggest that women might hesitate to report, knowing that the response time might be delayed in this context. However, if policing worked collaboratively with victim services, shelters and social services, those other agencies could provide the more immediate response when the report is made until police are available.

Multi-sectoral Policies

Multi-sectoral policies address remote northern barriers to service access (Wuerch et al., 2019; Zorn, 2017). These multi-sectoral and interdisciplinary responses to IPV help mitigate future risk, enhance coping strategies for IPV survivors and their children, and help them to successfully leave the violent relationship (Messing, 2019). Services are challenged to work in explicitly collaborative ways to minimize harm to already vulnerable populations, such as women and children. Chesterman (2016) recommends regional, integrated service committees need to be implemented, meet regularly and identify a lead agency. Of particular concern for women is housing when they are fleeing violence. Diemer et al. (2017) suggest that collaborative strategies are required to secure the safest possible housing outcomes for women who are unable to leave their homes in EPO cases. Governments are instructed to work in more holistic ways that address whole population wellness and underlying causes of violence, such as colonization and trauma, and to work to improve the social determinants of health that impact family stress.

Limitations

This review was complicated by the broad and complex nature of family violence. We realized that many scoping review questions exist and could be structured for specific ages and topics under the umbrella construct "family violence". This is the language proposed by the knowledge user and, therefore, adopted for this initiative. Although there were no systematic reviews that were identified specifically for family violence interventions for rural, remote, northern and Indigenous populations, there were systematic reviews that we gleaned as relevant. In addition, Burnette and Sanders (2017) conclude that "a preventative long-term strategy that focuses on violence across the life course" (p.285) be adopted. This is in keeping with the overarching objective of this scoping review.

In deriving conclusions, it must be recognized that we have purposively taken a broad look at the existing literature in six databases to enable the request of the knowledge user to assist in the development of a comprehensive approach for the NWT. A more targeted approach to specific forms of family violence may have yielded more results. For example, a population that was not well represented in the rigorous studies was transgender people's experiences with family violence. Future research may inform more appropriate responses and solutions for family violence against transgender people.

Studies of Indigenous solutions to family violence frequently appeared meaningful and anecdotally useful, but often lacked rigorous evaluation to meet this study's criteria for inclusion. Many studies noted this limitation, recommending the need for further evaluation in order to assess effectiveness of an intervention. One drawback to this approach is the tension that exists between western/settler-colonizer knowledge and Indigenous knowledge. Valuing one form of knowledge over the other may result in the loss of potential solutions for the NWT.

CONCLUSION AND IMPLICATIONS

The literature included in this scoping review provides a comprehensive approach to family violence that is multifaceted, and which relates to both the broad categorization of family violence and to the complexities inherent in violence. There are commonalities in the interventions across the lifespan, but the content differs depending upon whether child, adult or older adult. For example, considering the circumstances of exposure to violence, witnessing violence and custody are particular to children, while financial loss and social isolation are more specific to older adults. Commonalities are evident in the educational interventions, screening and assessment, and the cultural responses. All of these interventions are required across the lifespan from children through adulthood to older adults. Many interventions will require clinical, program, education and policy innovations and directions. These should take a collaborative approach across sectors in their development and implementation.

Implications for Research

This scoping review highlights several well-researched approaches to intervening in, healing from and preventing family violence. A consistent theme, however, is the need for ongoing, rigorous and community-based research to further our understanding of most effective and applicable responses to family violence in the NWT. This theme was particularly evident in promising studies of Indigenous approaches that did not meet inclusion criteria of "evidence-based" research.

Implications for Policy

Government, funders and policy makers can dramatically shift their way of responding to family violence and create new, integrated pathways for planning, funding and communicating initiatives designed to prevent and heal from family violence. Researchers noted the critical importance of addressing social determinants of health and eliminating health inequities that Indigenous populations face (Lester-Smith, 2012; Tsey et al, 2010).

Implications for Practice

Education of frontline service providers, families and communities is paramount to preventing and ending violence. Within this report there are indications of the specific actions required. Routine and evidence-based screening tools are shown to be important interventions. Collaborative and multi-sectoral service approaches are necessary. Targeted training for child protection services is needed. Cultural approaches need to be honoured, integrated and supported. Clinical interventions that support women's physical and mental wellness, help children and youth develop healthy relationship skills and knowledge, and heal from abuse, help parents develop alternate skills, and help men address deep and unacknowledged sources of anger are recommended. Justice responses need to hold perpetrators accountable, with strong prosecution for serious and repeat offenders, and ensure that EPO breaches are taken seriously. Specialized DV court is an effective way to decrease recidivism rates of IPV assaults as well as improve collaborative service delivery within the justice system and between counselling services.

There is a prolific volume of literature on family violence-related matters. This in itself can be daunting, yet it holds promise for ongoing efforts to improve situations for people who are experiencing violence, with hopes of ending family violence in our communities. Yet, where there is a plethora of rigorous, evidence-based research to address family violence, there is a significant lack of literature that is specific to rural or remote, northern and Indigenous Canadian communities. Because of that, and while recognizing the beginnings of local research in the area of IPV, it is important to have expanded the scope of literature to ensure the knowledge users have a breadth of work reviewed to purposefully and more confidently move towards non-violence in the NWT.

For too long, family violence was a private matter, occurring behind the doors of people's homes. For too long, services have been working within their own shops, even if there has been a shared goal, recognition of siloes in practice and desperate, genuine efforts to support our northern communities. Moving forward, there is a strong sense that government departments are poised to collaboratively address the high rates of family violence in the NWT and it is hoped that this scoping review can be a guidepost for the work that lies ahead.

"For this we wish, above all, to simply be allowed something to say. And when given the chance, we want more, and what's more, we want the best." Mountain (2019, p. 71)

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APPENDIX A

Query Submitted to SPOR Evidence Alliance

Query ID assigned (internal office use only):	Enter Query ID
Project title:	**Family Violence in the Northwest Territories**
Date prepared:	**31 January 2019**
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Protocol Summary

A scoping method will be used to consider a comprehensive approach to family violence in rural, northern and remote locations, nationally and globally. A scoping review is a knowledge synthesis that takes a broad look at extant published literature about what is known about a topic along with what is unknown or where the gaps occur (Arksey & O'Malley, 2005; Daudt, van Mossel & Scott, 2013; Levac, Colquhoun & O'Brien, 2010; O'Brien et al., 2016).

Stages of the Scoping Method

These stages include: 1) creation of a research question, 2) identification of relevant studies, 3) data extraction, 4) analysis, and 5) summarizing and reporting the results.

Creation of Research Question

The knowledge user refined the question after the initial invitation to submit a proposal. This was completed through the SPOR: Evidence Alliance Query process. The question that was generated was, "In northern, remote, primarily Indigenous communities, what are the most effective short and long-term strategies to reduce the incidence and severity of family violence?" The knowledge user identified that the evidence generated through a scoping review process will be used to create a comprehensive approach for reducing family violence in the NWT. The eligibility criteria were identified through a PICO process:

- Population: Northern Canadian populations, Remote Canadian, New Zealand, Australian, Circumpolar Countries, Indigenous and Alaska
- Intervention: Strategies (best practices) to combat family violence
- Comparison: Urban Indigenous interventions
- Outcomes: Components of an evaluation plan
- Time: 2000 to current year

Identification of Relevant Studies

This scoping review will examine studies searched from the following electronic databases (PubMed, CINAHL, Social Sciences, Medline, PsycInfo, Cochrane Library). Search terms to be used are: violence, family violence, domestic violence, intimate partner violence, woman abuse, violence against women, children exposed to violence, elder abuse, perpetrators of violence, best practices, interventions, and strategies. Search terms will be adapted to the database requirements and a map will be created that outlines the journey of the search, with number of citations selected, number of exclusions and reasons for the exclusions. Each citation will be screened by two reviewers, independently. (We will need assistance to have a peer review by a librarian using the PRESS checklist).

Data Extraction

The data from the eligible studies will be maintained on a custom-made data collection form. The information to be included about each study selected will be: author(s), year of publication, title of publication, study population, aims of the study, design of the study, results, and outcome measures. This step will be done in duplicate to perform member checking.

Data Analysis

A thematic analysis will be undertaken to understand the context, existing effective strategies and best practices in northern, remote and Indigenous regions.

Summarizing and Reporting

The results will be summarized and a report developed for the Community and Policing Division.

Potential Delays and Risks

Two research team members are moving to new positions and require approval to continue work within this project. They both believe that the project will be supported, but there is a minimal risk that this will not be the case. All of the team members belong to the Union of Northern Workers and there is a potential for strike action to occur. As well, other work commitments may interfere with getting the study completed on time.

APPENDIX A

Knowledge User Engagement Plan
Describe how you plan to engage the knowledge user (i.e. query submitter) at the initiation and planning stage of the review, during the conduct of the review and at the end of the review.
Initiation and Planning A query was proposed to Dr. Moffitt by the knowledge user (Leane Gardiner, Director, and Megan Hopsapple, Domestic Violence Coordinator of the Community and Policing Division, Department of Justice, Government of the Northwest Territories, for the GNWT's Interdepartmental Working Group [Departments of Justice, Health and Social Services, Education and Employment, Municipal and Community Affairs, and the NWT Housing Corporation]) by email September 5, 2018, to develop an evidence-based approach to address family violence. Two documents were prepared by the GNWT: 1. *Development of a Comprehensive GNWT Approach to Action Against Family Violence*. 2. *Terms of Reference and Project Scope for Family Violence Working Group*. The knowledge user identified that they would like to be briefed on what is happening and working well in other jurisdictions across Canada, and in rural and remote places in the Unites States, Australia, New Zealand and the Circumpolar countries (a jurisdictional review). As well, they would like to have a targeted report outlining an evidence-based approach to family violence. The knowledge user's timeline is to be completed by June 2019. From September to November, meetings were held with the knowledge user to further plan the project. Dr. Moffitt suggested that this would be an excellent query to forward to the SPOR Evidence Alliance (SPOREA) with which she is a Principal Investigator. A request for knowledge synthesis was initiated with the SPOREA and a meeting to clarify the project took place with the Central Coordinating Office between EA Staff (Sinit Michael, Wasifa Zarin, Sonia Thomas), the knowledge user and Dr. Moffitt on September 25, 2018. Culminating from these meetings, it was clarified that a scoping review would be conducted by the NWT research team. As well, a jurisdictional review will be completed by the research team, but it is realized this process is not within the mandate of the SPORED through which the scoping review will be evaluated, approved and shared. In early November, Dr. Moffitt attended the first AGM of the SPOREA and, during those discussions of patient engagement, considerations for a similar process in the NWT were further developed. The words "patient engagement" do not work in our territory where it is preferred to use the term "community partners". On November 27, 2018, a meeting was held at the Department of Justice with the large group of knowledge users (the Interdepartmental Working Group). During that meeting, one of the Indigenous partners suggested that it was important to report on traditional knowledge of family violence. The larger group suggested that the best way to conduct this work is with Indigenous elders from across the NWT. This can be done through sharing circles and will require ethical review, a research license and funding. This proposal will be developed early in the new year and the research will be conducted concurrently with the scoping review. **Conduct of the Review** During the conduct of the review, partnering with community members (Indigenous and newcomers) will occur to collaborate on the progress of the review, along with the knowledge user leaders from the Department of Justice. We will meet monthly or as required for clarification and validation of progress. **End of the Review** At the end of the review, the research team will write a report and will provide an oral presentation to the larger interdepartmental group. The products will all be shared with the SPOREA. Academic papers will be written by the research team for publication and dissemination. The project will be shared at professional conferences.

Frequency of knowledge user update

Please include frequency of progress updates you will provide to the knowledge users (e.g. monthly updates).
Please see the KU update template provided.

Please select one.

Patient Partner Engagement Plan (if applicable):

Describe how you plan to engage patient partners in the research process.

Indigenous members of the knowledge user group have identified, in both the terms of reference for the project and in a face-to-face meeting, that "*incorporating Indigenous traditional knowledge, aspirations and perspectives as wells as those of new resident groups in the NWT*" is vital to this project. (Please see the separate proposal entitled "Community Partners to Improve Family Violence Research in the Northwest Territories". Ethical approval applications will be submitted to the Research Ethics Committee, Aurora College, and through POLAR at Aurora Research Institute for a NWT research license.)

Community partners will be engaged in sharing circles with Indigenous youth and elders to identify strategies to address family violence in their communities. Elders and youth will be recruited into the study by a local community cultural broker (five youth and five elders). The diversity of cultural groups in the NWT are realized, so a number of groups will be accessed. Sharing circles with Indigenous elders from across the North will include the Indigenous communities of Behchokǫ̀, Hay River, Fort Simpson, Dettah, Dél̨ne, Fort McPherson and Paulatuk. Immigrants will be invited into a sharing circle in Yellowknife. The newcomers will be recruited by the Integration Advisor with Aurora College, funded by Immigration, Refugees and Citizenship Canada.

Knowledge Translation Plan

- The target audience is the Interdepartmental Working Group of the GNWT.
- A written report and oral presentation will be provided.
- A minimum of two professional papers will be disseminated to share the scoping review to academia and the results of the traditional knowledge about family violence and strategies for prevention of violence and promotion of healthy families and communities.
- The report and research with communities will be used by the government to develop policies and directions.

Timeline with Descriptive Milestones (from the point of official approval of the work plan):

	Methods and Stages	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Jurisdictional Review									
	Engagement with the knowledge users	X	X	X	X	X	X	X	X
	Orientation and meetings with student research assistants	X							
	Define family violence	X	X						
	Website searches		X	X	X				
	Data collection		X	X	X				
	Summarize findings					X	X		
	Write and deliver report							X	X
Scoping Review									
	Research team meetings	X	X	X	X	X	X	X	X
	Engagement with the knowledge users	X	X	X	X	X	X	X	X
	Creation of the research question	X							
	Identification of relevant studies	X	X	X	X				
	Data extraction			X	X	X	X		
	Data analysis					X	X		
	Summarizing results					X	X		
	Writing report							X	X

APPENDIX B

Search Terms

- (family violence or domestic violence or intimate partner violence) and (best practices or guidelines or evidence-based interventions) and (children or adolescents or youth or child or teenager)
- northern or remote or aboriginal or First Nations
- (elder abuse or older adult abuse) and (intimate partner violence or domestic violence or family violence) and (prevention or health promotion or best practices or strategies or interventions) and (Indigenous or Aboriginal or First Nations) and (rural or remote or northern)
- (Indigenous or Aboriginal or First Nations) and (Intimate partner violence or domestic violence or partner abuse or gender-based violence) and (health promotion or strategies or interventions) and (best practices or guidelines or evidenced-based treatment) and (scoping review or scoping studies or systematic review)