



Developing a Framework to Address Family Violence in Peel

A Review of the Literature

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"Peel's Community Safety and Well-being Plan 2020-2024?"
Written by the Peel Institute of Research and Training – Family Services of Peel

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Introduction

Family violence refers to any form of abuse, mistreatment, or neglect experienced by a child or adult and perpetrated by a family member or someone with whom they have a personal relationship (Government of Canada, 2022). In all its forms, family violence has been a pressing issue at local, provincial, national, and global levels. Despite decades of efforts aimed at reducing and eradicating violence, particularly against women and children, the prevalence of family violence, including domestic violence and intimate partner violence, remains high. The last 50 years have witnessed increased public awareness, as well as significant political gains in Canada in addressing violence against women, particularly domestic violence (Abraham & Tastsoglou 2016). The focus of this review and its associated project will focus on identifying the components needed to establish a framework for Family Violence that intersects with trauma-informed, anti-racism, reconciliation, and equity practices. This review begins with conceptualizing family violence, viewing it as a whole rather than in its subsets. Discussion follows on the role of culture, colonialism, and racism in family violence in Canada and around the world. Local, national, and global family violence frameworks highlight common and relevant theoretical underpinnings and components. Recommendations are presented for a new family violence framework in Peel.

A Historical Overview

Family violence cannot be appropriately or adequately addressed without a discussion of the impact of the feminist movement on “violence against women,” mobilization of the Canadian and global Women’s Movement, media attention, and policy development, which have increased awareness and support to address violence experienced by women (Abraham & Tastsoglou 2016). With the rise of the Women’s Movement and feminism, we saw national feminist organizations come to work with the Canadian federal government on a range of issues related to gender equality to garner access to full citizenship for women. The 1970s saw grassroots women’s groups organize volunteer support services for women experiencing abuse and the emergence of the first shelters (Abraham & Tastsoglou (2016). While they had their inadequacies and problems, shelters evolved in the 1990s with the support of federal and provincial funding (Nason-Clark et al., 2014).

In the early years, mainly through the 1980s, the framework of ‘wife battering’ and ‘wife assault’ prevailed over the term ‘family violence,’ capturing the deeply gendered form of violence within intimate familial relations. This framework had significant legal and policy consequences (Currie, 1990; Walker, 1990). Specifically, this period saw many legislative victories, one of which was the growing acceptance of a criminalization model based on retribution for responding to violent offences. This model expanded, following the

recommendations of the first national study of wife battering in Canada. In 1980, the Canadian Advisory Council on the Status of Women published *Wife Battering in Canada: The Vicious Circle*. The book's author, Linda McLeod, argued that while laws existed to protect abused women, exceptions written into the law to protect family units reduced the ability to succeed in convictions (Currie, 1990). Women's shelters endorsed the recommendations of the study, and women's groups advocated for the application of the Criminal Code for the routine convictions of offenders of violence against women.

A criminal justice framework of family violence that falls within the Criminal Code persists in Canada and has resulted in provincial and territorial legislation. The criminal justice system collaborates with other institutions, such as social services, community organizations, and government health services, to respond to domestic and family violence (Abraham & Tastsoglou, 2016). A feminist and gender lens remains the focus, recognizing that girls and women are disproportionately impacted by violence, with programs and services centering around their needs.

Concerns about the dominance of the criminal justice framework and homogenous gender lens rose in prominence in the late 1980s and the 1990s. Women of colour, immigrant women, activists, community-based organizations, and post-colonial scholars critiqued its approach to family violence. They emphasized addressing the diversity of experience and recognizing how structural and cultural forces compound family violence. Feminists and activists argued that the existing system did not account for the particular and intersectional vulnerabilities to family violence of immigrant, racialized, and Indigenous women, which are influenced by the systemic intersections between their gender, race, ethnicity, class, immigration, and citizenship status in Canada, as well as racism, patriarchy, cultural configurations, and other forms of discrimination (Abraham & Tastsoglou, 2016). A model that does not address intersectional experiences stands in deep contrast to research on domestic and family violence, which indicates that the root causes of violence are structural, including poverty, unemployment, economic disparity, racism, sexism, and patriarchal social structure (Abraham & Tastsoglou, 2016). Criminalization that does not consider the structural barriers faced by survivors fails to make women safe or contribute to gender equality.

Addressing the diversity not only of women's experiences but also of all citizens, given that Canada is home to numerous racial, ethnic, and cultural groups, Prime Minister Pierre Elliott Trudeau implemented a multicultural policy in 1971 to promote theoretical equality among ethnic groups. His objective was to encourage cultural freedom, as he believed one culture should not precede another (Swayn, 2018). The Multicultural Act was meant to strengthen national unity and the identity of Canada while also preventing ethno-nationalism that was developing with the rise of French-Canadian nationalism (Swayn, 2018). This vision of cultural unity was meant to diverge Canada's immigration policy, which blatantly let race and culture

dictate which immigrants were accepted (Swayn, 2018). Trudeau wanted to use this Act to foster a culture of tolerance.

Canada's multicultural policies have done little to empower equitable participation of immigrants and those belonging to diverse cultures. In practice, multiculturalism superficially tolerates cultural differences but fails to challenge racial inequalities, creating unbalanced opportunities and outcomes for those not conforming to the dominant culture (Lei & Guo, 2022). The multicultural policies recognize cultural differences but mask systemic racism, colonialism, and inequities.

Policies in the name of ethnic equality and diversity often tie minority culture into family violence and portray immigrants as jeopardizing the current "low" concentrations of gender-based violence (GBV) in Canada. These multicultural policies do not serve the needs of family violence survivors from diverse cultural groups.

An equity lens can pave a path forward to developing comprehensive, culturally safe, appropriate, trauma-informed, intersectional frameworks to address family violence. For example, in building a prevention strategy for sexual violence in the United States, the Prevention Institute and National Sexual Violence Resource Center (2021) utilized a health equity approach. While their focus was directed to sexual violence, the overall premise can also be applied to creating a family violence prevention and intervention framework for service providers. Preventing family violence requires addressing deep-rooted abuses of power at all levels, including interpersonal, community, and social/structural levels. While violence impacts people of all identities, a connection can be traced between family violence and oppression, going far beyond cultural differences alone.

Colonialism, racism, ableism, sexism, and transphobia are embedded in our systems, resulting in systemic oppression, which enables people to abuse their power through the use of violence, profoundly impacting people in enduring ways (Prevention Institute & National Sexual Violence Resource Center, 2021). Statistics demonstrate that higher rates of violence occur in communities that have historically been oppressed. The Prevention Institute and the National Sexual Violence Resource Center 2021 (NSVRC) assert how across the United States, organizations and people are advancing health equity in violence prevention by (1) elevating community leadership and resilience (i.e., centering voices of survivors and advocates); (2) creating spaces for both healing and prevention; (3) facilitating internal organizational change; (4) addressing underlying factors that contribute to violence and safety; and (5) creating partnerships across sectors and movements.

Frameworks and strategic action plans published between 2015 and 2023 have addressed family violence, highlighting factors not only at the individual level but also at the macro-structural level, thereby attending to the intersectional needs of survivors. They call for

the elimination of disparities in family violence service access across population groups differing in race, gender, and levels of education and income. Examples include Canada's National Action Plan to End Gender-Based Violence (2021), the violence prevention work of the World Health Organization (WHO, 2015, 2022), family violence frameworks in Australian states (ACT Government, 2022; Department of Child Protection and Family Support, 2015; No to Violence, 2020; Northern Territory Government, 2018; Pan American Health Organization (PAHO), 2015; Queensland Government, 2021; and WHO, 2016; WHO, 2022). These frameworks and plans emphasize the need for structural change, service coordination and integration and addressing inequities, with intersectionality as a guiding principle.

Prevalence of Family Violence

Statistical data on family violence underscores the alarming scope of the problem. Numerous studies highlight the widespread nature of abusive behaviours within familial settings. The full extent of family violence is elusive due to underreporting, stigma, and differential conceptualizations and measurements of violence.

According to Statistics Canada (2023), in 2021, police reported 114,132 survivors of intimate partner violence (violence committed by current and former legally married spouses, common-law partners, dating partners, and other intimate partners) aged 12 years and older (344 survivors per 100,000 population). It marked the seventh consecutive year of a gradual increase in this type of violence. Eight in ten (79%) survivors of such violence were women and girls, and the rate of victimization was nearly four times higher among women and girls than men and boys (537 versus 147) (Statistics Canada, 2023). Compared to 2020, the rate of intimate partner violence increased by 2% in 2021, while non-intimate partner violence increased by 6%. However, compared with 2019, before the pandemic, intimate partner violence was 4% higher in 2021, while non-intimate partner violence was 2% higher (Statistics Canada, 2023). Information presented in this review reflects only the family violence incidents that were reported to the police. Often, these types of incidents are not reported. According to the General Social Survey on Canadians' Safety (2019), one in five (19%) survivors of self-reported spousal violence indicated the violence they experienced was reported to the police (Statistics Canada, 2023). During the pandemic, the reduced in-person social contact with friends, extended family, and third-party individuals (e.g., teachers, doctors, etc.) may have affected the identification and reporting of violence and abuse to authorities (Statistics Canada, 2023).

The unprecedented impact of the COVID-19 pandemic was evident across many social service facilities. According to Ibrahim (2022), about one in three (34%) facilities reported being significantly impacted by the pandemic overall, while more than four in ten (44%) facilities were affected to a moderate extent. As stated by Statistics Canada (2023), one of the most concerning aspects of family violence is the disproportionate impact on women and children. According to Statistics Canada (2023), of the 117,093 victims of police-reported family violence in 2022, almost 78% were women and girls. In terms of age group and gender, family violence

was nearly seven times higher among women and girls aged 12 to 24 years (776 survivors per 100,000 population) than among their male counterparts (114) and more than three times higher among women aged 25 to 64 years (661) than among their male counterparts (203) (Statistics Canada, 2023).

The prevalence of family violence towards seniors stands out as a deeply troubling and often overlooked issue. According to Statistics Canada (2023), there was a significant increase in the rate of police-reported family violence against seniors. There were 6,356 seniors (aged 65 years and older) who were survivors of police-reported family violence in 2022, representing a rate of 87 per 100,000 population. Women accounted for more than half (56%) of senior survivors.

The Research Questions

This project, under Peel's Community Safety and Well-being Plan (2020-2024), aims to develop a framework for the prevention of and intervention in family violence. To successfully serve organizations working in the field of family violence, it will be anti-oppressive, anti-racist, trauma-informed, intersectionality-based, and culturally safe. This literature review focuses on the following concerns:

1. What is the role of culture in family violence? How might culture impact the experience of family violence?
2. How do racism and colonialism, as well as other social factors and forces, intersect with culture to influence violence in the family?
3. What frameworks exist to address family violence in local, national, international, and global contexts? What are the theories underpinning these frameworks? Which theories hold the most relevance for a new framework? What are the critical components included in recently developed frameworks for family violence?

Methodology

This literature review used peer-reviewed, scholarly, and grey literature from Canadian and international contexts. Grey literature reviewed included organizational and government frameworks, reports, theses, and dissertations on family violence. Grey literature was collected from national, international, and organizational sites within and outside Canada. Peer-reviewed and other scholarly literature was found through searches conducted on databases, including the McLaughlin Library at the University of Guelph, the University of Toronto Library system, the Toronto Metropolitan University Library, and Google Scholar.

Inclusion criteria: (a) published in English; (b) literature and frameworks applicable to the Western context; (c) frameworks for family violence, gender-based violence, or family and domestic violence published within the last five to eight years (2015 to 2023); (d) literature published in the past ten years (with exceptions for historical and theoretical resources); (e) scholarly and grey literature of high quality.

Exclusion criteria: (a) literature not published in English.

Equity, Anti-Oppression, and Anti-Racism Framework

This review draws attention to the connections between oppression, inequity, and family violence. Underpinned by health equity, intersectionality, the social determinants of health, and the Indigenous Wheel of Health, the *Equity, Anti-Oppression, and Anti-Racism* framework of Family Services of Peel (Riutort et al., 2015) enables the exploring of family violence as a complex, social phenomenon, influenced by factors at the individual, relationship, and community levels that interact with structural forces, such as racism, colonialism, neoliberalism, and cultural configurations.

Equity and Inequities

Equity

According to the World Health Organization (WHO), equity is “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other dimensions of inequality.” Inequities involve access to needed resources to improve health outcomes, as well as “inequalities that infringe on fairness and human rights norms.”

Inequities

Inequity is defined as the differences in social and health status among population groups deemed unfair, unjust, or preventable, as well as socially produced and systematic in their distribution across the population (World Health Organization, 2007). Inequities generally exist along two significant gradients: socioeconomic status and geographic status (e.g., urban vs. rural location). Inequities also appear as differences across ethnicity, gender, age, and abilities (Provincial Health Services Authority, 2011).

Inequity predictably puts groups of individuals who are already socially disadvantaged (the poor, females, and racialized groups) at more disadvantage (Whitehead, 1992)

Equity in health services:

A common understanding of equity is necessary to ensure that users of a framework develop and use standard measures and have a shared language. This supports the ability to draw practical conclusions about service and policy implications (Starsfield, 2001).

Equity work requires clearly defined variables with a precise meaning, which can be measured through a validated or commonly used method (Starsfield, 2001). Categories of variables that are relevant to equity and widely used include (a) variables related to social resources, such as cultural, socioeconomic, political, and social conditions; (b) variables related to psychosocial characteristics, such as social support, social engagement, etc.; (c) variables related to health

behaviours; (d) variables related to health care and public health; and (e) variables related to health and well-being (Starsfield, 2001).

Social Determinants of Health

The social determinants of health refer to the non-medical factors (i.e., race, gender, income, etc.) in which people live, work, and play that are shaped by the broader social, political, and economic context that influence the health, safety, and well-being of individual, families, and community (WHO, n.d.). The social determinants of health are intimately connected to the risk of experiencing family violence, as well as access to services and supports that assist survivors in eliminating violence in their lives.

The social determinants of health can be categorized as proximal, intermediate, and distal levels (Reading & Wien, 2009). The social determinants of health at the proximal level include those most directly connected to the individual or family, such as income, housing, education, health behaviours, etc. Intermediate social determinants of health include social support, social networks, community resources, capacities, and systems. Finally, the distal social determinants of health refer to social, political, and economic forces, such as colonialism, racism, ableism, cultural configurations, etc. (Reading & Wien, 2009). Risk level or protection from risk for violence will vary, depending on one's relationship with these various factors and forces (i.e., their social positioning).

Intersectionality

Residents of Peel hold a diverse range of social locations, experiencing differential risk and protection from violence based on their intersections of gender with race, ethnicity, disability, class, etc. Understanding the experiences of family violence and supporting the safety and well-being of survivors in an equitable manner requires an intersectional approach.

Intersectionality has its roots in Black feminist and critical race perspectives. The term 'intersectionality' was coined in 1989 by Kimberle Crenshaw to recognize how gender, race, and other factors intersect in complex ways in women's lives. Intersectionality involves the study of how social categories, such as race, gender, sexuality, class, and disability, are mutually shaped and interconnected with broader social, historical, political, and social forces, including neoliberalism, racism, colonialism, and cultural configurations to produce shifting relations of power and oppression (Hobbs & Rice, 2011; 2018).

Limitations

This review has limitations regarding its underlying theories, design, replication potential, shortcomings in data collection and questionnaire design, narrow time span, missing data, ethical parameters, data collection/analysis, result interpretations and corresponding conclusions.

The main limitation is that the full scope of frameworks addressing family violence or its subsets was not examined due to time restrictions. Furthermore, the review is focused on Western-based frameworks, which has the potential to limit our understanding of the diverse

experience of survivors and perpetrators of family violence who have immigrated to Canada from countries outside of the Western context.

This is a preliminary review that is a ‘work in progress.’ A long-term goal should be to continue collecting in-depth information on all work areas related to family violence and culture.

Understanding Family Violence

Manifestations of Family Violence

Family violence takes different forms, including physical abuse, sexual abuse, emotional/psychological abuse, financial exploitation, genital mutilation, and femicide. These are not mutually exclusive, as constantly, survivors of violence will experience several forms of violence.

Physical abuse: Physical abuse is an intentional and non-consensual use of force against a person that can cause physical pain or injury (Government of Canada, 2022). Examples of physical abuse are pushing or shoving; hitting, slapping, or kicking; punching; choking or strangling; shooting, stabbing, cutting, or burning; throwing objects at someone; locking someone in a room or tying them down; holding someone down for assault; and killing someone.

Sexual abuse: Sexual abuse consists of sexual touching or sexual activity without consent (Government of Canada, 2022). The following acts are considered sexual abuse and are all crimes in Canada: unwanted kissing or touching; unwanted rough or violent sexual activity; continued sexual contact when asked to stop; forcing of someone to commit sexual acts; refusal to use or restriction of contraception.

Emotional/psychological abuse: Emotional abuse, also referred to as psychological abuse, occurs with the use of words or actions to control, frighten, or disrespect someone (Government of Canada, 2022). The following acts are considered emotional abuse: threats, put-downs, name calling or insults; consecutive yelling or criticism; controlling or keeping someone from socializing; preventing someone from practicing their faith or religion; destroying belongings; and bullying and cyberbullying.

Financial exploitation: Financial exploitation occurs when money or property is utilized to control or take advantage of someone (Government of Canada, 2022). Financial exploitation may include taking someone’s money or property without permission, withholding or limiting money to control someone, pressuring someone to sign documents, and forcing someone to sell things or change a will.

Neglect occurs when a family member or guardian in a caregiving role fails to provide the person they are caring for with basic needs (McCoy and Keen, 2022). Neglect includes failure to provide adequate food, clothing, healthcare, medication, or personal hygiene, failing to prevent harm, and failing to ensure proper supervision if needed.

Female Genital Mutilation: Female genital mutilation refers to procedures in which the labia majora, labia minora, and clitoris of a girl or woman are excised, infibulated, or mutilated, in whole or in part, for non-medical reasons (Government of Canada, 2022). Gender mutilation is driven by gender inequality and is a way to control girls and women's sexuality. This process is considered a criminal offence in Canada and violates the *Criminal Code* (Government of Canada, 2022).

Femicide: Femicide is defined as the intentional killing of women and girls (United Nations Women, 2022). It is associated with a gender-related motivation and is the most brutal form of violence against women and girls.

Forms of Family Violence

Intimate Partner Violence (IPV): Intimate partner violence, interchangeably used with the term *domestic violence (DV)*, is a type of violence, abuse, or mistreatment, often disguised in secrecy and silence, that occurs within a marriage, common law, or dating relationship. This abuse can take place in both opposite-sex and same-sex relationships.

Domestic Violence (DV): Domestic violence refers to violence that occurs between two parties living within the same household and is classified as violence that occurs in a domestic or family setting. This type of violence is a pattern of abusive behaviour that a person uses to gain power and control over their partner (Government of Ontario, 2020).

Gender-Based Violence (GBV): Gender-based violence refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in unequal power dynamics between genders and is a violation of human rights. GBV can affect individuals of any gender, but it disproportionately impacts women and girls (Calero et al., 2022). It encompasses various forms of violence, and the term is often used synonymously with violence against women.

Child Abuse and Neglect: Child abuse is a term used for all acts of commission that are generally deliberate, perpetrated by a parent, family member, or caregiver, and result in harm or death of a child under the age of 18 (Government of Canada, 2022). The witnessing of family violence by a child is also considered a form of abuse (Government of Canada, 2022). Conversely, *child neglect* is a term used for acts of omission of a parent, guardian, or caretaker who fails to provide appropriate care for a child. This involves the non-fulfillment of providing for a child's physical, medical, emotional/psychological, and educational needs (McCoy & Keen, 2022).

Elder Abuse: Elder abuse is considered a direct action, inaction, or negligence toward an older adult that harms them or places them at risk of harm by a person in a position of trust (Johnson & Fertel, 2023).

Impacts of Family Violence

Family violence inflicts profound and enduring physical, mental, familial, and intergenerational consequences on individuals, families, communities, and society in general. The consequences extend far beyond the immediate incidents. Physical violence within the family and in intimate relationships can result in a range of injuries, from minor bruises to severe trauma. Survivors may experience broken bones, concussions, or internal injuries, depending on the severity of the violence (Stubbs & Szoeki, 2022). Exposure to family violence, especially in cases of severe and prolonged abuse, can lead to the development of mental health illnesses like post-traumatic stress disorder (PTSD).

Exposure to family violence causes harm to children who witness abuse and has a profound impact on their emotional and psychological well-being (Hayashi, 2022). Experiences of childhood violence are associated with poor school performance, bedwetting, aggression (particularly among males), self-blame, guilt for the violence between parents, isolation from peers, self-harming behaviour, psychosomatic symptoms, depression, sleep disturbances, and excessive anxiety symptoms (Noble-Carr et al., 2020). In addition, violence committed by a person in a position of trust impairs a child's ability to trust others and increases the risk of victimization in later life. Neglect toward a child can result in inadequate care, lack of proper nutrition, and compromised living conditions (Hayashi, 2022).

Similarly, family violence can have significant and harmful effects on older adults. Older individuals may suffer physical injuries such as bruises, fractures, or internal injuries because of physical abuse (Storey, 2020). Chronic health conditions may worsen due to stress and trauma associated with abuse. Elder abuse can lead to increased levels of stress, anxiety, and depression among older individuals (Yunus et al., 2019). Older adults may experience financial abuse, leading to the loss of assets, savings, or property. Economic exploitation can result in a diminished quality of life and financial insecurity (Myhre et al., 2020).

Significance of Viewing Family Violence as a Whole

Family violence encompasses a spectrum of behaviours and interactions that span across subsets, including intimate partner violence, child abuse and neglect, and elder abuse.

Viewing family violence as a whole creates a holistic understanding, which allows for a comprehensive and nuanced approach. Family violence is a multifaceted issue influenced by various factors, including individual, familial, relational, community, and societal dynamics. A holistic understanding considers these factors collectively, providing a more complete picture of the issue. Family violence is often interconnected, with different forms of abuse coexisting within the same family or relationship. For example, child abuse may occur in a household with intimate partner violence. Studying family violence from a holistic standpoint can assist in understanding how these various forms of abuse can interact and compound each other's effects (Wessells & Kostelny, 2021).

To narrow down the focus of family violence into its subsets not only narrows the understanding of family violence but also oversimplifies it. (Tolan et al., 2006) Suppose the focus is solely on a subset of family violence. In that case, family members exposed to the violence may not necessarily be part of the healing process, as the focus may be on the survivor and the perpetrator only, or it may negate the interplay of factors influencing violence in the family and its impacts. Family members are all affected by the act of any violence within the family – therefore, interventions should include the whole family (Ryan & Roman, 2021). Utilizing a family-centred approach to addressing family violence offers numerous benefits that contribute to more effective and sustainable interventions (Dubowitz & King, 1995).

A family-centred approach includes all members of the family affected by the violence in the home and involves collaboration between the family and the service provider (Ryan & Roman, 2021). By considering the family as a unit, service providers gain a more comprehensive understanding of the dynamics, relationships, and contextual factors that may contribute to or mitigate family violence (Dubowitz & King, 1995). This approach balances the family's needs in the best interest of its members, encourages family input on the plan of care, and has each family treated as unique. Involving families in decision-making empowers them to participate actively in their personal and familial well-being. This collaborative approach acknowledges families' expertise and insights about their own lives, fostering a sense of agency and ownership in addressing and preventing family violence (Pennell & Burford, 2000). It allows the challenges presented to provide contextual explanation rather than individual blame, as the emphasis is placed on what is happening in the family rather than what is wrong with it. A family-centred approach allows for cultural sensitivity and responsiveness for families from diverse cultural backgrounds. Recognizing and respecting cultural differences ensure that interventions are tailored to each family's unique needs and values, enhancing the likelihood of successful outcomes (Ryan & Roman, 2019).

Culture and Family Violence

Culture needs to be defined to analyze the effects it has on those experiencing or perpetrating violence and to evaluate the efficacy of family violence services. The literature on culture highlights its complex and relational nature. For this study, culture can be defined as a set of beliefs and behaviours subject to shifts and changes but ultimately defined by the norms and values of the dominant group (Tutty et al., 2010). Culture is fluid and continuously evolving. The dominant group's power defines the normative culture and the 'other,' referring to those who fall outside these boundaries. The dominant culture significantly influences health and well-being and the appropriateness of services. It is with this conceptualization of culture that we understand Canadian culture and how culture has been positioned in family violence.

The dominant culture in Canada is based on a Eurocentric model underpinned by gender and race inequities and patriarchal, colonial, neo-liberal, and individualistic narratives (Edwardson, 2008). This often leads to individuals of a minority culture being 'othered,' or viewed as inferior in comparison to the dominant Western culture, and subject to greater racial and gender

marginalization (Aujla, 2021; George & Rashidi, 2014; Tutty et al., 2010). When we take such a view, we become aware of how many services and supports are inappropriate, as they have been developed and built around the Eurocentric culture. This leaves many survivors unable to access culturally safe, appropriate, and responsive services that respectfully recognize their needs. Accounting for minority culture should be made in tandem with recognition of dominant culture so that an analysis of power and privilege can be centralized in the development, implementation, maintenance, and evaluation of frameworks, services, and programs for survivors of family violence.

Western societies have often blamed “other” cultures for gender inequality in the lives of immigrant women, which inevitably leads to victim-blaming and the perpetuation of stereotypes that family violence is inherent to some cultures (Ghafournia, 2014). In turn, minority cultures are depicted as static and monolithic, and Western liberal values are viewed as needing to be instilled into these cultural groups to reach gender empowerment and inequality (Volpp, 2000; Krane et al., 2000; Abji & Korteweg, 2021). However, this cultural blaming and “othering” ignores how family violence continues to occur in the Western cultural context and amongst families conforming to the dominant culture. It supports a false belief that violence against women and family violence is something that only happens to ‘others’ (Ghafournia, 2014). Furthermore, such a view sustains a tendency to blame survivors and hold survivors to a degree of responsibility for their victimization (Tutty et al., 2010).

In building a family violence framework for Peel, it is imperative to avoid the tendency to view violence as something that occurs in ‘other’ cultures when the reality is that violence occurs across all cultural groups. The concept of cultural meaning-making processes, created by Salina Abji and Anna Korteweg (2021), promotes such an understanding. They analyze how state powers, political economies, and migration influence expressions and responses to violence at the personal and institutional levels. A cultural meaning-making process view sits in contrast to universalistic and essentialist approaches, which assume that all gendered violence is experienced in the same way and that practices to dismantle gender subordination should be based on Western principles (Volpp, 2000; Krane et al., 2000; Ghafournia, 2014).

Similarly, theories based on intersectionality and equity critique notions of universalism. Intersectionality enables recognizing how different social markers of one’s identity (culture, gender, race, ethnicity, religion, sexuality, class, education, (dis)ability, etc.) are interwoven within a social context to create different experiences of power and oppression (Haynes, 2020). Intersectionality helps to understand that although women and children from diverse cultures may experience family violence at a higher rate than individuals from dominant cultures, their vulnerability to violence is heightened due to factors that increase their systemic oppression, such as immigration, racism, and colonialism (Freedman et al., 2022). By drawing on an equity lens, we can go beyond a focus on culture alone to address how numerous social and structural determinants of health influence the risk for family violence, with culture only being one piece of a vastly more complex phenomenon.

The Role of Colonialism in Family Violence

Colonialism, in Canada and elsewhere across the world, is intimately tied to family violence and gender-based violence. As control and power domination were the goals of colonization, and the spread of Western culture viewed as dominant and the 'right' way of life, any review of culture and family violence and the building of an equity-informed, culturally responsive family violence framework must acknowledge this. As a settler-colonial country, Canada's historical and ongoing colonial practices and sentiments have resulted in colonialism being a social determinant of health (Czyzewski, 2011). In many ways, the effects of colonialism can be seen within the family structure. As discussed, family violence tends to be associated with the culture or tradition of the colonized (Rose, 2014). However, this assumption has been proven to be historically inaccurate. For example, many Indigenous cultures within North America have attested that before colonialism, violence perpetuated and experienced by the family did not exist to the extent it does today (Dupuis-Rossi, 2021; Alaggia & Vine, 2012; Spence, 2010; McEachern, 1998; Rose 2014). This is not to argue that family violence did not exist at all in Indigenous communities before colonization; however, it points to how the systemic abuse of women and children has occurred and drastically increased because of patriarchal colonial domination (Rose, 2014; Spence, 2010).

The dehumanization and abuse faced by women and children due to colonialism can be used as a site for this analysis of patriarchal colonialism. The European colonization of Indigenous peoples heavily relied on disempowering the role of the woman within the family, reducing her to a "breeder" and fulfiller of domestic duties (Alaggia & Vine, 2012). Moreover, the devaluation of women can be identified through the physical colonization of their bodies through rape and abuse, marking Indigenous women as dirty and impure (Vranckx, 2008; Rose, 2014). In this way, although colonization has systemically disadvantaged both men and women, the effect of this degradation is not experienced equally due to intersecting factors that have made women within the family and the larger societal context disposable. For men, patriarchal conceptions of masculinity highlighted dominance and aggression within their family but also denied this masculinity within White social contexts (Spence, 2010). Consequently, through violence and force, colonialism disrupted Indigenous cultures, denied women their rights and respect, forced assimilation into Western patriarchal colonial ideals, and created systems that sustain violence within families.

Colonialism, Racism, and Family Violence

Intricately tied with colonialism is racism, in which racist ideologies act as a characteristic of colonialism to position the colonized population as a deviation from the norm (Czyzewski, 2011). This process of "Othering" was done to justify European domination through culture, religion, and economics (Spence, 2010). With the spread of colonization, Indigenous culture was increasingly depicted as backward and harmful, leading to the centuries-long mission to forcefully assimilate and break down the Indigenous racial, ethnic, and cultural identity. Beyond a Canadian context, the relationship between the degradation of racialized peoples and

colonization can be identified on a global scale. For example, in Latin American and Caribbean colonization, racial hierarchies that supposed the superiority of White Europeans were used in the maintenance of slavery (Sanchez et al., 2019) and created associations with Blackness as being underserving and undesirable. Now, Caribbean and Hispanic populations experience this racial trauma within their communities because of an internalized racism that continues to reject Blackness (Sanchez, 2019).

Within Canada's history of racism, many Indigenous people also internalized the colonization they experienced, resulting in intergenerational trauma that continues to make families vulnerable to violence (Alaggia & Vine, 2012; Brownridge et al., 2017). One of the many racist tools that were used to expand the colonization of the Indigenous population was the presumption of the Native as childlike and incapable of self-determination (Spence 2010). Given this, Indigenous scholars have argued that Indigenous people have absorbed the colonial shadow of Canadian legislation and values (Spence, 2010). Residential schools in Canada, which operated until 1996, can be seen as a direct example of forced assimilation. The violence which took place has sustained familial dysfunction and risk for family violence due to intergenerational trauma. These schools were meant to "kill the Indian in the child" by teaching children to be ashamed of their culture (Bombay et al., 2014). This internalization of self-hatred was compounded by various forms of abuse inflicted on these children, resulting in their life-long trauma. This trauma from abuse undoubtedly negatively impacted the family, with reports showing that the offspring of residential school survivors were more likely to experience child abuse and neglect and witness domestic violence, substance abuse, and criminal behaviour (Bombay et al., 2014). Moreover, children who experience family violence through witnessing intimate partner violence or facing child abuse/neglect are more at risk of becoming victims or perpetrators of intimate partner violence in their adult lives (Lünnemann et al., 2019).

Forced assimilation disrupted parental knowledge in Indigenous families, and more efforts are needed to support Indigenous people in parenting that is tailored to and created by Indigenous people (Brownridge et al., 2017). Residential schools, as a colonization tactic, had irreversible consequences for the stability and health of the family, with children being more vulnerable to abuse. Arguably, the treatment of both women and children in Indigenous families is a representation of the treatment that the broader Indigenous population has endured from colonization, cultural genocide, and assimilation (Alaggia & Vine, 2012). This is partly due to the internationalization of oppression, and this internalization resurfaces within their thoughts, behaviour, and relationships, passing on to the next generation (Brownridge et al., 2017). Through this, scholars from a feminist and Aboriginal framework contend that violence against women will not end until social, economic, and political equity is achieved, and family violence will not end until racial equity in the form of self-government is restored for Indigenous communities (Alaggia & Vine, 2012).

Structural racism is also present in social and public services for those experiencing family violence. Women who are victims of intimate partner violence have often felt at risk, not only from their partners but also from police inaction and victim blaming, which is fuelled by racism. For Indigenous women, fears of police are rooted in a re-victimization in which their interests are not accounted for, their children are taken away, and their partner is sent to jail (Alaggia & Vine, 2012). This often leads many Indigenous women to opt out of involving the police. This mirrors the experiences of immigrant women in Canada, who also fear that the police will not help them due to racism and inadequate cultural understanding (Couture-Carron et al., 2022). Positive experiences with police for immigrant women are primarily contingent on whether they felt like they had some influence over what the police did and not being pressured by police (Couture-Carron et al., 2022). Moreover, the historical distrust between Indigenous communities and mainstream health and social services because of racist practices has fostered feelings of intimidation and alienation regarding family violence (Klingspohn, 2018). This aligns with the findings that assert that programs that are based on Indigenous culture have more positive results for healing than programs developed and managed by non-Indigenous agencies (Alaggia & Vine, 2012). Distrust of services due to racism and dismissal of cultural importance has been noted by many immigrant women from varying cultures as an impediment to the efficacy of services and must be re-evaluated to ensure the effectiveness of these programs (Holtmann & Rickards, 2018; Abji & Korteweg, 2021).

Moving Forward: Cultural Safety and Equity

Services that help victims of family violence must use an equity-based and culturally safe approach to deconstruct the prevalence of structural racism. The approach must address intersecting factors and forces impacting the lives of survivors. Cultural safety builds on an equity lens, drawing attention to the role of racism and colonialism in diverse survivors' experiences of violence. Some culturally responsive approaches involve a new conception of intimate partner violence and family violence, as non-Western cultures can have different understandings of its definition and attributes (Ocampo et al., 2015; Klingspohn, 2018). For example, as discussed in the article by Klingspohn (2018), some Indigenous women prefer services that focus on reconciling the family and overcoming intergenerational trauma. Furthermore, culturally responsive approaches are necessary to account for the post-immigration experience that is intertwined with residency, social networks, financial dependency, English literacy, shame, and patriarchal norms (Godoy-Ruiz, 2015); Fonteyne et al., 2023; Bent Goodley, 2007; Rizkalla et al., 2020; Alghamadi, 2022). Unlike cultural competency, which may view culture as fixed and unchanging, frameworks such as cultural safety work with cultural responsiveness to acknowledge power imbalances, institutional discrimination, and colonial relationships that create inequity (Kirmayer, 2012). This use of cultural safety and responsiveness is essential to account for the interlocking forces of poverty, exploitation, education, colonialism, and immigration that increase the risk of family violence.

A Review of Family Violence Frameworks

Family violence frameworks from the past five to eight years in Canada, mainly from Australia and around the globe, were reviewed. This section is broken down into two parts: (1) theoretical underpinnings to understand the basis of these frameworks, and (2) critical components to understand the most prevalent pillars, strategies, and dimensions of existing frameworks.

Theoretical Underpinnings

There are multiple theoretical perspectives used to address family violence. These theories are predominantly individual or sociocultural (Burelomova et al., 2018; Meyer & Frost, 2019). Personal theories include social learning, rational choice, self-control, strain, personality, learned helplessness, and survivor theories (Burelomova et al., 2018; Meyer & Frost, 2019). Sociocultural theories, which aim to understand and explain family violence in the broader social context in which it occurs rather than focusing on individual characteristics, include family conflict and systems theory and feminist theory (Burelomova et al., 2018; Meyer & Frost, 2019). Feminist theorizing has had the most significant influence on understanding family violence. Theories that conceptualize family violence often take singular theoretical lenses. While they have merit in understanding aspects of family violence, they do not address the complexity and nuance of experiences of family violence. Family conflict and systems theories ignore the gendered and intersectional dimensions of family violence.

In recent years, researchers have increasingly argued for more comprehensive theories of violence that account for the perspective of both the survivor-victim and the perpetrator and integrate theories and standpoints from various academic disciplines (Burelomova et al., 2018). While family violence recognizes that violence can be directed at anyone and involves all members of the system, any view of family violence must include a gender lens, identifying the pervasive role of structural patriarchy, sexism, and heteronormativity in creating gendered divisions of power in a society that deeply influence violence within families, particularly that directed at women (Walsh, 2019).

In alignment with the call for more interdisciplinary approaches, recent frameworks, particularly those implemented in Australia, have drawn together theories that provide a more holistic and dynamic model to address family violence. Those most commonly used in newer frameworks and recent literature that support a more integrated, equitable, and nuanced approach include the following: (a) ecological theory and the socio-ecological model; (2) life course theory; (3) intersectionality; and (4) trauma-informed approaches.

Ecological Theory and the Socio-Ecological Model

The socio-ecological model (SEM) is fundamental to any approach to violence prevention (Baker et al., 2016). It views violence as a complex behaviour understood and explained best through

the interactions of multiple factors and forces at the individual, relationship, community, and societal levels in which people and families are embedded (Baker et al., 2016).

The health and social systems of New Zealand have traditionally found their responses to family violence on an empowerment framework that relies upon survivors actively seeking help and holding survivors responsible for navigating the family violence support system. (Short et al., 2019). Canada often approaches family violence similarly (Abraham & Tastgolou, 2016). While rooted in the Women's movement and constituting a radical approach to supporting women, this empowerment response fits with the neoliberal discourse of individualistic self-management (Short et al., 2019). Such a response can leave many women and children at risk for further harm by individualizing the complex social problem of family violence, which requires collective and coordinated steps to support survivor safety and well-being (Short et al., 2019). This is particularly concerning when many women and child survivors are immersed at various intersections of racism, classism, sexism, colonialism, poverty, and other factors and forces that limit individual-level help-seeking and system navigation.

Despite widespread recognition that family violence stems from and intersects with sexual and gender-based inequality, contemporary responses tend not to pursue structural-level approaches to the problem. Rose et al., (2023). They tend to use/take individualized approaches and promote initiatives aimed at individual-level attitudinal changes and systems reform (Rose et al., 2023). Like all forms of sexual and gender-based violence, family violence is not an *individual* problem; instead, it is a *social* problem (Baca, 2019). It is co-produced by structural forces such as colonialism, neoliberalism, and capitalism, which are all informed by the patriarchal gender order (Tamale, 2020). As a result of such structural forces, inequalities and inequities are heavily structured in society; they are historically and transnationally produced, legitimated over time, and produced and reproduced through the everyday realities of people (Balint et al., 2020).

Conceptualizing the needs of survivors and their families through an ecological framework supports not only individual-level responses to family violence but also enables the recognition that individuals are embedded in broader systems and structures. This holds space for incorporating and building structural responses to the social problem of family violence (Baca, 2019). For example, using ecological theory, Rieger et al. (2022) highlight how risk for gender-based violence, and by extension, family violence, has been exacerbated across the levels of the SEM, albeit in differential ways with differential impacts across social locations. They argue that the SEM, with an integration of intersectionality, helps to illuminate the complexity of the layered factors that profoundly affect family violence and its outcomes. Additionally, Hlomayi (2021) illustrates how an ecological framework can help us understand the barriers and facilitators to the reporting of family violence that occur at the societal (i.e., social and cultural norms), community (i.e., access to resources), and individual (i.e., fear) levels.

The ecological model has been integrated into frameworks for violence in several instances. For example, the World Health Organization (WHO) has been an ongoing proponent of the

ecological model to address violence, evidenced in its integration as a core principle in two strategic action plans (Department of Reproductive Health and Research, WHO, 2019; WHO, 2016); and its recent violence prevention framework (WHO, 2022). Across these models, the WHO integrates the SEM to support users of the framework to understand how some groups experience a more significant risk of violence and ensure that strategies for prevention/intervention are aligned with underlying causes and risk factors at multiple levels.

In developing a conceptual model for trauma, family violence, and health, the Centre for Research & Education on Violence against Women & Children at Western University in London, Ontario, Canada, integrated the SEM with life course theory, intersectionality, and trauma-informed practice (Baker et al., 2016). They noted how the SEM opens numerous opportunities for implementing multi-faceted, multi-sectoral, and multi-level strategies for preventing and intervening in family violence.

Ecological theory and the SEM will likely hold high value in developing a family violence framework. The SEM aligns with other theories, such as life course theory and intersectionality.

Life Course Theory

Life course theory is an interdisciplinary theory that seeks to explore and understand the multiple factors that shape people's lives from birth to death, with a recognition that individual and family development occurs within various cultural, social, and historical contexts (Hutchison, 2014). It looks at how chronological age, relationships, life transitions, life events, social change, and human agency shape people's lives. It recognizes how time, culture, context, and the interdependence of family relations influence people's lives in dynamic and ever-changing ways (Allen & Henderson, 2022).

Life course theory recognizes the role of multiple social contexts, the importance of understanding the lives of individuals and families in context, the dynamic process of family relationships and individual roles, and the ability of the theory to be integrated with other theories (Allen & Henderson, 2022). In this review of frameworks, only a few were found to have integrated life course theory. In developing a conceptual framework to address trauma, family violence, and health, Baker and colleagues (2016) integrate life course theory, illustrating how the theory can be combined with the SEM and intersectionality to contribute to a trauma-informed health framework.

The WHO, as well as the Pan American Health Organization (PAHO), a division of the WHO, is the only other organization that has integrated a life course approach. For the WHO (2016; 2022) and the PAHO (2015), the life course approach ensures that policies, plans, and interventions for preventing violence address survivor needs from all life course stages. Despite its minimal engagement in family violence frameworks, the assumptions underpinning life course theory are likely to align well with a culturally responsive, equitable, family-centred framework to address family violence in the Peel Region.

Intersectionality

Intersectionality is the interaction and combined impact of two or more social determinants of health and well-being on the individual. For example, ethnicity and gender identity or race and disability. It also relates to how existing systems of privilege and oppression can lead to inequities.

It is well-established and acknowledged that family violence disproportionately impacts women. Any analysis of family violence must include a gender lens and cannot rely solely on theories of violence and crime of family systems theory (De Coster & Heimer, 2021).

Many identity factors and structural forces intersect within and around the experiences of family violence, including race and racism; gender, patriarchy, and sexism; socioeconomic status and classism; disability and ableism. Most of the frameworks reviewed acknowledged the importance of intersectionality in some form (ACT Government, 2022; Baker et al., 2016; Family Safety Victoria, 2018a; Family Safety Victoria, 2018b; Queensland Government, 2021).

Often, when research examines violence, trauma, and outcomes among various groups, it fragments individuals into single or dyadic categories (Baker et al., 2016).

Survivors of family violence often navigate experiences of oppression that influence their experiences of family, trauma, and well-being in unique ways (Baker et al., 2016). Thus, intersectionality is critical to understanding the individual impacts of family violence, the experiences of trauma, the choices people make, identifying barriers and facilitators to safety, help-seeking and access to services and supports, and ongoing healing that individuals experience based on gender, sexual orientation, ethnicity and other factors (ACT Government, 2022; Baker et al., 2016; Barrios et al., 2021; Family Safety Victoria, 2018b; Gill, 2018).

There has yet to be a genuine embrace of intersectional frameworks that can support an improved understanding of and response to family violence in all its forms (McCann, 2022). For example, while several recent frameworks have noted the importance of intersectionality, few appear to have a deep integration of the theory (ACT Government, 2022; Federal, Provincial, and Territorial Forum of Ministers Responsible for the Status of Women, 2022; Queensland Government, 2021). Only two frameworks reviewed appear to integrate intersectionality deeply into the whole of their framework (Baker et al., 2016; Family Safety Victoria, 2018b).

A framework for family violence was developed with the following intersectionality composed: (1) individual factors (i.e., readiness to leave, immigration status, etc.); (2) sociocultural factors (i.e., race, gender, class, etc.); and (3) access to formal resources (i.e., stigma, and other systems-related barriers). Underpinning this framework is recognizing the importance of providing resources and interventions that align with and are appropriate to their clients' many social locations (Barrios et al., 2021).

Trauma-informed Practice

Trauma-informed practice is essential as a critical framework to guide all other integrated components (Baca, 2019; Baker et al., 2016; Family Safety Victoria, 2018b). There are two forms of trauma-informed practice: trauma-informed care and trauma and violence-informed care.

Trauma-informed Care

Trauma-informed care (TIC) is a comprehensive service delivery approach that focuses on understanding and responding to trauma and its impacts. TIC is a universal framework that any organization can implement to build a service delivery ecology that acknowledges and recognizes that many of the people served have histories of trauma and that the environment and interpersonal interactions with an organization can exacerbate trauma symptoms (SAMSHA, 2014).

Baca (2019) integrates ecological theory and TIC, highlighting how ecological theory enhances a trauma-informed approach by providing a framework to understand the complexity of family violence.

Trauma- and Violence-Informed Care

Trauma- and violence-informed care (TVIC) recognizes that family violence is a complex traumatic experience that is often linked with other forms of structural violence and oppression. TVIC is a newer approach to working in the context of trauma and, as such, has only been taken up minimally in family violence frameworks. The only action plan to have taken up a TVIC approach is Canada's National Action Plan to End Gender-Based Violence (Federal, Provincial, and Territorial Forum of Ministers Responsible for the Status of Women, 2022).

TVIC recognizes the role of social and structural factors and forces that can impede healing and help-seeking rather than solely locating them within the individual. Further, TVIC attends to systemic and institutional violence, recognizing that policies and practices may perpetuate harm and not align with the client's specific needs (Wathen & Mantler, 2022). TVIC also holds that organizations and providers, with support from resources, policies, and systems, are responsible for shifting services at the point of care rather than requiring people to work around services and their rules to meet their needs. Ultimately, TVIC is emerging as a core component of equity-oriented care (Varcoe et al., 2019; Wathen & Varcoe, 2023), which is showing promise for improving care interactions and health outcomes.

Critical Components of Frameworks

In reviewing frameworks from the WHO, Australia, and Canada, several components were found to occur commonly across these frameworks and strategies. Literature supports the integration of many of these components in an approach to address family violence.

Shared Understanding of Family Violence

Across the majority of recent family violence frameworks, the development of a shared definition of family violence for stakeholders and services is indicated as critical (ACT Government, 2022; Department of Child Protection and Family Support, 2015; Family Safety

Victoria, 2018a; No to Violence, 2020; Northern Territory Government, 2018). This shared definition comprises (1) the spectrum of family violence types, (2) evidence-based risk factors, and (3) the complexity of experiences (Family Safety Victoria, 2018a). The development of a shared understanding of family violence, through the use of evidence-based definitions and key practice concepts, will provide services and providers with a common 'language' and common purpose which can support consistent and coordinated management of risk, needs, and the safety of survivors and perpetrators (Family Safety Victoria, 2018b; No to Violence, 2020; Northern Territory Government, 2020).

Most of the frameworks reviewed indicate the importance of defining family violence in a way that recognizes that it is gendered and involves power and control by the perpetrator (Family Safety Victoria, 2018a). According to the Multi-Agency Risk Assessment and Management Framework (MARAM) from Family Safety Victoria (2018a), a gendered dimension of family violence must be viewed through an intersectional lens to recognize how other dimensions of oppression intersect in the risk and experience of violence.

Survivor Safety

The commonly accepted twin purpose in the field of family violence is to promote (1) survivor safety and (2) perpetrator accountability (Meyer & Frost, 2019). The rights, safety, and dignity of survivors are the utmost priority in the field of family violence (ACT Government, 2022; Department of Child Protection and Family Support, 2015; Family Safety Victoria, 2018a; No to Violence, 2020; Northern Territory Government, 2018; Queensland Government, 2021). Most frameworks describe risk assessment and risk management, which are integral for safety. It must be recognized that safety is a dynamic process. Initially, the focus must be on the immediate safety of women and children and then on helping restore independence and autonomy (Meyer & Frost, 2019).

To initiate steps to safety, practitioners need to act as safety allies with survivors by building relationships of dignity, trust, and respect to build a bridge and meet the person where they are at the current time (Reynolds, 2019; Short et al., (2019). People can be supported to make choices regarding safety, where they have actual decisions and access to power but are not held responsible for the violence of another person, for creating safety for themselves and their children, or for their struggles, which are underpinned by precarity and marginalization (Short et al., 2019). The Risk, Safety, and Support framework from No to Violence (2020) highlights that survivor safety can be achieved best through a combination of approaches, such as a client-centred approach, intersectional analysis, trauma- and violence-informed approaches, and using professional judgment and curiosity.

Working with Perpetrators: Perpetrators' Accountability

To implement a dynamic approach to survivor safety, it is critical to recognize that survivor safety and perpetrator accountability are deeply interrelated (No to Violence, 2020).

Engagement with perpetrators in the field of violence prevention, particularly violence against women, has been a point of ongoing contention. Failure to engage perpetrators results in the

burden of responsibility for safety being placed on women and mothers, as opposed to perpetrators being held responsible for exposing their families to harm (No to Violence, 2020; Short et al., 2019). In recent years, there has increasingly been a call by governments and policymakers to include strategies aimed at perpetrators (No to Violence, 2020). The importance of perpetrator accountability and working with perpetrators has increased, as evidenced in their integration into several frameworks for family violence in Australia (ACT Government, 2022; Department of Child Protection and Family Support, 2015; Family Safety Victoria, 2018a; No to Violence, 2020; Northern Territory Government, 2018; PAHO, 2015; Queensland Government, 2021; WHO, 2016; WHO, 2022).

According to the framework for family violence from No to Violence (2020), perpetrator accountability can be understood as the responsibility of an integrated service response to work collectively to keep the person engaging in violence ‘in view’ of the system and to provide support and safety for the family as a whole. Perpetrators should be encouraged and supported to acknowledge and take responsibility to bring an end to their violent, controlling, and coercive behaviour (Family Safety Victoria, 2018a). Working with perpetrators effectively requires a collaborative and coordinated system-wide approach that collectively and systematically creates opportunities for the accountability of perpetrators (Family Safety Victoria, 2018a), involving responses beyond the criminal justice system.

In Canada, the Partner Assault Response (PAR) program is a commonly used treatment intervention for men who perpetrate violence. Based on the Duluth model (one of the most common models for working with perpetrators), the PAR program assists participants in bringing an end to their abusive, violent, and controlling behaviours toward their partners through psychoeducation and counselling (Anger Management Centre of Toronto, n.d.). Evidence of the complexity of intimate partner violence demonstrates that interventions, such as PAR, are limited in their ability to be widely influential (Bohall et al., 2016). Specifically, Duluth-based models do not consider same-sex relationships or racial differences in the use of violence (Bohall et al., 2016). While many risk factors for violence perpetration, including, but not limited to, adverse childhood experiences, trauma, and substance abuse, have been well-documented, these factors are not considered in the PAR Program (Bohall et al., 2016).

Screening, Risk Assessment, and Risk Management

Across several Australian frameworks for family violence, having minimum standards and practice requirements for screening, risk assessment, and risk management arose as standard components to addressing family violence and survivor safety effectively, consistently, and appropriately (ACT Government, 2022; Department of Child Protection and Family Support, 2015; Family Violence Victoria, 2018a; Northern Territory Government, 2018). Such standards and practices must be developed and implemented concerning the operation of laws surrounding family violence or violence more generally. Screening, risk assessment, and risk management are deeply related to survivor safety. Thus, we must operate with a client-centred

perspective to meet the specific safety needs of that survivor and family. The ACT Government (2022) framework highlights that research and reviews have demonstrated that joint risk assessment and management frameworks are strategies that support jurisdiction to advance knowledge, skill, and confidence and ensure consistent, informed, integrated, and effective identification of appropriate responses to family violence.

Screening for family violence has three primary purposes: (1) to identify risk, (2) to assess risk, and (3) to manage risk (ACT Government, 2022). Various providers in the field can complete screening, which should occur at the beginning of a file or case and continue throughout, as circumstances change. It involves asking a client a series of questions about family violence. In screening clients, the risk for family violence can be identified among survivors and perpetrators. In the assessment of risk, providers establish the type and severity of the violence, risk for future abuse and lethality, as well as other relevant factors that can inform risk management, such as relationship history, systemic factors, and the perpetrator's history (ACT Government, 2022; Not to Violence, 2020; Walsh, 2019). Risk management involves putting in place systems of support, strategies, and other safety measures to support the survivor to remain safe and reduce or prevent future violence. In managing risk, clients' physical and emotional safety needs must be considered. The screening, assessment, and management process of risk in family violence are part of a dynamic process and will look different for every client, depending on their situation. Jaffe et al. (2022) highlight how the development of a standard risk assessment tool for use across disciplines and with clients should not only focus on evaluating a woman's or a survivor's level of risk but must also consider contextual risk within a historical context of ongoing coercive control and must include the needs of children. So, while no single process can be determined in a framework, a shared set of standards and practices can act as a starting point and ensure that all providers work with similar values and goals.

The specific screening, assessment, and management strategies will also differ depending on the service sector. For example, frontline police and other emergency services, who must make quick decisions regarding risk and safety, will likely benefit from actuarial risk assessment methods (Walsh, 2019). Actuarial risk assessments are questions asked of survivors or perpetrators that add up to a score used to predict violence lethality (Walsh, 2019). These risk assessment methods are highly standardized, limiting their ability to account for context and situational factors. However, in times where quick decision-making is necessary, such as contexts where emergency services are often called, these instruments can be beneficial. They are less useful in casework settings, where contextual and situational factors must be considered (Walsh, 2019). In these settings, structured clinical or structured professional judgment is preferred. Here, providers use a guide or checklist to ensure that a range of factors are considered while allowing practitioners to use their judgment and engage the survivor in the decision-making process (Walsh, 2019).

Cultural Safety

Cultural safety is included as a critical component in several family violence frameworks in Australia to highlight how colonial policies and practices create situations of risk for Indigenous peoples and draw connections to the need for a deep and nuanced understanding of the harms of colonization and the role of intergenerational trauma (Family Safety Victoria, 2018a; Green, 2019; Northern Territory Government, 2018; Queensland Government, 2021). Cultural safety goes beyond cultural competency to address the role of power, privilege, and oppression. This is a critical delineation that arose across frameworks and in the literature.

Internationally, Indigenous and minoritized racial and ethnic groups experience inequities that influence risk for violence, impact access to services and help-seeking, and affect overall health and well-being. In response to such inequality, providers' cultural competency and safety have become critical areas of concern (Curtis et al., 2019).

Cultural competency is a term commonly used across health and social services. Organizations have tended to frame understandings of cultural competency towards individualized processes rather than organizational/systemic processes and on acquiring cultural knowledge instead of engaging in self-reflexivity regarding power, privilege, and biases (Curtis et al., 2019). Cultural competency often focuses on knowledge acquisition, skills, and attitudes, underpinning the belief that providers can become 'competent' in a culture or many cultures. This ignores the dynamism of cultures and the critical need for ongoing reflexivity of professionals. The individual-level positioning of cultural competency perpetuates the 'othering' process, where those perceived as different are also seen in opposition to the dominant Western culture. These 'othering' approaches of cultural competency support oversimplified understandings of other cultures grounded in cultural stereotypes and homogenize highly diverse groups into a collective. Such approaches of essentialism can lead to providers making erroneous assumptions, as well as reinforce the alienation, marginalization, internalized oppression, and exclusion of Indigenous and racialized ethnic people.

Ultimately, cultural competency approaches ignore the role of power, perpetuating discourses of deficiency and 'otherness' that place the responsibility of problems on the affected individual, family, or community (Fogarty et al., 2018) and overlook the role of the professional, the system, and broader socio-economic structures (Curtis et al., 2019). As discussed earlier, inequities in access to the social determinants of health have foundations in structural forces, colonial histories, and power imbalances that have consistently enabled some to benefit over others. For family violence providers to work in a way that promotes equity requires acknowledging and addressing systems of power in the client-provider interaction, as well as in the broader health and social systems and social structures (Given et al., 2019).

Cultural safety is a concept that goes beyond cultural competency, awareness, and sensitivity. Cultural safety acknowledges the role of power relations and inequities, rejects essentialism, requires critical reflexivity, and promotes working toward health equity (Curtis et al., 2019).

Based on their review, Curtis et al. (2019) recommend the following definition of cultural safety be adopted by healthcare (and social service) organizations:

“Cultural safety requires healthcare professionals and their associated healthcare organizations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and organizations to acknowledge and address their biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organizations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organizations to influence healthcare to reduce bias and achieve equity within the workforce and working environment”.

As the Australian frameworks (Family Safety Victoria, 2018a; Green, 2019; Northern Territory Government, 2018; Queensland Government, 2021) and Canada’s national GBV action plan (Federal, Provincial, and Territorial Forum of Ministers Responsible for the Status of Women, 2022) demonstrate, cultural safety is critical to include when working with Indigenous populations. As a settler-colonial country, Canada and, accordingly, Peel holds a responsibility to ensure that any framework for family violence is culturally safe for the Indigenous population. Specifically, integrating cultural safety in these frameworks holds providers responsible for delivering services that respect and uphold local protocols, kinship relationships, and connection to community and culture. In a Region as diverse as Peel, cultural safety is critical. Family violence service providers must operate from a framework of ongoing reflexivity, recognizing the role of systemic power structures, as well as their own biases.

Cultural safety alone is not enough to achieve equity in family violence service access. Culture is only one aspect of people’s lives. It intersects with other determinants of health and structural forces. Cultural safety must be integrated with an intersectional lens to ensure service provision care that is responsive for all.

Integrated Support Services and the Response Continuum

The importance of a multisectoral, coordinated, and integrated system for family violence was a common component included across the vast majority of the frameworks reviewed (Department of Child Protection and Family Support, 2015; Family Safety Victoria, 2018a; No to Violence, 2020; Northern Territory Government, 2018; PAHO, 2015; Queensland Government, 2021; WHO, 2016, WHO, 2022). It is well understood that survivors will enter the family violence service system from a variety of areas, both directly and indirectly related to the field (Northern Territory Government, 2020). Integration is imperative to ensure that survivors receive a consistent response regardless of how and where they enter. While services will have different roles and levels of responsibility in implementing family violence risk assessment and management, depending on the service function and the provider's skill and experience, all workers are responsible for identifying and responding to family violence risk (Northern Territory Government, 2020).

Western systems are understood to be quite siloed and fragmented due to funding structures, differential priorities, and different rules and regulations around information sharing. However, when service providers and service sectors do not work together, they can exacerbate risk and increase the vulnerability of survivors (Department of Child Protection and Family Support, 2015). Domestic violence homicide reviews have consistently demonstrated that siloed and fragmented services result in survivors falling through service gaps, counterproductive information responses, survivors feeling overwhelmed and disempowered, duplication of services, perpetrators becoming invisible in the system; and providers making decisions without a complete understanding of the risk or the involvement of other services (Department of Child Protection and Family Support, 2015).

Research suggests that services, including those that engage perpetrators, are most effective and function best when other components of the family violence response system are considered (i.e., child protection, survivor advocacy, etc. Meyer & Frost, 2019). An integrated response can begin to address these gaps and inequities in services and help-seeking. This refers to agencies, departments, and community sector services working collaboratively and cooperatively to provide survivors, perpetrators, and their families with holistic, safe, and accountable responses. Pathways to and through services would be streamlined, with seamless transition and delivery between service providers (Department of Child Protection and Family Support, 2015; Meyer & Frost, 2019)

Human Rights

Several frameworks highlight the importance of upholding a human rights focus on addressing family violence (Family Safety Victoria, 2018b; PAHO, 2015; Queensland Government, 2021; WHO, 2016; WHO, 2022). Human rights are universal, indivisible rights to be upheld to ensure everyone is respected and treated with dignity. In cases of family violence, the human rights of survivors are infringed upon. Thus, approaches to family violence will do well to be consistent with human rights, and responses must actively protect the human rights of survivors and their families (Family Safety Victoria, 2018b; WHO, 2022). The United Nations Universal Declaration of Human Rights and Canada's Charter can be a guideline for embedding such a component in a family violence framework in the Peel Region.

Client- and Family-Centered Approaches

In the previous discussions of critical components for consideration in a family violence framework, person-centred approaches have been identified. Person-centred approaches are also highlighted as distinct components in some frameworks (ACT Government, 2022; Family Safety Victoria, 2018a; Family Safety Victoria, 2018b; No to Violence, 2020; Northern Territory Government, 2018; Queensland Government, 2021), as well as in family violence literature (Meyer & Frost, 2019). Person-centred approaches focus on each client's needs, preferences, and knowledge (Family Safety Victoria, 2018b). They support individuals in exercising their rights as experts in their own lives and experiences, promoting their autonomy and agency (ACT Government, 2022). The experience and impact of family violence are highly nuanced, with

differences based on social location. As such, responses must be flexible, which includes actively listening to each client and treating each client with respect and dignity to empower them to make informed decisions without external judgment. When practitioners do not actively appreciate the personal agency of a client, they risk undermining client volition and instilling a sense of hopelessness in both service users and providers (Meyer & Frost, 2019). There is no single pathway to support survivors' safety and well-being or to prevent/eliminate violence. As such, a person-centred approach to services can help providers deliver programs and services in a manner that respects individual choices while addressing issues that place them at risk for family violence (Family Safety Victoria, 2018b).

Family-centred approaches may also have relevance, as family violence affects all members of a family (Ryan & Roman, 2021). A family-centred approach aims to balance the family's needs with the best interests of the individual members. The focus is not on what is *wrong* with the family or on placing personal blame; instead, a family-centred approach facilitates a contextual view to explore what is *happening* in the family (Ryan & Roman, 2021). However, it remains critical that perpetrators of family violence be held accountable for the violence inflicted.

Evidence-Based Practice

Across several frameworks, the inclusion of evidence-based practice and ongoing evaluation arose as critical components to engage in a framework for family violence (Department of Reproductive Health and Research, 2019; Family Safety Victoria, 2018a; No to Violence, 2020; Northern Territory Government, 2018; PAHO, 2015; Queensland Government, 2021; WHO, 2016, WHO, 2022). Evidence-based practice involves using the best currently available evidence to make decisions about care for clients (Sackett et al., 1997). It consists of the use of strategies and interventions that have been supported by high-quality, rigorous academic testing. There is a widespread expectation that healthcare and social service practitioners and organizations implement evidence-based programs and interventions to improve services and create better outcomes for clients (Brodowski et al., 2007). The use of tools that share an evidence base, along with information sharing, supports consistency in practice across services, which helps keep survivors safe, hold perpetrators accountable, reinforce a shared understanding of family violence and risk, and continue to strengthen formal and informal arrangements (Family Safety Victoria, 2018a).

The WHO's (2022) framework highlights that violence prevention and response strategies and interventions must be based on scientific evidence while also considering cultural considerations. Thus, a community and culturally grounded approach is needed rather than taking evidence-based programs and attempting to reframe them to work in diverse communities. Such an approach begins with the values, practices, beliefs, and perspectives of the specific regional or cultural community, emphasizing developing strategies from the ground up while drawing on research evidence to inform service and program development (Fuije Parks et al., 2018). This highlights that evidence-based practice alone will not be enough to address family violence effectively. Providers must also be skilled in client-centred approaches

embedded in an intersectional, ecological theoretical lens to address contextual and individual factors survivors face.

Ongoing Evaluation

Ongoing evaluation is critical to determine whether a framework or strategic action plan is being implemented effectively and is working toward the intended objectives. Several frameworks and strategies contain a set of goals, activities, and outcomes or specify the importance of continuing evaluation in some capacity (Family Safety Victoria, 2018a; Queensland Government, 2021). By embedding a framework of ongoing assessment, we can ensure that progress is made towards the specific goals and objectives and make adaptations where and as needed as changes arise. This will be supported by collecting consistent information and promoting continuous improvement (Family Safety Victoria, 2018a)

Summary

The review of the family violence frameworks in Australia, Canada's gender-based violence action plan, and the WHO's strategies regarding violence illustrate the importance of an integrated base that draws on ecological theory, life course theory, intersectionality theory, and a trauma-informed or trauma- and violence-informed approach to underpin a framework for family violence. In building off an integrated base, critical components for a framework for family violence are indicated to be a shared definition, survivor safety, perpetrator accountability, screening, assessment, and management of risk, cultural safety, an integrated response continuum, human rights, a client-centred approach, and evidence-based practice and ongoing evaluation. The existence of such theories and components across several frameworks, albeit in differential forms and integrations, points to an increasing acknowledgement that approaches need to be developed that address the complexity of family violence beyond the long-standing criminal justice framework and homogenous gender lens.

What remains missing from these frameworks is an explicit and deep-rooted equity lens. These frameworks note the need to address inequities throughout; they note the importance of intersectionality and take increasingly nuanced perspectives, yet a cohesive, coordinated, and robust health and social equity remains elusive. Simply registering equitable access, gender equity, or fair and just treatment at some point in a framework or action plan does not enable comprehensive, coordinated, and deep strategizing at the local and societal level to support survivors equitably. With such a stark gap, the Region of Peel stands at an innovative juncture to deeply root a family violence framework for service organizations in a health and social equity model. In doing so, they can work to transform the system for family violence survivors in the Peel Region.

Recommendations

Based on the review conducted, the following recommendations are made:

1. Equity must be central to the framework developed, underpinning theories integrated and components embedded into the family violence framework.
2. Development of a shared and consistent definition of family violence that acknowledges that conceptualizations will differ across groups, families, and individuals and that recognizes the role of structural and systemic forces in family violence.
 - a. This will equip service providers with a shared language.
 - b. Such a definition must be developed in a way that supports cultural safety and does not blame non-Western cultures for violence.
3. More than one theory must be used to develop this framework to ensure a comprehensive view of family violence that recognizes its complexity and nuances.
4. The integration of intersectionality enables recognizing how factors related to social categories (i.e., race, gender, class, etc.) mutually interact with structural and systemic forces (i.e., racism, patriarchy, colonialism, etc.).
 - a. Intersectionality cannot be a simple 'add-on' or used to manage complexity.
 - b. Must be used in a non-hierarchical manner.
 - c. Culture cannot be considered alone. As this review has shown, culture deeply intersects with race, gender, colonialism, racism, and more. An intersectional perspective is integral.
5. Inclusion of ecological theory or the social-ecological model to ensure that factors and forces at the individual, relationship, community, and societal levels are considered.
 - a. This view is relevant to recognizing and acknowledging barriers to help-seeking, risk factors for violence, understanding who has access to services, and developing and implementing prevention and intervention efforts.
 - b. Initiatives that address family violence cannot only be at the individual level; they must also be at the structural level, which remains a significant gap in care.
6. Creation of a framework that is trauma-informed and trauma- and violence-informed.
 - a. Given that the context of this framework is family violence, a trauma- and violence-informed framework is likely to be more relevant, as it acknowledges the role of structural forces in violence.
7. Cultural safety – not cultural competency – is critical.
 - a. This recognizes that no one can be competent in all cultures.
 - b. Providers must remain reflexive, open to learning, continue to become aware of their biases and work collaboratively with clients.
8. Perpetrator accountability is critical to embed as a framework component.
 - a. Without addressing perpetrator accountability, providers run the risk of continuing to blame survivors for their situation and inability to keep themselves and their children safe.
9. Consistent yet flexible screening, risk assessment, and risk management tools are necessary to ensure that clients are receiving adequate care, regardless of where they enter the system and receive care that fits the situation.

- a. This will look different depending on the field. For example, emergency services must make quick decisions, requiring more standardized approaches. Conversely, Counsellors must use a more client-centred approach as the context and the work being done differ.
- 10. Coordinated, collaborative, and integrated services that directly and indirectly serve survivors and their families are required.
 - a. Survivors enter into the system from a variety of avenues. Thus, services must be able to respond effectively and appropriately across sectors.
 - b. The current fragmentation in the service sector for family violence creates many barriers to help-seeking and service access. Changes need to occur structurally to enable more seamless referral pathways, equitable service access and reduced barriers to help-seeking.
- 11. It is essential to ensure evidence-based practice is included. However, it is critical also to recognize that evidence-based practice has not and is not created equitably. Many evidence-based practices are built for a Eurocentric individual and do not apply simplistically to community settings. As such, while including evidence-based practice is essential, adaptations will be needed, and flexibility must remain to ensure that all clients receive the help they need.

Conclusions

This preliminary literature review was conducted as the first step in a Community Safety and Well-being Plan in Peel Region, launched to develop a framework for the prevention of and intervention in family violence. It will be critical for this framework to integrate intersectionality theory, ecology theory, life course theory, and trauma- and violence-informed approaches to building a framework that supports a coordinated, consistent, and integrated response continuum working with a shared understanding of family violence. This will ensure that survivors and perpetrators have access to a range of services and supports that are culturally safe, client-centred, and that address social and structural factors as effectively as possible.

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