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Safety for Aboriginal Women in Couples Counseling Where There is a History of Intimate Partner Violence

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Professionals in the field of family violence participated in telephone interviews that included the question: "How would you address safety with Aboriginal men in couple counseling who use abusive behavior toward their intimate partner?" Four concepts emerged from the responses: personal responsibility, community involvement, mandatory reporting, and separate support for women. Results of the analysis were compared and contrasted with the available literature.

KEYWORDS Aboriginal, women, violence, counselling

Intimate partner violence (IPV) refers to harm that is physical, sexual, or psychological and is committed by a former or current spouse or partner (Alani, 2013). According to data collected by the World Health Organization (2005), international lifetime prevalence rates for IPV against women by men range from 15% to 71%. In Canada, a recent estimate puts lifetime prevalence at 33% (Romans, Forte, Cohen, Du Mont, & Hyman, 2007). Comparative data (WHO, 2005) reflect a range of 19% to 51% of women who left for one night as a result of IPV and 8% to 21% more than two times. Permanent separation followed an escalation in violence, loss of hope for partner to change and intolerance of impact of IPV on their children. In an American study of

women in abusive relationships (Kim & Gray, 2008) high self-esteem, internal locus of control, and low fear contributed to leaving, while financial dependence contributed to staying with a male partner.

No international data on lifetime prevalence for Indigenous women's experiences of Intimate partner violence exist, nor are there estimates of the number of times separation occurred or factors that differentiated between those who stayed and those who left. However, there is evidence of high rates of IPV exposure among Aboriginal women in Canada. Based on a national representative sample (Perrault, 2011), Aboriginal women were three times more likely than non-Aboriginal women to self-report having been a victim of spousal violence in the previous five years. In addition, Aboriginal women were more likely to have feared for their lives and were injured as a result of IPV than non-Aboriginal women. Over two thirds (69%) of women did not report the last incident of violence to police and about the same proportion (68%) did not contact a formal service or agency for support or assistance.

Higher rates of IPV among Aboriginal versus non-Aboriginal women can be accounted for through an understanding of colonization. Specifically, four pathways to account for these differences have been proposed (Daoud, Smylie, Urquia, Allan, & O'Campo, 2013): collective violence, gender-role changes, colonial policies, and socioeconomic disadvantage. The attention drawn to missing and murdered Aboriginal women as a national human rights tragedy (Amnesty International, 2013) attributes the lack of attention by government to racist and sexist stereotypes that allow the gross disproportionality of these crimes to go unaddressed in policy and practice (Pedersen, Malcoe, & Pulkingham, 2013). There are multiple references to the gender roles of women in traditional communities as political leaders and decision-makers (e.g., Julien, Wright, & Zinni, 2010) and how these roles have been challenged following European contact with the importation of patriarchal values (Stark, 2013). In addition, assimilation policies of the Canadian government led to the abuse of many children forcibly removed from their families to attend Christian residential schools (Bopp, Bopp, & Lane, 2003). Together these influences contribute to substantial economic and power imbalance (Block, 2013; Parriag & Chaulk, 2013), which itself reflects a fourth colonial pathway to the disproportionality of IPV experience between Aboriginal and non-Aboriginal women.

For Aboriginal couples who have experienced IPV and the service providers working with them, a practical challenge exists in the potential for violence to reemerge following separate intervention for partners who choose to stay together. Under such circumstances a couple may disengage from service providers to avoid feelings of guilt or shame, further family disruption, child protection involvement, or justice system intervention. When violent behavior goes underground, women's safety is in jeopardy. If a couple was engaged in counseling where a commitment to safety was

made and evidenced, there is potential for further reinforcement of treatment gains made and continued work on problematic areas for the partners. We view women's safety as a fundamental issue within such a service. However, there is very limited attention in the literature to safety for Aboriginal women in couple's counseling.

LITERATURE REVIEW

Safety planning for women is important. There has been considerable attention paid to screening protocols to identify risk for IPV (e.g., Chen, Jacobs & Rovi, 2013) as well as prevention (e.g., Weaver et al., 2012) with some that are culturally competent (e.g., Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013). However, there is much less attention in the literature to safety assessment and planning, and none that we could locate that was validated for with Aboriginal women or use in couple's counseling. The Aid for Safety Assessment Planning (Justice Institute of British Columbia, 2009) identified 12 safety support factors that should be considered when developing a support plan for a woman at risk for IPV, including level of personal support, living situation, level of fear, attitudinal barriers, effects of abuse, financial issues, child-related issues, substance abuse, service access, service responsivity, information, and service coordination. Each of these areas is reviewed herein.

Level of Personal Support

Safety is compromised where there is a lack of personal support (Salazar, Wingood, DiClemente, Lang & Harrington, 2004). The presence of emotionally close friendships (Ahmad, Hogg-Johnson, Stewart, & Levinson, 2007) as well as family members (Zink, Jacobson, Pabst, Regan, & Fisher, 2006) and neighbors (Renzetti, 2009) reduces isolation (Lanier & Maume, 2009) and dependence on an abusive partner (Chronister, 2007).

Living Situation

The woman's living situation is also associated with safety. Geographical location, such as sparsely populated areas like some rural (K. M. Anderson, Renner, & Bloom, 2013) or remote communities (Moffitt, Fikowski, Mauricio, & Mackenzie, 2013), reduces opportunities for connections with others. In addition, communities may not have access to current and accurate safety information (Ragusa, 2013) or services (Roberto, Brossoie, McPherson, Pulsifer & Brown, 2013). Living with children (Guedes & Mikton, 2013) increases potential for more victims. An unsafe building or location

(Tobin & Murphy, 2013) also elevates safety risk. Finally, an expected or current separation also indicates elevated safety risk (Messing et al., 2013).

Level of Fear

Fear of being physically injured or killed by her partner is indicative of elevated safety concern (LaViolette & Barnett, 2013). In addition to the real threat against physical safety, the emotional condition of heightened sensitivity elevates risk for mental distress in the forms of depression and anxiety disorders (Sussex & Corocan, 2005). These emotional effects are compounded when fears have been realized in the past (Fox, Nobles, & Piquero, 2009).

Attitudinal Barriers

Barriers created by social attitudes or beliefs can have an impact on safety. Literacy, language or cultural barriers (Hyman, Forte, Mont, Romans, & Cohen, 2006a) lead to inability to access supports (Hyman, Forte, Mont, Romans, & Cohen, 2006b). Legitimate fears of deportation (Raj & Silverman, 2002) or other complications relating to sponsorship or immigration status (Lee, 2007) affect women's safety both because of their concern and the nature of services available that are not culturally or linguistically accessible.

Internalized cultural and family pressures may be present, focused on male privilege or the importance for a couple to stay together (Bent-Goodley, 2007). Personal as well as perceived societal attitudes toward women with disability (Coker, Smith, & Fadden, 2005), mental health difficulty (Young-Wolff et al., 2013) or substance abuse (Kraanen, Vedel, Scholing, & Emmelkamp, 2013a, 2013b) contribute to her reliance on a partner.

Effects of Abuse

A female partner may feel pressure to maintain a relationship where there is violence (Carbone-Lopez, 2013). There may be importance placed on a need to protect the family's or the community's reputation (Mosquera, 2013). Heavy emotional toll and confusion about responsibility for allowing abuse or staying with the abuser can lead to guilt and shame (Dietrich & Schuett, 2013). There may also be a belief that the abuse is somehow deserved or that she is at fault, as well as fear of punishment for telling (Hou, Ko, & Shu, 2013).

Financial Issues

Employment and financial concerns and limitations also threaten safety via contributions to real and felt dependence on an abusive partner (Buzawa & Buzawa, 2013; Raj, Silverman, McLeary-Sills, & Liu, 2005). Monetary self-sufficiency may be challenged because of a lack of opportunity for the

woman because of her partner's beliefs about work outside of the home (Chen et al. 2013) and therefore, a lack of employment experience for a resume (Adams, Greeson, Kennedy, & Tolman, 2013). In addition, internalized beliefs (Sanders, 2013) also limit potential (Renzetti, 2009). As well, an abusive partner's presence at place of employment to intimidate is also a significant threat to safety (Logan, Shannon, Cole & Swanberg, 2007). In addition, housing instability (Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007) and lack of transportation (Simmons, Farrar, Frazer, & Thompson, 2011) may also contribute to her decision to stay.

Child-Related Issues

Threats against their children's physical and emotional safety have a profound effect on a woman's own sense of safety. Although women may also hold personal views about family, relationships and child rearing that emphasize privacy and condone physical punishment (Trocme et al., 2013), there is also legitimate concern about his retaliation if the woman speaks to someone about violence or abuse in the home. In addition to concern about effects of children's exposure to his abuse against her (Overbeek, de Schipper, Lamers-Winkelman, & Schuengel, 2013), she may fear for the child's safety at his hand (Macmillan, Wathen, & Varcoe, 2013) or punitive measures by children's services and potential apprehension (Nixon, Radtke, & Tutty, 2013). These are each elevated in the context of a potential separation and when custody is in dispute (Austin, Fieldstone, & Pruett, 2013), as well as following separation when he has access to the children (Hardesty et al., 2012).

Substance Abuse

Safety is also threatened in the presence of substance abuse. In particular, substance abuse by the male partner elevates risk considerably (Klostermann, Kelley, Mignone, Pusateri, & Fals-Stewart, 2010). Additionally, safety concerns are raised if she (Connelly, Hazen, Baker-Ericzén, Landsverk, & Horwitz, 2013) or both (Smith, 2013) are abusing substances. The effects are noted in the increased likelihood (Curadi, 2009) and severity (Kraanen et al., 2013a) of abuse under those circumstances.

Service Access

Access to a range of services for women mitigates risk and promotes safety (Department of Justice Canada, 2009). The existence of such services does not guarantee accessibility or use, but counseling (Chronister, Harley, Aranda, Barr, & Luginbuhl, 2012) and child care (Letourneau et al., 2011), as well as interpretation (Gottlieb & Schrager, 2011) and legal aid (Hampton,

Woods, & McKenzie, 2010) service availability contributes to women's safety. Additionally, when available, these services have a positive effect on safety for women residing in northern and rural communities (Dyck, Stickle, & Hardy, 2012) where more physical distance between residents and services is typically found.

Service Responsivity

In addition to the presence and accessibility of services are issues concerning the perceived and real attentiveness to women and sensitivity to their realities as well as provision of a service that actually helps them. There are legitimate concerns that some formal services, such as child protection (Hughes, Chau, & Poff, 2011) or law enforcement and justice systems (Barrett, St. Pierre, & Vaillancourt, 2011) will not be able to help them in ways they want to be helped. There are fears of judgment against women as clients of the services (Kulkarni, Bell, & Rhodes, 2012) and modest confidence that they service will be able to help them with information and making decisions or protect themselves or protect their children. Previous experiences they or others they know have had play a role, and the extent to which women feel that the responses are sensitive, flexible and timely influence likelihood of voluntarily engaging with them.

Provision of Information

What information is locally available contributes to safety. Type of information, usefulness of the information and credibility of the source affect extent to which it is acted upon (Houston & Westbrook, 2013). Shelters, where available and well networked, are places where women can get relevant information and referrals to additional services (Grossman & Lundy, 2011).

Service Coordination

A community within which systems and agencies are sharing information about issues, needs and gaps as well as acting in a preventive way contributes to safety. Having a source of information and connections to other needed services as well as advocacy once within those systems reduces risk. A significant contributor to safety is the presence of a knowledgeable advocate who can assist with navigation through these systems (Goicolea et al., 2013).

Rationale for the Present Study

A practical challenge that faces service providers working in the field of IPV is how to address the counseling issues of couples who stay together following separate treatment for men and support for women. While we could find no published literature on culturally appropriate practices for

Aboriginal couples following IPV, we found reference to models based on systemic and feminist treatment approaches (Dunford, 2000; O'Farrell, & Fals-Stewart, 2006; O'Leary, Heyman, & Neidig, 1999; Stith & McCollum, 2011). In each of these models, a conjoint approach, where each partner has her and his own counselor and where the dyads meet separately and together to counsel the individuals and the couple, is used. We view the woman's safety as an absolutely fundamental requirement for any counseling and operate from the assumption that the greatest potential threat to her safety is her male partner's behavior. The title of our paper is thus focused on women's safety. The purpose of the present study was to identify, from the perspectives of professionals working in family violence with Aboriginal clients, what safety issues should be considered when working with couples following IPV.

METHODOLOGY

Concept mapping (Trochim, 1989) was developed initially for program development and evaluation applications, but has become more widely applied in the social sciences on a variety of additional topics. In addition to use for program logic model development with different stakeholders (Scahill, Harrison, & Carswell, 2010; L. A. Anderson, Day, & Vandenberg, 2011), and a program evaluation of alternative school (Streeter, Franklin, Kim, & Tripodi, 2011), the method has been used to describe the experience of depression (Brintnell, Sommer, Kuncoro, Setiawan, & Bailey, 2013) and identify characteristics of effective conflict resolution in small groups (Behfar, Mannix, Peterson, & Trochim, 2011). Concept mapping has been used to study contributors to diet and exercise among adults, according to expert opinion (Lebel et al., 2011), as well as strategies to improve active living (Brennan, Brownson, Kelly, Ivey, & Leviton, 2012) and smoking cessation (Dawson, Cargo, Stewart, Chong, & Daniel, 2013). The method has also been used to explore neighborhood qualities as contributors to perceptions of violence against women (Frye et al., 2012) and resident wellbeing (Mehdipanah, Malmusi, Muntaner, & Borrell, 2013).

Concept mapping is particularly well suited to exploratory and participatory research. It offers a way to organize responses obtained via qualitative interviews based on the experiences of the same participants. Participants generate responses to the research question and collectively determine the underlying conceptual structure. Within the concept map that is produced, the detail is not lost. Individual responses are presented as well as how they were grouped together. We selected this method because of the scarcity of existing research on the topic of safety from the perspectives of service providers working with Aboriginal clients and our interest in exploring it in depth. We were also impressed by the opportunity to involve participants

in the interpretation of the results, which is consistent with our belief in the need for collective wisdom being brought to bear on this topic.

Procedure

The purpose of the study was to identify, from the perspectives of professionals working in family violence with Aboriginal clients, what safety issues should be considered when working with couples following IPV. Telephone interviews were conducted and responses analyzed using Trochim's (1987) concept system. In concept mapping (Trochim, 1989) there are five steps: generation of responses, preparation of responses, grouping of responses, analysis of grouping data, and construction of concept map.

GENERATION OF RESPONSES

Service providers in the field of IPV who had experience working with Aboriginal clients were extended an invitation to participate by the executive director of a counseling agency. Interested individuals were contacted by telephone by a research assistant who, following informed consent, collected demographic information and asked a series of open-ended questions regarding their perceptions related to counseling with Aboriginal couples. The questions were oriented to the provision of service within a therapeutic context that emphasized male responsibility for the violence and considerations regarding safety, from the male, for the woman. Our wording was chosen to reflect the emphasis on men's responsibility. One of the open-ended questions was: "How would you address safety with Aboriginal men in couple counseling who use abusive behavior with their intimate partner?"

Individuals who participated were asked if they knew of others who had experience working in the Aboriginal community and in the area of IPV within a professional role in the area of safety (e.g., shelters, law enforcement) or treatment (e.g., counseling agency, justice system), These individuals were contacted by the Research Assistants. Participating individuals ranged in age from 29 to 64 and had an average age of 49 years. They had been working in the IPV area with Aboriginal clients for an average of 22 years, with the lowest number of years of experience at three and the most experience in years of 40. Of the 25 participants, six were male.

PREPARATION OF RESPONSES

Three of the co-authors, as members of the research team, independently reviewed all responses made to this question by participants. Each response was reviewed for redundancy (i.e., had the content been represented in another response) and clarity (i.e., was the response easy to understand). Any response that was identified by two of the three reviewers as either

unclear or redundant was discussed and decision made to edit or remove the response from the analysis. Following this step, a total of 65 unique responses were used in the analysis.

GROUPING OF RESPONSES

At the time of interview each individual was asked if she or he was interested in grouping responses provided by all who participated. A list of interested individuals was kept and these individuals were contacted again, by telephone, when the responses were ready to be grouped together. A total of 12 individuals when contacted indicated they would be willing to group the responses together and were mailed out a package. Half of those individuals (six) returned their groupings to the researchers for analysis.

In each package there was a set of instructions for the grouping of responses, including the specifications that there was to be more than one and less than 64 groupings in total, and that each response could be grouped together in whatever way made sense to her or him. Each response was printed on a separate care and a set of cards was provided to each individual for grouping. It was suggested that the cards could be spread out on a flat surface and manipulated into groups and once satisfied with the groupings, using the ID number printed for each response, to list the contents of each group constructed. A research assistant obtained the grouping results over the telephone.

ANALYSIS OF GROUPING DATA

Two separate analyses were performed on the grouping data via the concept system (Trochim, 1987). Multidimensional scaling plotted each response on a two-dimensional point map with distances between responses indicative of the frequency with which they were grouped together. Responses in close proximity on the point map reflected greater frequency with which those who did the groupings saw placed them together in the same group. Responses further away on the map reflected less frequent grouping together of those responses.

A bridging index, a value between 0.00 and 1.00, was calculated for each response based on the frequency with which each "bridged" or was grouped together with other responses near to it on the point map. A low index (i.e., 0.00–0.25) indicated that the response was only grouped together with others near to it on the map, while a high index (i.e., 0.75–1.00) indicated that the response was grouped together with other responses in different areas of the map. Cluster analysis of the multidimensional scaling values grouped the responses into concepts. At the beginning of the analysis, each response was treated as its own concept, and at each step of the analysis two concepts were combined until, at the end, there was only one

concept. Finally, a stress value was calculated. This value represented the degree to which the map was an accurate representation of the sort data. The stress value was 0.33, which was within an acceptable range of 0.05 to 0.35 (Kane & Trochim, 2007).

CONSTRUCTION OF CONCEPT MAP

As suggested by Trochim (1989), when determining the most appropriate number of concepts for a concept map based on fewer than 100 unique responses, solutions between 20 and three should be reviewed. Because of the fragmentation evident within the 20-concept solution, solutions with 15 and 10 concepts were considered. Further reducing the 10-concept solution to five collapsed concepts one, two, and three, seven and eight, nine and ten, and five and six. The solution that provided the best interpretability was the four-concept solution.

The bridging index was used to identify the most central responses within the concepts and assisted researchers when labeling concepts in the final map. Trochim (1989) noted that highly bridging responses might not fit conceptually with those immediately surrounding them on the map and therefore less likely to reflect the overall theme of a concept. Responses within a concept with low individual bridging indices reflect consistency and central content. Responses with the lowest bridging indices within each concept were used to guide the researchers to a descriptive label for each.

RESULTS

The four-concept solution was selected and labels were assigned by the researchers to reflect central content of each. The concepts included: Personal Responsibility, Community Involvement, Mandatory Reporting, and Separate Support for Women. The responses and concepts are represented visually in Figure 1 and in text in Table 1. In this section, the results of concept map analysis are presented. The most central responses, reflected by the lowest individual bridging indices within each concept, are presented as illustrative of the content of that concept.

Mandatory Reporting

This concept had the lowest average bridging index of the four concepts at 0.14 indicating that responses within this concept were grouped together by participants and rarely with responses in other concepts. Within this concept, responses with the six lowest individual bridging indices were between 0.02 and 0.07. Responses centered on the need for consistent and systematic reporting to monitor nonviolence and assess safety. Participants noted that

How would you address safety with Aboriginal men in couple counselling
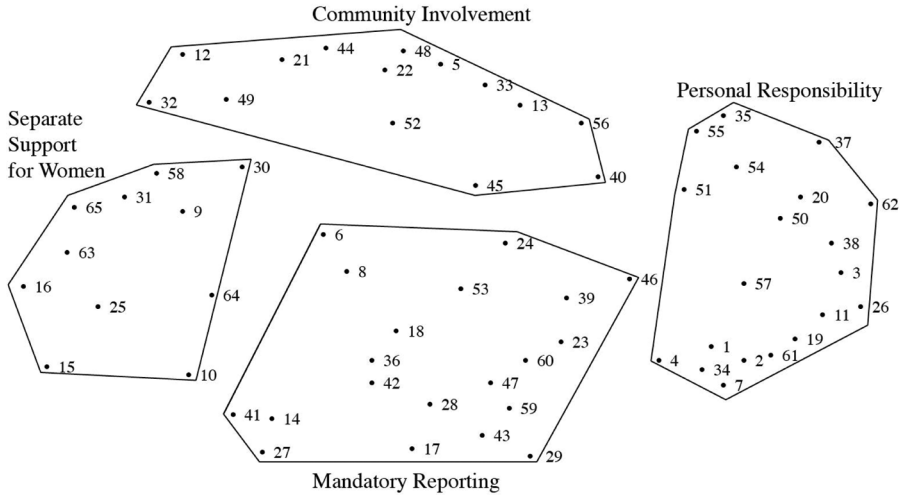who use abusive behavior with their intimate partner?

FIGURE 1 Concept Map.

TABLE 1 Concept Items and Bridging Values for Concept Map

Concept and response	Bridging index
Personal responsibility	0.18
1. Addictions maintenance	0.00
2. Address issues in session	0.00
3. Medication compliance	0.00
4. Agreement to proceed	0.02
57. Stressors monitored	0.08
11. Commitment that either can leave if threatened	0.13
26. Honesty agreement	0.15
51. Safety around self harm for the male	0.17
61. Threatening or intimidating behaviors out in open	0.19
3. Agreement about the process and rules	0.19
50. Responsibility plan	0.19
7. Call in from each partner	0.21
38. No physical violence	0.22
54. Separate finances	0.22
20. Each has someone safe to go to	0.22
19. Each has someone safe to talk to	0.29
62. Time out	0.31
37. No abuse toward others	0.32
55. Separate support systems	0.36
35. Mental health awareness	0.39
Community involvement	0.22
48. Relatives positively involved	0.10
44. Other family members support	0.10

(*Continued*)

TABLE 1 Continued

Concept and response	Bridging index
21. Elder involvement	0.11
12. Community member involvement	0.13
40. No weapons	0.14
22. Encourage to work with Elders as appropriate	0.15
5. Appropriate relationships between kids and dad	0.17
45. Partner feels safe	0.17
52. Safety plan for the woman	0.21
56. Signal with neighbor	0.27
13. Community resources	0.29
33. Make sure family knows what is happening	0.29
49. Resources available and used	0.33
32. Living arrangements of children	0.64
Mandatory reporting	0.14
59. Suspend counseling as needed	0.02
23. Exit planning	0.03
60. Therapist availability outside sessions	0.03
47. Random check ins	0.03
46. Private location	0.05
28. Individual monitoring	0.07
39. No substance abuse	0.08
36. Monitor investment in counseling	0.10
24. External reporting required	0.11
53. Safety pre treatment during as well as post treatment	0.11
17. Decision to do couples counseling is therapist's	0.14
42. Open contact between therapist and partners separately	0.14
43. Open door policy	0.17
29. Individual sessions first	0.18
18. Disclosure contract in place	0.18
6. Be in contact with local police agency	0.19
8. Cell phone	0.24
27. Individual counseling as well as couple counseling	0.25
14. Contact female partner outside of the couples counseling	0.29
41. Ongoing safety assessment	0.35
Separate support for women	0.55
30. Inform child welfare	0.25
9. Check-ins for women	0.32
58. Support group for woman	0.35
64. Woman is safe and open in session	0.35
31. Inform police	0.51
63. Warning signs observed by others outside of couple and...	0.54
10. Collateral interviews	0.62
65. Woman's needs come first	0.64
25. High risk situations	0.70
15. Controlling behavior	0.72
16. Cultural protocols	1.00

in the counseling treatment itself, there was a need to have an agreement to "suspend counseling as needed" (0.02) and have completed "exit planning" (0.03) so the woman has a safe course of action should her safety become threatened, including a "private location" (0.05) for her to reside. Additionally, participants noted that having clear rules about "therapist availability

outside sessions" (0.03) so that clients know whom to contact under which circumstances between appointments. It was also important for "individual monitoring" (0.07) of the man and woman to be done separately at scheduled times as well as having "random check-ins" (0.03) throughout.

Personal Responsibility

This concept had the second lowest average bridging index of the four concepts at 0.18 indicating that responses within it were often grouped together by participants and rarely with responses in other concepts. Within this concept, responses with the six lowest individual bridging indices were between 0.00 and 0.13. Responses within this concept referred to men taking responsibility for their violence and making a commitment to the process of treatment and safety of their partners. Specific responses that were most central to the concept meaning, because of their low individual bridging indices, referred to ways of taking responsibility. Men would be expected to make a formal "agreement to proceed" (0.02), including a verbal and written contract including the "commitment that either can leave if threatened" (0.13). The commitment to safety would be evidenced through agreement to "address issues in session" (0.00) and not outside of sessions until directed by the counselor to do so. Additionally, the man would agree to have "stressors monitored" (0.08) and submit to regular check-ins regarding his behavior and coping within as well as outside of sessions. Finally, as appropriate, the man would commit to being involved in his own "addictions maintenance" (0.00) programming outside of sessions, as well as "medication compliance" (0.00) by taking all prescribed medication.

Community Involvement

This concept had the second highest average bridging index of the four concepts at 0.22 indicating that responses within the concept were often grouped together by participants and infrequently grouped with the responses in other concepts. Within this concept, responses with the six lowest individual bridging indices were between 0.10 and 0.15. Responses focused on the need for extended network of involvement for the couple and beyond the therapist in the community, and in particular, the traditional community and cultural ties. Participants noted that "elder involvement" (0.11) was necessary for safety to be promoted for the woman in the community. Elders have very important and special status with connections throughout the past, present and future of the community. It was noted that safety would be promoted by "encourag(ing) (men and women) to work with elders as appropriate" (0.15). Elders also offer spiritual guidance. The accountability for men and women that follows from commitment to follow teachings and participate in ceremonies makes elders very strong and positive

influences. In addition, it was noted that having "other family members support" (0.10) was needed to promote safety as well as extended family members, including "relatives positively involved" (0.10). Finally, "community member involvement" (0.13) not only in terms of knowledge of risk and safety in general, such as "no weapons" (0.14), but a commitment to action as necessary to protect the woman from violence should any evidence that her safety is jeopardized (e.g., changes/withdrawal from contact) emerge.

Separate Support for Women

This concept had the highest average bridging index of the four concepts at 0.55 indicating that participants grouped responses within this concept with responses both inside and outside of this concept. Within this concept, responses with the six lowest individual bridging indices were between 0.25 and 0.54. The responses in this concept focused on the woman's safety and ways this would be assessed and communicated both by the counselor as well as within the broader community system of service providers. Participants noted that it was important for assessment made and plans implemented through separate "check-ins for women" (0.32) prior to meeting with the couple and that with her partner the "woman is safe and open in session" (0.35). It is essential that others in the community know about the couple and that "warning signs observed by others outside of couple" (0.54) are shared with the counselor and other service providers as well as acted upon. For continued support for the woman throughout the process, a "support group for woman" (0.35) should be available and attended. Service providers in child protection ("inform child welfare") (0.25) and justice ("inform police") (0.51), should be utilized, including their awareness of and responsivity to the couple.

DISCUSSION

The main finding of the study is that there were four concepts that were described by counselors as ways to address safety with Aboriginal men who are in couple's treatment for IPV. These concepts include: Personal Responsibility, Community Involvement, Mandatory Reporting and Separate Support for Women. In this section, the results are compared and contrasted with the literature.

Personal Responsibility

There is literature concerning the importance of an agreement with the man to reinforce women's safety, including court-imposed restrictions on contact (Russell, 2012). In couple counseling, the emphasis is on agreement

explicitly about nonviolence and nonthreatening behavior as well as appropriate verbal and physical contact between the partners, including type, context and motivation for each exchange. Similarly to participants in the present study there is literature on the role of beliefs about violence (Raj et al., 2005), including personalized social attitudes about women (Coker et al., 2005; Young-Wolff et al., 2013) and their contribution to decisions made to stay together (Bent-Goodley, 2007). In addition, there were similarities between the participants in the present study and the literature on safety regarding the role of substance abuse in risk (Kraanen et al., 2013a, 2013b). Both participants and the safety literature attended to the roles of financial independence and independent residential support (Pavao et al., 2007; Buzawa & Buzawa, 2013; Chen et al., 2013).

Community Involvement

There was considerable overlap between the safety literature and issues identified by participants in the present study concerning social support. There is a great deal of literature on safety issues for children and women's efforts to secure their children's safety when they are in an abusive relationship (e.g., Overbeek et al., 2013; Macmillan et al., 2013), in particular during and following a separation where custody and access are in dispute (Austin et al., 2013; Hardesty et al., 2012). In addition, women's relationships with friends (Ahmad et al., 2007), family members (Zink et al., 2006) and neighbors (Renzetti, 2009) were similarly noted. The geographical location (K. M. Anderson et al., 2013; Moffitt et al., 2013), and relative richness of networks of service providers (Ragusa, 2013; Roberto et al., 2013) were each noted by the participants and present in the safety literature. However, we found no reference to cultural resources, as described by participants, in the safety literature, including community Elders.

Mandatory Reporting

There is literature on the importance of ongoing safety planning for women, which attends primarily to what women and their support networks can do in response to threats posed by the abusive partner. Responses in this concept focused on the ways that his and her conduct could be monitored throughout counseling separately through the efforts of the counselor and the agency as well as law enforcement. Counselor qualities identified in the literature and participants in the study recognized the importance of a dual-awareness of both couple issues and safety issues (LaViolette & Barnett, 2013) such as the need, at times, for information, referral and advocacy (Goicolea et al., 2013). Agency qualities identified in the literature and participants concerned openness and accessibility both within (Chronister et al., 2012) and outside of scheduled appointments (Department of Justice Canada, 2009). The role

of law enforcement, while essential for woman and child safety as well as a legal and professional obligation, has not consistently been experienced as positive by those who were intended to be helped. Fears about judgment (Kulkarni et al., 2012), punishment (Hughes et al., 2011), and ineffectiveness (Barrett et al., 2011) have been noted.

Separate Support for Women

Both the literature and participants in the present study emphasized the fundamental importance of women's safety and that dedicated support is necessary. A range of information (Houston & Westbrook, 2013; Grossman & Lundy, 2011) and child care (Letourneau et al., 2011), language (Gottlieb & Schrager, 2011) and legal aid services (Hampton et al., 2010) have been identified in the literature as essential supports for women. In addition, there was attention in the literature to the importance for cultural sensitivity in women's services (Hyman et al., 2006a, 2006b).

A significant point made within the literature and by participants was the need for couple's counseling to be undertaken only after individual treatment and in concert with community supports that recognize the ways that abuse manifests in relationships, the effects on women and children and the necessity to intervene if a woman or child's safety is at risk. There were two areas where differences between participants and the safety literature were apparent, including community wide challenges and the role of cultural leaders with traditional understanding of what a healthy relationship is.

In the literature, there is attention to the relevance of community functioning and acceptance or rejection of abusive behavior against women. While the participants attended to the need for community support in personal, including extended family and neighbors, as well as formal avenues, including service providers, agencies and policies, there was less attention to the challenge for families when the entire community has been affected by abuse. It is always important to provide multiple mechanisms to protect the safety of women who participate in couple's counseling. It cannot be assumed that the messages provided to women who are in abusive relationships by those most credible to them are that it is not normal, not appropriate and not to be tolerated.

In larger centers where there is potentially more diversity in life experience, information and services delivered by those who can understand the family and community realities of Aboriginal women, meaningful alternatives to what has been their experience can be offered. Within a community reeling from widespread abuse of colonial power and affected by poverty, substandard housing, substance-related challenges and neglect, introducing new services require broad changes that may be very threatening or even impossible to imagine. However, the importance of community is fundamental to the success of the couple's counseling intervention discussed

herein, and readiness of a community to the potentially significant changes such a service would bring are a basic prerequisite for its delivery. The readiness of the community is as important as the readiness of the couple because without consistent and integrated support for the program, the means to promote women's safety will not be sufficient.

Finally, the role of cultural leaders was identified by participants but not raised previously in the literature. Participants noted that elders should be involved in the counseling, as appropriate. Elders have different and prominent roles in their communities. The extent to which she or he is known and respected in the position by the community is an important quality as is the approach taken to understanding the problem of intimate partner violence in the community. Either in addition to or within the counseling, ceremonial practices and teachings contribute a great deal to important awareness about gender roles and personal identity in one's family and community. The respect for knowledge held by an elder can have a very powerful effect. The safety and security provided through an elder's leadership and assistance to achieve insight and live in accordance with one's place and responsibilities, reinforced by others in the community, can contribute to the change and its maintenance by the couple.

In conclusion, there is initial evidence that existing safety factors used in research and practice with women who are at risk for violence in an intimate relationship are relevant for consideration by counselors interested in providing counseling to Aboriginal couples following IPV. Service providers in the field of IPV who had experience working with Aboriginal clients identified the need for a range of conditions for couple's counseling, such as successful completion of gender-based group counseling for men and women prior to couple's work, as well as history and commitment to nonviolence by the partners and the presence of knowledge, resources and support for the program in the community where the program exists. Future efforts to develop the research base for such a practice may benefit from further study of community readiness and identification of practical considerations that therapists, the agency, local governance and systems—law enforcement, justice, and child protection—need to have in place to protect Aboriginal women's safety.

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