**A survey of lateral violence impacting individuals of North American aboriginal ancestry in Canada**

This proposal is in application for resources to consult with aboriginal health authorities and specialists dealing with lateral violence affecting aboriginal people and to develop research questions flowing from this consultation. Coupled with a review of the relevant literature, this consultation will provide a baseline understanding of the subject area as reflected in a Canadian aboriginal context. Appropriate methods will be proposed to answer relevant research questions in keeping with cultural traditions.

Lateral violence is defined here as including gossip, shaming, blaming, backstabbing, family feuds and attempts to induce social isolation in intended victims by community or work peers. While it is a topic of concern discussed within the aboriginal community for the past decade, there has been a paucity of academic research qualitatively or quantitatively describing the experience and its effect on health. In the absence of North American aboriginal research on this topic, this literature review will include reference to the aboriginal Australian experience and the experience of lateral violence within the nursing profession.

An initial cursory view of the Australian literature on lateral violence revealed a reliance on anecdotal experience coupled with an analysis referencing colonialism: lateral violence in aboriginal communities is presented as a product of disempowerment and subjugation with resultant anger turned inward on one's own community. There is a corresponding wealth of North American research into lateral violence within the nursing profession and since such violence cannot be tied to colonization (although it could be associated with feelings of disempowerment) referencing such research could be expected to provide a contrasting perspective. Studies from both perspectives may inform future aboriginal research on the subject within the Canadian context.

We are aware of two aboriginal specialists who regularly facilitate workshops on lateral violence (one in Ontario and the other in British Columbia), and we intend to begin this research by interviewing them about their experiences in the field. We will also interview other facilitators in the field as they become identified using technologies such as Skype where on-site meeting is impractical. We are also aware of materials on lateral violence developed by the Nechi Center in Edmonton, Alberta and will review those materials and interview people identified by the organization as representative of their experience. We will also contact other organizations who have been identified as having a mandate in combating aboriginal lateral violence. Finally, we will initiate contact with aboriginal health authorities across Canada using e-mail and telephone to determine their level of activity in this area. A final report on our research will be made available to these same organizations.

This research may be seen as the beginning of an academic discourse regarding a discussion that has been occurring in many of our aboriginal communities. Such research would have application to counselling psychology, social work, and community development. It has implications for those interested in building healthy and empowered communities. This preparatory planning and dissemination work will result in a descriptive backdrop against which relevant research questions and appropriate methods may be developed.

In summation, the purpose of this proposal is to review the relevant literature and conduct in-depth interviews of health care workers and facilitators specializing in lateral violence about the scope of the problem in the individuals they serve. Consultation with First Nations, Metis and Inuit health authorities will result in the development relevant research questions and a suitable method for answering those questions. From this consultation will come a co-constructed research plan for developing enhanced health outcomes through increased understanding of the effects of lateral violence on individuals and their communities. Activities associated with this application include the following detailed steps:

1. The hiring of a student research assistant to be appraised of the purposes of this study and to be trained in the methods used;

2. A preliminary synthesis of existing literature on lateral violence generally;

3. Consultations with facilitators and organizations combating lateral violence focusing on definition of the concept, estimate of the problem, and the experience of working with people who have experienced lateral violence;

4. The development of an initial statement on lateral violence referencing the literature review and consultations;

5. The development of a list of aboriginal health authorities and other interested professionals using an internet search;

6. Preparation of interview questions focusing on the recognition of and use of resources dedicated to lateral violence within aboriginal health networks;

7. The submission of the initial statement on lateral violence to aboriginal health authorities and other professionals so identified along with an invitation to dialogue about any activities of which they are aware dealing with the problem of lateral violence;

8. Open-ended interviews with people identified through the above process as having experience and/or perspective on the subject area using the interview questions developed above;

9. Tabulation of the results of the above mentioned consultations and the subsequent development of relevant research questions and methodological considerations that may be used in a study of aboriginal victims of lateral violence;

10. Submission of the draft research proposal to aboriginal health organizations for final input and possible endorsement;

11. Completion of a final report with recommendations for further action.

In essence this proposal is to conduct a preliminary study laying the groundwork for a comprehensive second study. While it does not, at this stage, involve victims of lateral violence, the information being sought involves secondary perspectives based on specialist and health worker experience in dealing with those victims and hence may be of a confidential nature. Participation in this study will be voluntary with all personal data collected from this study subject to the rules of confidentiality. Individual data collected in this study will be kept in a locked filing cabinet available only to the principal researcher and the research assistant unless written permission is granted from the individuals concerned to share the data to other interested parties. Since this study is Canada wide and is not based within, nor does it target, any specific aboriginal community considerations governing community approval for research are not applicable, although health authorities will have the option to participate or not depending on local policies.