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Domestic Violence Prevention and Reduction in British Columbia (2000-2010)

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“Domestic violence is everyone’s responsibility.”
– BC Representative for Children and Youth

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Executive Summary

This report reviews domestic violence prevention and reduction initiatives in British Columbia (BC), from 2000-2010, and more recently. The review was undertaken to support the work of the Violence Reduction Circle, a collaborative group of researchers, policy makers, clinicians, and service providers, hosted by the Centre for the Prevention and Reduction of Violence at the Justice Institute of BC.

The review begins with a description of the process, which involved a comprehensive scan of online sources and key informant interviews with academic and community-based researchers, policy makers, service providers, and advocates. The author then outlines the various terms used to describe domestic violence against women, and justifies the use of this term to reflect the language adopted in provincial policy without losing the gendered language of feminist scholars. The report goes on to present the latest statistical data on rates of domestic violence in Canada and British Columbia, before summarizing the health, social, and economic costs of domestic violence against women, and the effects on children who witness.

The review defines three levels of prevention strategies (primary, secondary, and tertiary), which are conceived of as interdependent and mutually reinforcing strategies to prevent and reduce violence against women and to increase the safety of women and children. The body of the report reviews domestic violence prevention and reduction initiatives in BC over the past decade, including relevant legislation and policy, training initiatives for service providers across systems, and efforts to strengthen the community response to domestic violence, including public awareness campaigns. The author makes the point that key decisions pertaining to domestic violence legislation, policy, funding, and services are closely linked to changes in government and high-profile cases of domestic violence and domestic homicide that serve to open policy windows.

A brief overview of government-, police-, and community-based victim services and programs for domestic violence perpetrators follows. The review then focuses on services and prevention initiatives designed to meet the needs of specific populations of victims, namely: Aboriginal women and girls; immigrant, refugee, and non-status women; women in rural and remote communities; persons within the LGBTTS community; and children and youth. Relevant national and international domestic violence prevention programs and initiatives are identified, and the case is made for primary prevention strategies that address the root causes of crime and promote strategic investments in children and families.

1. Introduction

The Violence Reduction Circle (VRC) is an informal collaborative group of academic and community-based domestic violence researchers and scholars, senior policy makers, clinicians, and service providers. The VRC is hosted by the Centre for the Prevention and Reduction of Violence (CPRV) at the Justice Institute of British Columbia and has research partners at Simon Fraser University, the University of British Columbia, and the University of Victoria. The group advocates for violence prevention through research and strategic investments in children and families. Further information about the VRC can be found online.¹

The group developed in 2010 from conversations between researchers at the CPRV, the BC Centre of Excellence for Women's Health, and the FREDA Centre for Research on Violence Against Women and Children (FREDA) at Simon Fraser University. An informal research 'alliance' emerged with the express purpose of sharing resources to conduct research that would have an impact on domestic violence policy in British Columbia. The group meets regularly and engages with senior policy makers and advocates at the provincial and national levels.

The group will undertake research on the costs of violence and violence prevention, with the goal of reducing violence and enhancing safety for women, children, and families in British Columbia. In June 2011, members of the VRC were awarded an Insight Development Grant by the Social Sciences and Humanities Research Council of Canada for a project entitled *Understanding the Cost of Violence: Violence and Crime Prevention and Safety for Children and Families*. The research team is headed by Principal Investigator Dr. Sibylle Artz, Professor in the School of Child and Youth Care at the University of British Columbia, and Co-Applicant Dr. Margaret Jackson, Professor Emerita in the School of Criminology and Director of the FREDA Centre at Simon Fraser University, and includes various members of the VRC.

The purpose of this review was to document domestic violence prevention and reduction efforts in British Columbia from 2000 to 2010 through a scan of online sources and interviews with key informants in research, government, and community-based organizations. While the focus of the work was on domestic and intimate partner violence against women, the report also touches on a few instances of sexual violence against

¹ www.jibc.ca/research/centre-prevention-reduction-violence/projects

women.² This background document serves as a foundation for the VRC's ongoing research and policy work in the area of violence against women and children.

² Readers are cautioned not to draw conclusions about the full scope of violence against women based on this report as many other forms of violence against women were not reviewed here. The author did not specifically seek information about sexualized violence, as it was beyond the scope of the project, but a similar review of the continuum of sexual violence against women would be useful.

2. Describing the Process

The present review documents domestic violence prevention and reduction efforts in British Columbia from 2000–2010. The review includes law reform, policy development and review, as well as program and service delivery throughout the province. Where relevant, recent initiatives (i.e., those launched since 2010) have been included to ensure a comprehensive review of efforts to prevent and reduce domestic violence. Relevant national and international documents and initiatives have also been included in the review to provide a broader national and international context for BC's efforts in domestic violence prevention and reduction.

The fact-finding process for this background review involved two separate, but related, activities. The first involved a **comprehensive scan of online sources**, including government and non-government websites to (a) identify key documents pertaining to domestic violence prevention and reduction efforts in the province, including policy papers, white papers, discussion papers, reports, policy briefs, best practice guides, training curricula, toolkits, and frameworks; and (b) gather information about domestic violence prevention and reduction programs and initiatives launched in the province since the year 2000. This web-based search focused on provincial documents and initiatives, but also included some relevant national and international documents and initiatives. The second component involved **key informant interviews** with academic and community-based researchers, policy makers, service providers, advocates, and consultants to (a) identify additional documents and publications pertaining to domestic violence prevention and reduction in BC, and (b) comment on major trends, successes, and failures concerning provincial efforts to prevent and reduce domestic violence. The majority of key informants were located in BC, although some federal government employees were also consulted to shed light on national initiatives to prevent and reduce domestic violence in Canada. The web-based search and key informant interviews were conducted concurrently, with each activity informing the other.

Academic literature focused on domestic violence policy and programs was included where relevant. The review also benefited enormously from existing literature reviews and annotated bibliographies compiled by academic and community-based researchers on issues relevant to domestic violence prevention and reduction. The authors and organizations responsible for compiling these documents are acknowledged and thanked for generously sharing their work and supporting the ongoing efforts of the Violence Reduction Circle. These documents include:

- An annotated bibliography on *violence prevention from a public health perspective*, prepared by Shannon Turner in August 2010, for a directed study in violence prevention, under the supervision of Dr. Sibylle Artz in the School of Child and Youth Care at the University of Victoria.
- A bibliography on *intimate partner violence in South Asian communities*, prepared by Gary Thandi in October 2010, for the Process of Discovery project, a study of prevention and intervention strategies with male perpetrators of intimate partner violence in South Asian communities in the Lower Mainland, funded by the Centre for the Prevention and Reduction of Violence (CPRV) at the Justice Institute of British Columbia (JIBC).
- An annotated bibliography on *The Justice System Response to Intimate Partner Violence*, prepared by Drs. Helene Berman, Dominique Damant, Cheryl Fraehlich, Sonia Gauthier, and Jane Ursel in June 2009 for the *Canadian Observatory on the Justice System Response to Intimate Partner Violence*. The review included scholarly publications, theses, and policy documents published in English and French from Canada, the United States, the United Kingdom, and Australia between 2000 and 2009, and focused on six areas: (1) civil and criminal justice responses, (2) police responses, (3) prosecutors' responses, (4) court responses, (5) probation and treatment programs, and (6) victim perspectives.
- An annotated bibliography and literature review prepared by Ju Hui Judy Han in June 2009, for the *Increasing the Safety of Immigrant, Refugee and Non-Status Women project*, a joint partnership undertaken by the Ending Violence Association of British Columbia (EVA BC), the Multilingual Orientation Service Association for Immigrant Communities (MOSAIC), and the Vancouver & Lower Mainland Multicultural Family Support Service Society (VLMFSS).
- **Stopping Violence Against Aboriginal Women: A Summary of Root Causes, Vulnerabilities and Recommendations from Key Literature**, a review paper prepared by Dr. Tracy Byrne and Wade Abbott, in February 2011, for the BC Ministry of Aboriginal Relations and Reconciliation. The paper was prepared to support the 'Collaboration to End Violence: National Aboriginal Women's Forum,' which was held in Vancouver in June 2011, and focused on the issue of violence against Aboriginal women and girls. A summary report, *Collaborating to End Violence: National Aboriginal Women's Forum: Report on Outcomes and Recommendations from Working Sessions* (AMR Planning and Consulting, 2011), can be found on the BC Ministry of Aboriginal Relations and Reconciliation website.

3. Defining Domestic Violence

Domestic violence, also commonly referred to as family violence, is a form of interpersonal violence, and includes intimate partner violence (also known as spousal abuse or assault), child abuse and neglect, and abuse of older adults (or elder abuse). Intimate partner violence against women refers to a variety of behaviours including physical and sexual assault, intimidation, coercion and threats, verbal, psychological, and emotional abuse, isolation, and financial abuse committed to gain or sustain power and control in the context of a current or former intimate relationship, including same-sex and dating relationships. The terms used to discuss the problem vary widely and are often used interchangeably. In this report, the language of ‘domestic violence against women’ is used to reflect the gendered nature of the problem and the language adopted by provincial policy makers in BC.

The **provincial government** has adopted the language of ‘domestic violence’ in recent years, as is reflected in the province’s Domestic Violence Action Plan. The provincial policy addressing domestic violence continues to use the language of ‘violence against women in relationships’ to acknowledge that domestic violence is a power-based crime, and that women are more likely than men to be the victims, although it applies equally to situations involving male victims and same-sex partners.

The **federal government** uses the language of ‘family violence,’ referring to “a range of abusive behaviours that occur within relationships based on kinship, intimacy, dependency or trust” (Jamieson & Gomes, 2010, p. 1). This definition does not reflect the gendered nature of the problem, but rather emphasizes that violence and abuse affects all Canadians. The national online repository for family violence resources includes resources on intimate partner violence against women and men.

The **international community** has placed much greater emphasis on the gendered nature of violence, with the terms “violence against women” and “gender-based violence” commonly used. The United Nations’ (1993) *Declaration on the Elimination of Violence Against Women* defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

Feminist scholars and community activists have favoured language that emphasizes the gendered nature of violence, and often refer to “violence against women,” “wife assault,”

and “woman abuse” when discussing the problem (DeKeseredy, 2011; Johnson & Dawson, 2011). Family violence researchers and men’s rights activists, on the other hand, adopt gender-neutral terminology such as “domestic violence,” “intimate partner violence,” and “intimate partner abuse,” making claims about “gender symmetry” and calling for “gender-inclusiveness” in domestic violence research, policy, and practice (Desmarais, Gibas, & Nicholls, 2009). These perspectives have led to significant debate in the literature about the gendered nature of the problem and the power to name it as a women’s issue (Nixon, 2007).

Domestic violence researchers and policy makers employ various terms to describe the problem. Although these terms are often used interchangeably, there are subtle differences in what each term conveys about the nature and scope of the problem. The following is a list of common terms and how they have been used in the field:

Domestic Violence –

Refers to violence against adults and children in the context of intimate or familial relationships. This is the term adopted by the province in its Domestic Violence Action Plan, and one that de-emphasizes the gendered nature of the problem.

Exposure to Domestic Violence –

Refers to a child’s exposure to violence between its caregiver and his/her intimate partner, and includes directly witnessing, overhearing, and/or witnessing the physical injuries resulting from violence. Classified as a form of emotional maltreatment in the Canadian Incidence Study of Reported Abuse and Neglect.

Family Violence –

Refers to violence committed in the context of familial and intimate relationships, and includes intimate partner violence against women and men, child abuse and neglect, and abuse against older adults. This is the term used by the federal government, as reflected in its Family Violence Initiative (FVI) and Statistics Canada’s annual statistical report on family violence.

Intimate Partner Violence –

Refers to violence against women and men in the context of an intimate relationship, and is a gender-neutral (and more gender-inclusive) term, though it has been adopted by the World

Health Organization (WHO), with an understanding that it is largely a problem of violence committed by men against women.

Spousal Violence –

Refers to violence among legally married and common-law, same-sex, separated, and divorced couples. This is the term used in BC's Crown Counsel Policy Manual, and Statistics Canada's General Social Survey victimization cycle, which includes only acts of physical and sexual violence that appear in the *Criminal Code of Canada*.

Violence Against Women –

Reflects the gendered nature of violence and conceptualizes violence as a power-based crime. This term is adopted in the province's Violence Against Women in Relationships (VAWIR) policy, and in the international community (e.g., *United Nations' Declaration on the Elimination of Violence Against Women*).

4. Measuring Domestic Violence

Statistics on the incidence of domestic violence in Canada are collected by Statistics Canada, via the Uniform Crime Reporting Survey, the Homicide Survey, the Transition Home Survey, the General Social Survey, and the Victim Services Survey. These measures each have significant limitations but considered together provide a more accurate picture of domestic violence against women in Canada. Statistics on domestic homicide generally are more accurate than those on domestic and sexual violence because homicides are more likely to come to the attention of police, whereas only a very small proportion of sexual assaults are reported. Victim surveys are designed to capture those incidents of domestic and sexual violence that go unreported to police and are therefore not reflected in police-reported data.

Statistics Canada has reported on the rates of domestic violence and domestic homicide in Canada for thirteen years in its annual *Family Violence in Canada: A Statistical Profile* publication. Data from the 2009 General Social Survey reveal stability in the rates of self-reported spousal violence over the past five years, with approximately 6% of Canadians over 15 years of age reporting physical or sexual violence at the hands of a current or former partner³ (Brennan, 2011). Women continue to be more likely than men to experience multiple victimizations, more serious forms of intimate partner violence, injuries, emotional suffering, and disruption to their daily routine as a result of domestic violence (Brennan, 2011).

A number of socio-demographic factors have been found to be associated with intimate partner violence. Younger individuals are more likely to experience domestic violence than older individuals, as are those who identify as lesbian, gay, bi-sexual, transgender, or two-spirit (LGBTTS). Individuals who are living in common-law relationships or blended families experience higher levels of domestic violence than married couples. Persons living with physical or mental health conditions are also at increased risk. Aboriginal people are nearly twice as likely as non-Aboriginal people to experience intimate partner violence, and Aboriginal children are twice as likely to be placed in foster care than Caucasian children, although not primarily as a result of exposure to domestic violence (Trocmé, Knoke, & Blackstock, 2004). Higher rates of domestic violence in Aboriginal communities can be traced back to colonialism, the legacy of residential schools and the intergenerational impacts of trauma and loss of cultural identity, socio-economic exclusion, gender inequity,

³ Includes legally married, common-law, same-sex, separated and divorced spouses.

and racism in Canadian society (Byrne & Abbott, 2011). Visible minority and immigrant populations do not experience higher levels of spousal violence than the general population; however, immigrants are less likely to report incidents of domestic violence and other forms of victimization to authorities (Brennan, 2011; Perreault & Brennan, 2009).

Women are more likely than men to report domestic violence to police, yet only 22% of domestic violence victims surveyed indicated that an incident came to the attention of police (Brennan, 2011). The primary reason for reporting is to stop the violence and secure protection; a much smaller proportion of victims contact police in order to have their partner arrested and/or punished. It is noteworthy that reporting of domestic violence incidents to police has declined over the past five years, especially among women victims, as has contact with victim services outside of the criminal justice system (Brennan, 2011). Many victims choose not to report incidents of domestic violence because they perceive it to be a private matter or too minor an incident to warrant police involvement (Brennan, 2011). Still, in 2007/2008, 17,297 women and children became residents of British Columbia's more than 100 shelters for abused women (Sauvé & Burns, 2009).

According to the *Canadian Incidence Study of Reported Child Abuse and Neglect – 2003: Major Findings* (Trocmé et al., 2005), exposure to family violence was the second most common form of substantiated maltreatment in Canada,⁴ accounting for 28% of all child maltreatment investigations in 2003. Exposure to domestic violence resulted in physical harm in 1% of cases and emotional harm in 14% of cases, with children in 9% of cases requiring treatment for emotional harm. The incidence of exposure to family violence has risen dramatically since 1998 (from 1.72 to 6.17 per 1,000 children), although increased public awareness of the effects of children's exposure to domestic violence may provide a partial explanation for this dramatic increase. Younger children and boys were found to experience the most exposure to domestic violence. In 11% of cases of substantiated maltreatment involving exposure to domestic violence children were of Aboriginal heritage.⁵ The majority of children exposed to domestic violence were exposed to multiple incidents of violence and thus are at greater risk of experiencing the effects of long-term exposure to violence.

The report found that fathers/stepfathers were responsible for perpetrating the violence in 88% of cases and in 28% of cases "mothers/stepmothers were considered to have failed to protect their child(ren) from exposure to domestic violence" (Trocmé et al., 2005, p. 53). It is interesting to note that, according to the 2004 General Social Survey (GSS), women who experience domestic violence are more likely to report an incident to the authorities if they have children who witness, or are otherwise exposed to, such violence (Jamieson & Gomes,

⁴ Excludes Québec.

⁵ Aboriginal status breakdown: 6% children with First Nations status, 2% Non-Status First Nations children, 1% Métis children, 1% Inuit children, and 1% children with other Aboriginal status.

2010). Women's responses to the 2009 GSS suggest that stigma and a lack of confidence in the criminal justice system continue to be significant barriers to police reporting. Women also cite fear of their abusive partner as a reason for not reporting domestic violence incidents – a valid concern given that reporting may escalate the violence.

Police-reported sexual assault data from 2007 indicated that current or former spouses were identified as the perpetrators in 4% of cases, and current or former boyfriends/girlfriends identified as the perpetrators in 5% of cases (Brennan & Taylor-Butts, 2008). Data from the 2004 GSS do not include sexual assault committed by spouses, but the survey revealed that only 10% of sexual assaults are reported to police (Brennan & Taylor-Butts, 2008). Rates of police-reported sexual assaults must be considered in light of the 'dark figure' of unreported sexual crimes.

The rate of criminal harassment has been increasing over the past decade, with rates in British Columbia falling under the national average (Milligan, 2011). Data from 2009 indicate that women represent the overwhelming majority (76%) of criminal harassment victims, with 45% of female victims experiencing harassment by a former intimate partner and 6% experiencing harassment from a current intimate partner, compared to 21% of male victims harassed by a former intimate partner and 2% harassed by a current intimate partner (Milligan, 2011). Most incidents of criminal harassment occur at victims' homes or other residences.

Intimate partner homicide rates have been declining for the past 30 years, but have leveled off and remained stable in the past 3 years (Taylor-Butts & Porter, 2011). Women continue to be approximately 3–4 times more likely than men to be the victims of intimate partner homicide and are at particularly high risk of being killed following separation. Family-related homicide rates between 2000 and 2009 indicate that young women (aged 15-24) are especially vulnerable to spousal homicide and that, although the risk of spousal homicide declines with age, senior women are more likely to be killed by a family member than their male counterparts (Taylor-Butts & Porter, 2011).

The rate of family-related homicides in British Columbia remains slightly above the Canadian average, and below only the prairie provinces and territories (Taylor-Butts & Porter, 2011). The BC Coroners Service has reported that between January 2003 and August 2008, 73 (or 12%) of the 605 homicides committed in BC were the result of domestic violence and 55 (or 75%) of these domestic homicides involved female victims (BC Coroners Service, 2010). One of the highest-profile cases of domestic homicide in BC over the past decade was that of Peter Lee, who in September 2007 killed his wife (Sunny Park), her parents, and their son (Christian Lee), before taking his own life in their Oak Bay home. This tragic murder-suicide drew attention to the issue of domestic violence in BC and prompted a wave of law and policy reforms to improve the response to domestic violence in the province.

5. The Health and Social Costs of Domestic Violence

Domestic violence is associated with a multitude of negative health and social outcomes. Women are more likely to be the victims of intimate partner violence, and report more severe violence and injuries (Brennan, 2011). The cycle of violence describes a pattern of recurring violence and the tendency for violence to escalate over time, in some cases resulting in domestic homicide. Women are more likely to seek support when experiencing violence, but are faced with a number of barriers when accessing services, which may affect their decisions to leave or remain in an abusive relationship (Brennan, 2011). Aboriginal women, immigrant and refugee women, women living in rural and remote locations, LGBTTS victims, women with disabilities, women living in poverty or involved in the sex trade, and young girls may face additional barriers, including racism, stigma, and discrimination, that further limit their access to services and compromise their safety and health.

Violence against women has been linked to mental health and substance use disorders, numerous physical health problems, and social problems such as poverty and homelessness (Campbell, 2002; Cory, Abi-Jouade, & Godard, 2011). The relationship between violence and trauma, mental health issues, and substance use problems is complex, with mental health and substance use both resulting from experiences of violence and placing women at increased risk for violence (Poole & Urquhart, 2009). The effects of these interconnected problems may be particularly pronounced for women and girls who are considered to be vulnerable as a result of their social location and circumstances. For example, experiences of abuse and trauma in the lives of Aboriginal girls and women may be compounded by the intergenerational effects of trauma from the legacy of residential schools, which have been associated with high levels of family disintegration, violence, and suicide in Aboriginal communities (Wesley-Esquimaux & Smolewski, 2004). Violence against women is also closely linked to women's economic security, and poverty and homelessness may both result from violence and increase women's vulnerability to violence, both in relationships and on the streets (Gurr, Pajot, Nobbs, Mailloux, & Archambault, 2008). Financial dependence on an abuser can be a significant factor in a woman's decision not to leave a violent relationship, particularly if she has children and no means to support herself after leaving (Tutty et al., 2009).

The impact of intimate partner violence is not limited to women. There is strong evidence to suggest that children who witness or are exposed to domestic violence are at increased risk for various social and behavioural problems in adolescence and adulthood, including substance use, mental health problems, risky sexual behaviour, and violence (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Children may be 'used' by abusive parents to gain control over their partners (Cunningham & Baker, 2007). If they also experience child abuse, they may be at greater risk of ending up in the criminal justice and child welfare systems (Turpel-Lafond & Kendall, 2009).

6. The Economic Costs of Domestic Violence

Domestic violence is associated with significant health and social costs, but is also associated with considerable economic costs and the depreciation of human and social capital. Researchers have been estimating the economic costs of domestic violence since the late 1980s – an important exercise, particularly in an era of evidence-based policy (Chan & Cho, 2010; Yodanis, Godenzi, & Stanko, 2000). Costing produces critical information that can assist policy makers in determining how best to allocate resources, identify opportunities for cost savings, and justify spending on violence prevention and intervention efforts (Bowlus, McKenna, Day, & Wright, 2003; Butchart, Brown, Khanh-Huynh, Corso, Florquin, & Muggah, 2008; Cho & Chan, 2010). It can also help draw attention to, and raise public awareness about, the problem of domestic violence (Bowlus et al., 2003).

A number of studies have estimated the costs of violence against women, including intimate partner violence and sexual assault. In 1995, a Canadian study of sexual assault, intimate partner violence against women, and child sexual abuse estimated the annual economic cost of violence against women to be \$4,225,954,322, with the greatest costs associated with social services, followed by criminal justice, labour, and health (Ad Hoc F/P/T Working Group, 2003). Another Canadian study conducted the same year estimated the health-related costs of physical and sexual violence against women, including medical, dental, psychiatric, workplace, housing, and long-term impact costs, to be \$1,539,650,387 (Day, 1995). According to the author, this figure represents only the tip of the iceberg. A third study conducted in British Columbia in 1996 estimated the costs of physical and sexual assault, and homicide of women, to be approximately \$385,000,000, including costs associated with policing, corrections, criminal injury compensation, victim assistance programs, counseling for women, Aboriginal programs, mental health care, alcohol and drug treatment, income assistance, transition houses, sexual and women assault centres, women's loss of work time, children who witness domestic violence, and treatment programs for assaultive men (Kerr & McLean, 1996).

Data from the 1999 GSS provide some indication of the direct costs of spousal violence, including time off from daily activities, medical services, social services, and criminal justice services. The data highlighted some important gender differences as well, with women more likely to take time off from daily activities (33% vs. 10% of male victims), seek medical attention (15% vs. 3% of male victims), require hospitalization (11% vs. 2% of male victims), access social services (48% vs. 17% of male victims), and report incidents to the police (37% vs. 15% of male victims) (Ad Hoc F/P/T Working Group, 2003). The Women's Health

Effects Study (Varcoe et al., in press) estimated the annual costs of intimate partner violence among women who had left their abusers to be \$13,162.39 per woman, with significant public and private costs incurred following separation, for an estimated \$6.9 billion annually in expenditures for adult women who have left their abusers in Canada.

Estimates of the costs of violence vary widely, depending on the costs included in the analysis, how costs are categorized, the sources of data used, how costs are measured, and the timeframe examined (Brauer & Dunne, 2010; Chan & Cho, 2010). Researchers engaged in costing studies of violence are faced with a number of difficult decisions, as well as significant challenges associated with the availability and consistency of data (Greaves, Hankivsky, & Kingston-Riechers, 1995). A number of costing models have been developed to estimate the costs of violence. The accounting model used by Day, McKenna and Bowlus (2005) includes justice, health, social services, education, employment, household/personal, and intangible costs. Chan and Cho (2010), based on a review of the domestic violence costing literature, have proposed an integrated cross-categorization framework, which includes direct and indirect, tangible and non-tangible, and short- and long-term costs to individuals, governments, and third parties as a consequence of or response to domestic violence. The cost categories included in the framework are those associated with medical care, mental health care, property damage and loss, productivity losses, loss of consumption efficiency, government transfers, use of services, pain and suffering, and lost quality of life. Another costing model includes an estimate of the public's 'willingness-to-pay' (WTP) to prevent or reduce the risk of crime (DeLisi, Kosloski, Sween, Hachmeister, Moore, & Drury, 2010). Given the limitations of the WTP approach for estimating the suffering associated with violence among children and youth, the World Health Organization supports a human capital approach in its manual for estimating the costs of interpersonal and self-directed violence (Butchart et al., 2008).

Another innovative approach to costing crime has been adopted by GPIAtlantic,⁶ an organization that has been working towards the development of a sophisticated tool to measure sustainability, well-being, and quality of life. This innovative measure is known as the Genuine Progress Index (GPI) and accounts for activities not typically 'counted' in more traditional measures of economic growth, such as the Gross Domestic Product (GDP).⁷ The six categories are living standards, population health, time use, community vitality, educational attainment, and environmental quality, and activities in each category are valued according to their benefits and harms. Crime costs, for example, are considered in terms of economic loss rather than economic gain, so whereas crime traditionally increases

⁶ www.gpiatlantic.org

⁷ See also the published works of Dr. Marilyn Waring (1988, 1999), feminist economist, Professor of Public Policy at the Institute of Public Policy at the Auckland University of Technology, New Zealand, and advocate of alternative measures of economic wealth.

in the GDP, it would decrease the GPI. For example, estimates of the costs of crime in Nova Scotia in 1997 were considerably higher when using a comprehensive measure (\$1,178,800,000) than when relying on more conservative measures (\$553,600,000) that capture only criminal justice costs, private expenditures on crime prevention/detection, and victim losses (Dodds & Colman, 1999).

7. Defining Violence Prevention and Reduction

Violence prevention strategies are categorized as primary, secondary, and tertiary, each targeting different populations with varying levels of exposure to domestic violence. Prevention strategies range from broad-based initiatives that target the general public to specific interventions with victims and perpetrators. Importantly, prevention and intervention efforts are interdependent and mutually reinforcing.

Primary prevention strategies, or *universal interventions*, are directed at the population as a whole with the aim of preventing violence from occurring in the first place (Wolfe & Jaffe, 1999; WHO, 2002). Primary violence prevention strategies include school-based initiatives that promote healthy relationships, conflict resolution skills, and alternatives to violence among children and youth, and include *The Fourth 'R'*,⁸ *Respectful Relationships (R+R)*, and *Violence Is Preventable* projects. Media campaigns, such as the *White Ribbon Campaign*, designed to raise public awareness and reduce the incidence of domestic violence are also common.

Secondary prevention strategies, or *selective interventions*, target individuals who are at risk of being perpetrators or victims of violence in order to reduce the frequency and severity of violent acts (Wolfe & Jaffe, 1999). Secondary violence prevention strategies focus on community-based early intervention for at-risk populations or individuals who may be exposed to violence. An example of a secondary violence prevention program is the *Youth Relationships Project (YRP)* in Ontario, which targets youth aged 14–16 who have been exposed to domestic violence and are at risk of becoming victims or perpetrators of domestic violence. Domestic violence screening for women in emergency departments also represents a secondary prevention strategy aimed at early identification and intervention.

Tertiary prevention strategies, or *indicated interventions*, are aimed at individuals who are already perpetrating or otherwise experiencing violence, in order to manage violent behaviour and prevent further violence from occurring (Wolfe & Jaffe, 1999). Tertiary violence prevention may involve punishment and/or treatment for perpetrators of violence, as well as treatment and support for victims of violence. Although tertiary strategies are the most common approach to violence prevention, they have also been shown to be the most

⁸ www.youthrelationships.org

costly and the least effective (Wolfe & Jaffe, 1999). Tertiary prevention strategies often target individuals who are engaged with social services systems, particularly the criminal justice system. Examples of tertiary prevention initiatives include specialized domestic violence courts, family violence prevention programs for sentenced men, and victim services.

8. Domestic Violence Prevention and Reduction in BC

Domestic violence against women continues to be a significant social problem in Canada, and a major criminal justice and public health issue. Its place on the political agenda, however, has fluctuated over time, at both the provincial and federal levels.

The Erosion of Women's Equality in BC

The BC Liberals were elected to government in May 2001, replacing the New Democratic Party after a decade of power. Once in power, the Liberal government made significant cuts to social programs and women's centres, as well as changes to social policies affecting the response to violence against women (Morrow, Hankivsky & Varcoe, 2004). Massive cuts to criminal and family law, legal aid, health services, and social assistance and social programs have affected women who experience violence in various ways and limited their access to justice, affordable housing, economic independence, and freedom from violence (Morrow et al., 2004; Research Advisory on the Provincial Cuts and Violence Against Women, 2002). But the change in government also saw the erosion of women's equality and a move away from an equality and human rights perspective, with the elimination of the Ministry of Women's Equality and the Women's Health Bureau in 2002, and the Minister's Advisory Council on Women's Health, which connected the government to women's health policies and practices in communities throughout the province. The province currently lacks leadership on women's equality issues as well as financial resources.

According to key informants, the problem of violence against women in BC has since been taken up as an individual rather than a social problem, with much greater emphasis on intervention, reduction, and the mitigation of risk than on primary prevention. This shift has meant a more individualized focus that forces women to take responsibility for their own safety, rather than a social/structural analysis of the problem of violence against women that points to gaps in legislation and policy that undermine women's safety and sustain domestic violence against women.

8.1 Legislation and Policy

British Columbia is one of only a few Canadian provinces without specific domestic or family violence legislation.⁹ However, a number of provincial laws have relevance for domestic violence victims. The Family Relations Act (FRA, 1996) governs family justice issues such as child custody, access, and guardianship, the division of property, and spousal and child support. It neither includes a definition of family violence nor requires judges to consider family violence issues in their decisions. A review of the FRA was announced in 2006, involving a three-phase consultation process, which began in 2007 but has been slow. A number of documents were prepared for the review, including a family violence discussion paper (Ministry of Attorney General, 2007), which was prepared to solicit feedback from stakeholders. Reports of the consultation process include two reports of consultations carried out by the Social Planning and Research Council of BC (SPARC BC) (Reeves, 2008a, 2008b), a government report of public consultations (Ministry of Attorney General, 2009), and a white paper with policy recommendations and draft provisions for the proposed new family statute (Ministry of Attorney General, 2010).

The Victims of Crime Act (1996) outlines victims' rights, and the *Crime Victim Assistance Act* (2001) governs the Crime Victim Assistance Program, which is responsible for compensating crime victims, family members, and witnesses for certain eligible expenses incurred as the result of crime.¹⁰ Neither of these laws is specific to victims of domestic violence but they apply equally to victims of power-based crimes. *The Family Maintenance Enforcement Act* (1996) outlines procedures for the enforcement of spousal and child support orders, which is the work of the BC Family Maintenance Enforcement Program.

Public policy refers to the actions taken by government in response to social problems and, in the area of violence against women, how these actions contribute to the reduction of intimate partner and sexual violence against women (Dye, 2005). The BC government developed its first Wife Assault policy in 1986, a policy which was revised in 1993 and renamed the *Violence Against Women in Relationships* (VAWIR) policy, and which has been updated several times since (1996, 2000, 2004, 2010) to reflect changes to federal and provincial legislation, and operational policies. The intent of the VAWIR policy is to guide a multi-agency, coordinated, and effective response to domestic violence (particularly cases

⁹ Specific domestic or family violence legislation has been enacted in Alberta (2000), Saskatchewan (1994), Manitoba (1998), Ontario (2000), Nova Scotia (2001), Prince Edward Island (1988), Newfoundland (2005), Nunavut (2006), the Northwest Territories (2003), and the Yukon (2002).

¹⁰ Eligible expenses include costs associated with medical services, counselling, protective services, and damaged. Applications are accepted for one year following the date of the crime, with some exceptions, including victims of sexual offences for which there is no time limit.

assessed as highest risk), minimize violence risk, enhance victim safety, and improve offender management.

The Ministry of Public Safety and Solicitor General's (2007) *Referral Policy for Victims of Power-Based Crimes: Family Violence, Sexual Assault, and Criminal Harassment*, directs police and police-based victim services workers to refer victims/survivors of power-based crimes to community-based victim services in a timely manner in order to enhance victim safety and increase victim cooperation with the criminal justice system. The *Crown Counsel Policy Manual* (Ministry of Attorney General, 2011) also includes a spousal violence policy (SPO-1) which describes the dynamics of abusive relationships and directs Crown Counsel to consider these dynamics when laying charges, determining bail conditions, assessing risk (using the B-SAFER Risk Assessment Tool), engaging with victims, considering alternative measures, and making recommendations to the court. The amendments to this policy in 2003 were critiqued harshly by community organizations who accused the Attorney General of "effectively dismantling [the] province's 20-year-old pro-charge policy in domestic violence cases" (Community Coordination for Women's Safety, 2003, para. 2).

Tragedy Opens a Policy Window

The most recent wave of government action on the issue of domestic violence in British Columbia was prompted by recommendations from two investigations into a tragic incident of domestic homicide, which took place in Oak Bay on September 4, 2007 when Peter Lee killed his wife (Sunny Park), her parents, and their son (Christian Lee) before taking his own life

The BC Coroner conducted an inquest into the Oak Bay deaths and granted the BC Association of Specialized Victim Assistance and Counselling Programs (now the Ending Violence Association of BC) permission to participate in the Lee Inquest. This was the first time a provincial victim-serving agency was involved in a Coroner's Inquest in the province. The anti-violence organization, whose involvement was made possible with funding from the Law Foundation of British Columbia, made 46 recommendations to the jury, including a recommendation for increased funding to community-based programs for victims of domestic violence.

The Office of the BC Representative for Children and Youth (RCY) later conducted an investigation into the death of Christian Lee, which sought to determine if the criminal justice, family justice, and child welfare systems contributed to his death; whether his death was predictable and preventable; and what improvements could be made to service, practice, and policy to avoid future such deaths (Turpel-Lafond, 2009). At the outset, an important connection was made between the safety of women experiencing domestic violence and the safety of their children. The report made recommendations to the Ministry of Children and Family Development (MCFD) to enhance legislation, policies, standards, and

training and advocated for the establishment of domestic violence courts in BC and the strengthening of services to immigrant women experiencing domestic violence. The report also included, as an appendix, MCFD's internal file review of the case, which was conducted in February 2008 but had not been released to the public.

A verdict was reached in the Lee Inquest shortly after the release of the RCY's report. The jury's recommendations to the Ministry of Public Safety and Solicitor General, Ministry of Attorney General, MCFD, and Ministry of Education focused on coordination, cooperation, and information-sharing across jurisdictions and among stakeholders; training on standardized risk assessment tools used to inform bail decisions; and education programs for the public and school-based children and youth (BC Coroners Service, 2009).

Recommendations from both the BC RCY's report and the BC Coroner's Inquest prompted the provincial government to take action on the issue of domestic violence and make it a policy priority. The province's *Domestic Violence Action Plan*, launched January 18, 2010, was carried out swiftly and completed December 6, 2010. Key informants argued that the province implemented the action plan quickly, did not consult sufficiently with community partners such as Aboriginal groups and women's organizations, and did not adequately address the recommendations of the BC RCY and Chief Coroner following their investigations into the Lee/Park case.

BC's Domestic Violence Action Plan

British Columbia is one of several Canadian provinces and territories with a provincial domestic violence policy or action plan.¹¹ Ontario has taken the lead in this respect, with the development of a *Domestic Violence Action Plan* (Ministry of Citizenship and Immigration, 2005) and *Sexual Violence Action Plan* (Ministry of Citizenship and Immigration, 2011). Ontario has also been working closely with Aboriginal organizations, through a Joint Working Group on Violence Against Aboriginal Women, to improve the safety of Aboriginal women, based on the *Strategic Framework to End Violence Against Aboriginal Women* (Ontario Native Women's Association & Ontario Federation of Indian Friendship Centres, 2007).

BC's *Domestic Violence Action Plan*, a short-term initiative that included limited input from the anti-violence sector, included an additional \$250,000 for training of criminal justice personnel and other service providers and funding for victim serving agencies. The province's plan focuses on reforming legislation and policy and improving the response to domestic violence in the criminal justice system, with particular emphasis on police services, the courts, and correctional services, and in the children welfare system to protect children who are exposed to domestic violence. Much less emphasis has been placed on community-based services for victims and primary prevention strategies.

¹¹ The others are Ontario, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland.

In 2007, community-based anti-violence organizations called for the establishment of a Domestic Violence Death Review Committee (DVDRC) in BC, building on existing models from Ontario and the United States.¹² In March 2010, a Domestic Violence Death Review Panel was convened at the Office of the Chief Coroner in BC, as part of the province's *Domestic Violence Action Plan*. The panel's membership consisted of representatives from provincial ministries responsible for public safety, child welfare, and corrections; Crown Counsel; the RCMP and municipal police departments; the BC Coroners Service; the office of the BC Representative for Children and Youth; victim services; the anti-violence sector; and the academe. The panel examined the facts and circumstances of 11 cases of domestic violence, committed between 1995 and 2010, and resulting in 29 deaths, to make recommendations for the prevention of other domestic violence-related deaths. These cases represented only a small proportion of the over 100 domestic violence-related deaths in the province during that period, leaving many domestic violence-related deaths unexamined. In May 2010, the panel published its findings and recommendations in a report to the Chief Coroner of British Columbia, including a recommendation that other death review panels be convened to examine the specific circumstances related to deaths in other areas of concern, such as domestic homicides involving Aboriginal and immigrant women (BC Coroners Service, 2010). Unlike the province of Ontario, which has had a Domestic Violence Death Review Committee in place since 2003 to review deaths involving domestic violence, BC has not implemented a standing domestic violence death review panel. The Chief Coroner, to whom the panel made recommendations, resigned in December 2010 and no further domestic violence death review panels have been convened.

The VAWIR policy was updated in December 2010, following a brief consultation period (June 30–July 21, 2010), during which time a draft of the policy and consultation questions were made available to stakeholders. The most recent update of the policy involved collaboration with MFCD and includes, for the first time, directions for child protection workers involved in cases where children have been exposed to domestic violence, as well as a protocol for the highest risk cases that emphasizes a coordinated and collaborative response (Ministry of Public Safety and Solicitor General, Ministry of Attorney General, & Ministry of Children and Family Development, 2010). However, it has been criticized for its limited implementation plan, irrelevance to Aboriginal women's experience, and lack of evaluation strategy.

¹² Canada's first DVDRC was established in Ontario in 2003; DVDRCs have now been established or considered in New Brunswick, Manitoba, and Alberta.

8.2 Specialized Training and Education

Training of service providers across systems makes up one component of BC's *Domestic Violence Action Plan* and is a critical component of an effective justice response to domestic violence against women. Researchers and women's advocates with specialized knowledge and expertise in domestic violence issues have long been involved in the development and delivery of training programs and best practices documents for front-line service providers and first responders who deal with domestic violence victims and perpetrators on a regular basis. The JIBC, a leading safety and justice education and training institution in New Westminster, delivers programs and courses to a wide range of first responders in the areas of public safety and security (e.g., policing, corrections), community and social justice (e.g., conflict resolution, counseling), and health sciences (e.g., paramedics, nurses).

8.2.1 Training for Criminal Justice Professionals

Specialized training on the dynamics of violence against women in relationships is a critical component of an effective response to domestic violence victims, from the training of dedicated police officers to specialized prosecutors, judges, and courts (Critical Components Project Team, 2008).

Dedicated police units, and officers with specialized domestic violence training, have been found to be successful in obtaining convictions and keeping women victims engaged in the criminal justice process (Critical Components Project Team, 2008). The Vancouver Police Department has a Domestic Violence and Criminal Harassment Unit with three Domestic Violence Response Teams (DVRTs), which pair police investigators with community counselors who have experience with domestic violence victims. DVRTs respond quickly to domestic violence cases and proactively intervene in high-risk cases. The Domestic Violence Unit established in the Capital Region, in the wake of the Oak Bay deaths, involves dedicated police officers, victim services workers, and a child protection worker, all of whom are co-located in the unit to facilitate collaboration and information-sharing. Similar policing models are in place in New Westminster and Abbotsford, but have been recommended for all departments and detachments in the province.

The recently revised VAWIR policy includes, as an appendix, the revised *Police Release Guidelines: Police Release on a Promise to Appear with an Undertaking in Violence Against Women in Relationships Cases* (Ministry of Public Safety and Solicitor General, 2010c). These guidelines support standardized risk assessment procedures and the provision of information to victims to enhance victim safety. The 2005 guidelines were accompanied by a training guide, entitled *Police Release on a Promise to Appear with an Undertaking in Violence Against Women in Relationships Cases: A Police Training Guide* (Police Release

Working Group, 2005). Training for police now includes an online course called *Evidence-based, Risk-focused Domestic Violence Investigations*, developed by the BC Ministry of Public Safety and Solicitor General in collaboration with a wide variety of police and non-police subject matter experts.¹³ A second course in this series called *Assessing Risk and Safety Planning in Domestic Violence Investigations* will be released in 2013. Advanced risk assessment training for police is also available with the *Risk for Intimate Partner Violence: Threat Assessment and Management Using the B-SAFER* (expected in fall 2010). The Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER; Kropp, Hart, & Belfrage, 2005) is a screening tool for use by criminal justice professionals in spousal violence situations. This instrument complements the Spousal Assault Risk Assessment Guide (SARA; Kropp, Hart, Webster, & Eaves, 1999), a similar, but more comprehensive risk assessment tool developed by researchers at the BC Institute Against Family Violence, which was closed in 2009 after its funding was cut.

Specialized domestic violence courts, which have emerged throughout the United States and Canada, promote treatment and accountability for perpetrators and provide appropriate support to victims. These problem-solving courts are founded on principles of therapeutic jurisprudence and operate similarly to specialized drug courts, mental health courts, and community courts.¹⁴ In 1990 Manitoba was the first Canadian province to establish a domestic violence court and specialized domestic violence court processes have since been introduced in a number of jurisdictions including Alberta, Saskatchewan, Ontario, New Brunswick, Newfoundland and Labrador, and the Yukon (Public Health Agency of Canada, 2009). Despite recommendations from the RCY to implement a domestic violence court in BC, the provincial government has opted to enhance specialized knowledge and expertise of domestic violence issues within the current legal system.

Successful domestic violence courts and court processes ensure the expeditious handling of cases by specially trained justice personnel, a coordinated response with meaningful sanctions and treatment options for offenders, and information and support for victims (Coombe, 2005). This model has been implemented in a few ad hoc domestic violence courts throughout the province. For example, Judge Josiah Woods' domestic violence project in Duncan, which is currently being evaluated, ensures a more coordinated response to domestic violence cases. The New Westminster Domestic Violence Response Team relies on Crown Counsel with expertise in domestic violence and involves close collaboration with victim services agencies. Finally, data from the Langley Domestic Violence Pilot Project, which ran from December 2008 to August 2009, showed an 80% reduction in victim recantation, 38% reduction in stays of proceedings, and 43% increase in guilty pleas and/or convictions, compared to a 6-year average (Coupal & Konarski, 2010). These examples

¹³ http://www.cpkn.ca/sites/default/files/bc_dvi_cts_0.pdf

¹⁴ Vancouver's Downtown Community Court, the first of its kind in Canada, opened in 2008.

suggest that, even in the absence of a provincial domestic violence court, the critical components of effective domestic violence courts can be successfully implemented in the regular court system.

8.2.2 Training for Child Protection Workers

Child protection workers play an important role in the safety of children exposed to domestic violence. In 2000, the Ministry of Children and Family Development (MCFD) worked with the anti-violence sector to develop a best practices resource to assist child protection workers in responding to cases involving domestic violence, which was published in 2004. This document, *Best Practice Approaches: Child Protection and Violence Against Women* was recently updated (MCFD, 2010) to incorporate the provincial VAWIR policy, but remains weak in its response to child protection and violence against women in Aboriginal communities. Its strengths, in guiding child protection workers' efforts to prevent further violence and keep children safe, include the recognition that children's safety is intricately linked to the safety of their mothers or non-abusive caregivers, a point that was emphasized by the BC RCY in her report on the investigation into the death of Christian Lee (Turpel-Lafond, 2009). The document has a complementary training curriculum for child protection workers, prepared by community-based anti-violence advocates (Cory, n.d.), which is now informing the development of an online training course in best practices for MCFD practitioners, including social workers and mental health workers. Executive Directors of Practice have identified regional MCFD leaders, who have attended training and have been asked to take on the role of training other Ministry staff and engaging with community partners in their regions.

8.2.3 Training for Health Care Providers

The Ministry of Health has committed to public health renewal in British Columbia, a process involving the development of a provincial Core Functions Framework (Ministry of Health Services, 2005a, 2005b) that includes 21 core programs, in 7 public health service areas, associated with 4 program categories. Prevention of violence, abuse, and neglect is identified as a core program in the injury prevention service area, which is found in the Prevention of Disease, Disability and Injury category. This framework takes the perspective that injuries resulting from violence and abuse can be prevented through health and mental health promotion strategies that address the root causes of violence and recognizes that intimate partner violence is a gendered issue affecting primarily women. *The Model Core Program Paper: Prevention of Violence, Abuse and Neglect* (Ministry of Healthy Living and Sport & BC Health Authorities, 2010) outlines the roles and responsibilities of health authorities and promotes primary and secondary prevention strategies, based on findings reported in *Evidence Review: Prevention of Violence, Abuse and Neglect* (Ministry of Health

Living and Sport, 2010). These strategies include education and training for health care professionals to help them recognize the signs of violence and abuse and to respond sensitively, respecting the diverse needs of victims from vulnerable population groups. BC health authorities are currently conducting gap analyses to determine what is in place and what needs to be done.

Perspectives on domestic violence screening in health care settings are mixed. Some health care services have rejected the development of screening policies in favour of practices that assume women have experienced violence, because they recognize that policies are not always implemented in practice (Thurston & Eisener, 2006; Wiebe & Janssen, 2001). This has been the approach at BC Women's Hospital and Health Centre, where a domestic violence screening policy has not been adopted, but where trauma- or violence-informed approaches are emphasized (Poole & Urquhart, 2009). Other health care services have adopted specific domestic violence screening policies. For example, the British Columbia Reproductive Care Program's (2003) Obstetric Guideline 13, *Intimate Partner Violence during the Perinatal Period*, provides information about the dynamics of abuse and role of health care providers. Vancouver Coastal Health also has a *Domestic Violence Routine Screening Policy for Patients* (2008), which includes direct verbal questions about experiences of relationship abuse to be asked by health care providers who have training on the dynamics of domestic violence and victim safety. A report on the prevention and treatment of violence against women in health care found a lack of evidence on screening effectiveness (MacMillan & Wathen, 2001). Despite mixed evidence, the U.S. Department of Health and Human Services recently announced guidelines for health coverage that will improve access to domestic violence screening for women and girls, in what has been considered a 'historic victory' in domestic violence prevention. The Ministry of Health has established a working group to examine the evidence on the benefits and harms of domestic violence screening and available screening instruments. This review will be important to determine if universal screening is useful and cost effective and what interventions (e.g., safety planning) should be offered to victims.

Findings from research suggest that although screening may provide an important opportunity for early identification and referral to services, it may not actually prevent, or reduce their risk of, violence (Ramsay, Richardson, Carter, Davidson, & Feder, 2002). However, having domestic violence services on site in primary health care settings may improve outcomes for women who do disclose. For example, in 1995, Vancouver General Hospital established a domestic violence outpatient clinic, which was staffed by a 24-hour social worker, and served men and women in heterosexual and same-sex relationships. This was considered to be a good model because it was located in a health care facility, which facilitated access for victims who may not access other anti-violence services. However, funding for the program was cut in 2010.

Anti-violence researchers and advocates have also been involved in developing curricula for health care professionals that draw connections between violence against women and women's health. One resource, *Women-centred Care: A Curriculum for Health Care Providers* (Cory, 2007), emphasizes the importance of gender, and the role of violence, in women's health. *The SHE Framework: Safety and Health Enhancement for Women Experiencing Abuse* (Cory & Dechief, 2007) advances a health care model for responding to violence that challenges health care providers and planners to identify policies and practices within their systems of care that compound harms for women experiencing abuse. An associated toolkit offers promising practices to improve health care and enhance women's safety. These resources build on earlier best practices guides, including *Moving Towards Change: Strengthening the Response of British Columbia's Health Care System to Violence Against Women* (Minister's Advisory Council on Women's Health, 1999) and *Violence Against Women: Improving the Health Care Response* (Morrow, 2000). *Interventions for Children Exposed to Domestic Violence: A Guide for Professionals* (Penfold, 2005b) is another resource for health care professionals providing services to abused women who have children. The guide was written as part of a series addressing the situation of children exposed to domestic violence and can be used by professionals in a range of health and social services.

The Building Bridges initiative, launched by the Woman Abuse Response Program at BC Women's Hospital and Health Centre in 2006, encourages dialogue across mental health, addictions, and anti-violence sectors. The project involved consultations with 460 service providers in 82 communities and focus groups with women throughout the province who have intersecting experiences of mental ill health, substance use, and violence. A draft curriculum was developed and delivered to 7 sets of co-facilitators (one mental health worker and one anti-violence worker) in a 3-day training session to support the delivery of 12-week low-barrier women's groups in their communities. Other resources for front-line service providers working with women who have mental health, substance use, and violence issues have been prepared by various women-serving agencies. One such initiative is the *Reducing Barriers to Support for Women who Experience Violence* project from the BC Society of Transition Houses (2011a, 2011b; Haskell, 2010). The toolkit was piloted and externally evaluated in multiple sites across BC, with best practices integrating recommendations from over 100 women with lived experience. In-person and online training for front-line workers will be launched in Fall 2011. Another manual, *Freedom from Violence: Tools for Working with Trauma, Mental Health and Substance Use* (Parkes et al., 2007), developed by the Ending Violence Association of BC, has also been used to train anti-violence workers throughout the province. EVA BC also produced a Peer Anti-Violence

Education workbook and videos and for its You Are Not Alone¹⁵ project, which emphasized the connections between violence against women, substance use, and mental health. The BC Centre of Excellence for Women's Health has also done work in this area, through its *Trauma-Informed Approaches in Addictions Treatment, Gendering the National Framework Series* (Poole & Urquhart, 2009).

Domestic violence training for health care professionals must be ongoing, beginning in post-secondary institutions with nursing, social work, and medical students. The University of British Columbia (UBC) has integrated information on intimate partner violence, elder abuse, child abuse, and international violence into its 'Doctor, Patient, and Society' course for second-year medical students, though domestic violence has not been embedded into nursing and social work education. Vancouver Community College trains dental hygienists and assistants to recognize the signs of abuse and understand their role in assisting victims.

8.2.4 Training for Anti-Violence and Victim Services Workers

Anti-violence and victim services workers are a critical resource for women experiencing domestic violence, supporting victims as they come into contact with various service systems, and working directly with women to improve their safety. Specialized training is necessary in order to effectively support women experiencing domestic violence, identify high-risk cases, and coordinate with other services to protect women and their children. Until 2008, the Ministry of Public Safety and Solicitor General set aside funding for specialized training for police-based and community-based anti-violence and victim services workers. However, funding for core training of anti-violence workers in the province has been cut significantly in the province, affecting programs such as Stopping the Violence (STV) counselling and outreach programs that support women experiencing violence, and Children Who Witness Abuse (CWWA) programs. While best practices documents, such as the Ending Violence Association of BC's *Best Practices Manual for Stopping the Violence Counselling Programs in British Columbia* (McEvoy & Ziegler, 2006), are available to STV counselors in anti-violence agencies throughout the province, the lack of funding for core training undermines the work of community-based anti-violence and victim services workers, which ultimately weakens the systems of support in place to enhance women's safety, particularly because many victims never come into contact with the criminal justice and/or health care systems. It is thus critical to provide sustained funding for the training of anti-violence workers.

In 2011, the JIBC and the Alberta Ministry of the Solicitor General and Public Security launched an online training program for victim services advocates, leading to the *Alberta Victim Advocate Core Training Certificate*. The online program offers initial certification as

¹⁵ <http://www.endingviolence.org/node/850>

well as refresher training for frontline victim services workers and is the first of its kind in Canada. The program was piloted in late 2010, and launched in February 2011, attracting over 400 students.

8.2.5 Strengthening the Community Response

Friends, families, neighbours, coworkers, and communities play an important role in the prevention of domestic violence, as well as in early detection and intervention. However, for communities to contribute to prevention and intervention efforts, they must be well informed about the early warning signs of abuse, how to approach victims and abusers, and what services are available in their communities. The provincial government recently released a document, *Domestic Violence Response: A Community Framework for Maximizing Women's Safety* (Ministry of Public Safety and Solicitor General, 2010b), to support local efforts to respond to domestic violence. This framework calls on the justice system, health care system, child protection workers, social services workers, immigrant settlement workers, victim services workers, and the education system to improve local coordinated responses, develop strategies to prevent and reduce domestic violence, and enhance women's safety.

The *Community Guide for Preventing Violence Against Women* (Ministry of Community Services, 2006) is another valuable resource, based on initiatives in more than 50 violence prevention organizations throughout BC and discussions at the 2006 Community Action for Women's Safety Symposium in Vancouver. This guide identifies best practices for the prevention of violence against women, which include: (1) strengthening community-based services for women victims, (2) educating the public through broad-based and targeted public awareness campaigns and programs, (3) promoting women's economic security to reduce women's financial dependence on their abusers, (4) providing support for First Nations and Aboriginal women in rural, remote, and urban settings, and (5) working with the health care system, including cross-training in the health and anti-violence sectors. Coordinated responses to violence against women are critical, as articulated in *Step by Step: Tools for Developing a Coordinated Response to Violence Against Women* produced by the Community Coordination for Women's Safety (Ending Violence Association of British Columbia, 2011).

The Ontario government's *Domestic Violence Action Plan for Ontario* (Ministry of Citizenship and Immigration, 2005) placed equal emphasis on training for front-line service providers in the health, education, justice, and social service sectors, and educating the general public. In 2007, the province launched its *Neighbours, Friends and Families*¹⁶ public education campaign, with funding from the Ontario Women's Directorate. The campaign's key message is that "everyone has a role to play in preventing woman abuse in our communities," and it

¹⁶ www.neighboursfriendsandfamilies.ca

provides individuals with the tools and resources needed to identify the signs of abuse and higher risk and to approach victims and perpetrators. The website also offers information about safety planning for women who continue to live with, are in the process of leaving, or have already left an abusive partner. All materials are available free of charge, in English and French, and the site includes an Aboriginal campaign providing culturally appropriate information and services. A media campaign launched in India in 2008, *The Bell Bajao! (Ring the Bell!)*,¹⁷ has been recognized internationally for encouraging men and boys to recognize the signs of domestic violence and intervene to stop the violence in their communities.

British Columbia has not had a broad-based domestic violence awareness campaign in the past decade, particularly one that reaches Aboriginal populations. One exception, the *We Can End All Violence Against Women – BC Campaign*,¹⁸ is part of an international campaign that promotes human rights and gender equality in an effort to end gender-based violence. A number of local efforts have also been launched to raise awareness about violence against women. *Spot the Signs*¹⁹ is a local advocacy initiative that provides information about domestic violence and homicide, and includes brochures adapted from the *Ontario Neighbours, Friends and Families campaign*. This initiative contributes to the prevention of domestic homicide by informing the public and professionals alike about the signs of abuse and risk factors for lethality, so that individuals know what questions to ask, and how to approach perpetrators and support victims of domestic violence in their communities. Another resource, *Helping My Child: A Guide to Supporting Children Exposed to Domestic Violence* (Penfold, 2005a), provides information about the effects of violence on women and their children to support mothers who experience domestic violence in protecting themselves and their children and in getting help.

Various public awareness campaigns have also been launched by local and provincial non-profit organizations. For example, the BCSTH has launched a number of provincial public awareness campaigns for *Stop the Sexual Exploitation of Children and Youth Awareness Week*, *Prevention of Violence Against Women Week*, *BC Youth Week*, and *16 Days of Activism Against Gender Violence*. The YWCA Vancouver launched an online video campaign²⁰ in October 2010 to raise awareness about violence against women during its annual *Week Without Violence*. The Comox Valley Purple Ribbon Campaign also seeks to raise awareness about domestic violence in communities on Vancouver Island. EVA BC recently launched its 3-year *Be More Than a Bystander*²¹ initiative with the BC Lions Football

¹⁷ www.bellbajao.org

¹⁸ www.wecanbc.ca

¹⁹ www.spotthesigns.ca

²⁰ www.ywcavan.org/www

²¹ <http://www.endingviolence.org/node/1112>

Club, involving a broad-based public education program, school-based educational workshops, training for football coaches, and a film for youth that focus on violence against women and respectful relationships. At the national level, YWCA Canada has also coordinated the *Rose Campaign to End Violence Against Women*,²² an advocacy campaign to end violence against women and girls. These public awareness campaigns, while important, lack the financial support and commitment that would be required from the provincial government for more long-term, sustained efforts.

Some advocacy organizations have been looking to engage men in anti-violence efforts and make them a key part of the solution to the problem. One such initiative is the *Men Speak Up: Ending Violence Together* film,²³ produced by EVA BC and the Ending Relationship Abuse Society of BC (ERA) in 2008, which involved high-profile male leaders from BC speaking out about violence against women. Another initiative in BC is *The Violence Stops Here*²⁴ campaign, coordinated by Battered Women's Support Services (BWSS), which urges men to take an active role in ending violence against women and girls, through public awareness, education, and training initiatives that capitalize on social media. This work builds on the work of male anti-violence advocates such as Byron Hurt²⁵ (*Top 10 List of Excuses We Men Make to Justify Violence Against Women*), Jackson Katz²⁶ (*10 Things Men Can Do To Prevent Gender Violence*), Michael Kaufman,²⁷ Paul Kivel,²⁸ and local First Nations community activist Curtis Clearsky. An article prepared for the BWSS (Zielger, 2008) explores the notion of "gender alliances" and working together to end male violence against women. In 1991, men launched a *White Ribbon Campaign*²⁹ in Canada, part of an international effort to end violence against women, and developed an Education and Action Kit for educators to teach school-aged youth about gender equality, violence against women, and healthy relationships.

The Ending Violence Association of British Columbia (2010) offers workshops and training to increase awareness about the impacts of domestic violence on the workplace, improve the health and safety of employees, and assist employers in understanding the economic costs of domestic violence and their legal obligations. Some employers have developed domestic violence policies, but these are rare in BC. *Vancouver Coastal Health's Domestic Violence Policy for Employees* (2008) is one example of a policy that contributes to the development of a safe and healthy environment for workers in the health care system and increases awareness of domestic violence issues among employers and employees. A best practices

²² www.rosecampaign.ca

²³ <http://www.endingviolence.org/node/664>

²⁴ www.theviolencestopshere.ca

²⁵ www.bhurt.com

²⁶ www.jacksonkatz.com

²⁷ www.michaelkaufman.com

²⁸ www.paulkivel.com

²⁹ www.whiteribbon.ca

resource, *Elements of a Best Practice Violence Prevention Program for BC Healthcare* (Occupational Health and Safety Agency for Healthcare in BC, 2008) addresses policies and procedures related to domestic violence in the workplace. WorkSafeBC, whose mandate includes the prevention of workplace injury, is also currently in the process of developing a domestic violence toolkit for employers.

8.3 Services for Victims and Perpetrators

Victim services provide information and support to victims of crime, including information about the criminal justice system and processes, practical assistance in navigating the various systems involved, emotional support, and referrals to counseling and other services. The provincial government operates and funds a number of programs and services for victims of crime, including victims of domestic violence. These include provincial initiatives, such as province-wide telephone help lines, and police- and community-based victim services. In 2002, the province terminated its Crown Victim/Witness Program, a court-based service offering assistance to victims of crime.

8.3.1 Community-Based Victim Services

The Ending Violence Association of BC (EVA BC) and the BC Society of Transition Houses (BCSTH) are two umbrella organizations that, together, represent and support over 400 specialized, community-based programs and services for women and children experiencing domestic violence. More than 60 community-based programs and services in BC provide support, information, and referrals to victims of domestic and sexual violence; 90 Stopping the Violence Counselling Programs provide counseling to women who have experienced domestic violence; and 90 Children Who Witness Abuse (CWWA) Counselling Programs help domestic violence victims and their children disrupt the intergenerational cycle of violence. A further 50 outreach services programs offer counseling, referrals, and advocacy for women and children who are (or are at risk of) experiencing violence, as well as 12 multicultural outreach service programs offering these services in 24 languages. Older adults experiencing abuse can access services from the BC Centre for Elder Advocacy and Support or the Public Guardian and Trustee.

Responsibility for BC's Transition Housing Program was transferred in August 2009 from the Ministry of Housing and Social Development to BC Housing. BC Housing now operates more than 100 transition houses, safe homes, and second- and third-stage houses, which provide temporary and long-term accommodation to women and children fleeing domestic violence in communities throughout the province. The BCSTH, a provincial non-profit organization

that represents and supports transition houses in BC, maintains an online directory of transitional housing services located throughout the province,³⁰ The organization, in partnership with BC Housing, completed a review of transition housing services for women and children fleeing violence in BC, based on consultations with service providers, policy makers, funders, and women accessing transition housing services (BC Housing & BC Society of Transition Houses, 2010).

The Victim Services and Crime Prevention Division of the Ministry of Public Safety and Solicitor General publishes a *Directory of Victim Services in British Columbia*,³¹ which includes a comprehensive, though not a complete, list of police- and community-based services in 145 communities throughout the province. Community-based victim services include culturally-specific services for Aboriginals and immigrants (e.g., Aboriginal Wellness Program, DIVERSEcity, Multi-lingual Orientation Services Association for Immigrant Communities, Vancouver and Lower Mainland Multicultural Family Support Services Society); gender-specific services for women and men (e.g., Battered Women's Support Services, BC Society for Male Survivors of Sexual Abuse, Men's Trauma Centre, Vancouver Rape Relief & Women's Shelter, Women Against Violence Against Women); and age-appropriate services for youth and older adults (e.g., Broadway Youth Resource Centre, Elder Abuse Unit).

8.3.2 Government-Based Victim Services

Telephone Helplines. The government funds VictimLink BC,³² a toll-free telephone helpline, available 24 hours a day, 7 days a week, which provides confidential information and referral services to victims of crime throughout British Columbia and the Yukon in over 110 languages. The telephone line is staffed by trained workers who provide referrals to government and community-based services and resources, as well as information about federal and provincial legislation, the Canadian criminal justice system, crime prevention, and safety planning. The helpline also offers crisis support to victims of domestic and sexual violence. Yet, critics have noted that funding for this centralized crisis line service was accompanied by a reduction of funding for crisis lines operated by women's organizations with specialized knowledge and expertise on violence against women issues (Morrow et al., 2004). Other help lines that may provide information relevant to victims of crime and their families include HealthLink BC and the BC Bereavement Helpline. Telephone help lines are also available to support children and youth who are experiencing, or at risk of, violence. The Youth Against Violence Line is a confidential, multilingual service available 24 hours a day, 7 days a week, for youth who have safety concerns; Kids Help Phone offers free, confidential,

³⁰ http://www.bcsth.ca/sites/default/files/Compendium2011_0.pdf

³¹ <http://www.pssg.gov.bc.ca/victimservices/directory/docs/victim-service-directory.pdf>

³² www.victimlinkbc.ca

anonymous counseling services to children and adolescents; and BC's Helpline for Children provides access to social workers 24 hours a day, 7 days a week, for children who wish to report domestic violence they have witnessed or experienced.

Websites. The province launched a website³³ in September 2007 that serves as a central resource for information about domestic violence, and includes a directory of gender-specific and age-appropriate services, and a separate page devoted to dating violence among adolescents.³⁴ This may be a useful resource for victims and third parties who may be aware of or suspect violence in a relationship, but it may not be accessible to victims with limited English language skills and it does not provide culturally-relevant information for Aboriginal and/or immigrant victims. Furthermore, access to online resources may be closely controlled and monitored by abusers. A number of websites that provide information about domestic violence services, including this one, have buttons that allow users to quickly and safely exit the site with a single click. This site and the BCSTH website also include information about computer safety and steps victims can take to reduce digital traces of their online activities. Still, accessing online resources may put women at risk of violence.

Victim Safety. The province also operates a Victim Safety Unit (VSU), which runs a victim notification program for registered victims of crime, assists victims with safety planning and protection measures, and maintains an up-to-date Protection Order Registry that can be accessed by police.

8.3.3 Police-Based Victim Services

There are over 90 police-based victim services programs in RCMP detachments and municipal police departments throughout the province, which provide support, information, referrals, safety planning, and information about the criminal justice system.³⁵ These services may be the only option available to victims of domestic and sexual violence in jurisdictions where community-based victim service programs are unavailable. Victims must, however, have reported an incident of domestic or sexual violence to police in order to access police-based victim services.

8.3.4 Programs for Domestic Violence Perpetrators

Programs for domestic violence perpetrators are less common than programs and services for domestic violence victims in BC. The Corrections Branch of the Ministry of Public Safety

³³ www.domesticviolencebc.ca

³⁴ The teen page of the provincial domestic violence website is similar to the site developed by the Department of Justice Canada (<http://www.justice.gc.ca/eng/pi/fv-vf/fvy-vfj/help2-aide2.html>), which targets youth who may be at risk of, aware of, experiencing, or have witnessed family violence.

³⁵ www.policivictimservices.bc.ca/index.php

and Solicitor General offers rehabilitative core programming for men in provincial correctional facilities, including the *Respectful Relationships Program*. The group program is delivered to medium- and high-risk domestic violence offenders and consists of two parts: *Respectful Relationships*, which is a 10-session group program that teaches emotion and behaviour management skills to reduce violence, and *Relationship Violence*, which is a 17-session program for men who abuse their partners. As a whole, the program targets values and beliefs that support domestic violence, increases awareness of the impact of domestic violence on women and children, and teaches non-violent skills. The first part is delivered by corrections staff, whereas the second part is contracted to community-based service providers and offered in 45 communities throughout BC, including rural and remote communities where feasible (Ministry of Public Safety and Solicitor General, 2010a). An evaluation of the Relationship Violence Prevention Program has shown that completion of the program was associated with an up to 50% reduction in domestic violence recidivism over a two-year follow-up period (BC Ministry of Public Safety and Solicitor General, 2010a).

Community-based multicultural organizations, including MOSAIC, deliver the *Relationship Violence Prevention Program – Cultural Edition* to sentenced male domestic violence offenders on probation, with funding from the Ministry of Public Safety and Solicitor General. MOSAIC also offers the Men in Change Community Program, a short-term individual or group counseling program, funded by the Ministry of Children and Family Development. DIVERSEcity Community Resource Society also offers a Spousal Abuse Program for court-ordered South Asian men, which is delivered in Hindi and Punjabi, and funded by the Ministry of Public Safety and Solicitor General. Community-based domestic violence prevention programs that focus on early intervention for men who have assaulted their partners or are at risk of assaulting their partners, but have not come into contact with the criminal justice system are rare (Zielger, 2008). Some anger management groups for men who commit domestic violence are offered by services with membership in the Ending Relationship Abuse Society of British Columbia³⁶. There is a need for rigorous evaluation of treatment programs for perpetrators of domestic violence, to inform evidence-based policy and the allocation of resources, a need reflected in the recommendations of the Domestic Violence Death Review Panel (BC Coroners Service, 2010).

8.4 Violence Prevention Initiatives for Specific Populations

Victims of domestic violence have diverse needs, and the provincial VAWIR policy highlights the need for sensitivity and accommodation when dealing with victims who have special

³⁶ www.erabc.ca/bcprog.htm

needs based on age, sexual identity, disability, language, isolation, and cultural, religious, community, or family values (Ministry of Public Safety and Solicitor General, Ministry of Attorney General, & Ministry of Children and Family Development, 2010). Addressing the diverse needs of victims is important in provincial policy, but these needs are often best understood and addressed by organizations providing services that are tailored to meet the unique needs of specific victim populations. In March 2006, the Minister of Community Services announced \$1 million to fund domestic violence against women awareness and prevention projects in 52 non-profit organizations in BC. The National Crime Prevention Centre has also funded numerous local and provincial domestic violence prevention projects in the BC Region over the past decade.

8.4.1 Violence Against Aboriginal Women and Girls

Mainstream approaches to violence against women and girls do not necessarily reflect the experiences of Aboriginal people, and policy makers and service providers must recognize that the responses to problems among Aboriginal people will be most effective if they apply an Aboriginal lens and are community driven. The federal and provincial governments have made some recent efforts to prevent family violence in Aboriginal communities. In 2005, a Working Group on Aboriginal Family Violence was established at the national level. In 2007, funding was provided to First Nations to support family violence prevention programs and services for on-reserve communities. In 2008, the Truth and Reconciliation Commission of Canada³⁷ was established to learn and inform the public about the violence and abuse that took place in residential schools. A Parliamentary committee also held hearings across the country on the issue of violence against Aboriginal women, and produced an interim report entitled *Call into the Night: An Overview of Violence Against Aboriginal Women: Report of the Standing Committee on the Status of Women* (Standing Committee on the Status of Women, 2011).

Approximately 600 Aboriginal women have been reported missing and murdered in Canada, with more reports in BC than any other province (Native Women's Association of Canada, 2010). A Missing Women Commission of Inquiry³⁸ was established in 2010 to examine investigations of missing and murdered Aboriginal women in BC between 1997 and 2002, with the Commissioner's final report expected by December 31, 2011. Yet, Aboriginal women and girls continue to experience significant violence and few programs offer services specific to Aboriginal victims of violence. Aboriginal agencies have repeatedly called on governments to act to improve the circumstances of Aboriginal women and girls and reduce violence in Aboriginal communities, rather than producing additional reports on the subject.

³⁷ www.trc.ca

³⁸ www.missingwomeninquiry.ca

One such call was articulated in *Researched to Death: B.C. Aboriginal Women and Violence* which reviewed the recommendations of numerous reports on the subject of violence against Aboriginal women (Pacific Association of First Nations Women, BC Women's Hospital and Health Centre, & BC Association of Specialized Victim Assistance and Counselling Programs, 2005). The Government of Ontario's commitment to working with Aboriginal organizations to enhance the safety of Aboriginal women and girls could serve as a model for BC.

Efforts to prevent violence against Aboriginal women and girls and to recognize the failure of governments and service providers to adequately protect Aboriginal women and girls are important steps towards healing the intergenerational impacts of violence, trauma, and racial discrimination. But there is an ongoing need to develop and enhance culturally-relevant community-based services for Aboriginal women who have experienced family violence (Byrne & Abbott, 2011). Aboriginal communities have also called on governments to make the prevention of family violence and violence against women policy priorities without diverting resources away from intervention and post-incident services which play a critical role in the prevention of continued domestic violence (Byrne & Abbott, 2011). In March 2011, the Community Coordination for Women's Safety (CCWS/EVA BC), in partnership with Northwest Community College, hosted a Regional Gathering in Terrace, BC, to enhance the coordination of services within Aboriginal communities in an effort to prevent and respond to violence against Aboriginal women.

Prevention of violence against Aboriginal women requires collaboration with Aboriginal communities, organizations, and women leaders. Education initiatives, such as school- and community-based programs, should seek to both promote traditional knowledge and values, and address attitudes that support racism and violence against Aboriginal people. Training of criminal justice personnel should also involve cultural sensitivity training and an understanding of the intersections of culture, substance use, sex trade work, and violence against women. Ideally, education programs related to violence against Aboriginal women should be developed and delivered by Aboriginal women themselves. These programs should not be limited to domestic violence but should also raise awareness about the missing and murdered Aboriginal women along Highway 16 (the "Highway of Tears") in Northern BC, between Prince Rupert and Prince George (Byrne & Abbott, 2011).

In 2003, a community forum, *Strategizing for Safer Communities for BC Aboriginal Women*, was held in Vancouver to discuss gaps and solutions to enhance the safety of Aboriginal women who experience violence and to support their healing. A summary of these discussions was published in *The 'Start of Something Powerful': Strategizing for Safer Communities for BC Aboriginal Women* (Pacific Association of First Nations Women, BC Women's Hospital and Health Centre, & BC Association of Specialized Victim Assistance and Counselling Programs, 2003).

In 2005, Justice for Girls, a non-profit organization that promotes social justice and works to prevent violence, poverty, and racism in the lives of girls, made a submission to the Attorney General of BC concerning the failure of the justice system to respond to violence against Aboriginal girls and the systemic racism experienced by Aboriginal girls when accessing victim services (MacDonald, 2005). The report advanced a number of recommendations, based on court observations, advocacy, and a review of academic literature and case law, which included a systemic review of the justice system's response to violence against Aboriginal girls in BC, increased funding for programs that offer advocacy and support services to Aboriginal victims of male violence, and cultural sensitivity training and education on violence against Aboriginal girls for all justice system personnel.

Advocacy for Aboriginal women and girls, and the prevention of violence against women and girls in Aboriginal communities, at the provincial level is supported by national initiatives such as the Native Women's Association of Canada's (NWAC) Sisters in Spirit³⁹, which seeks to raise awareness about the high rates of violence against Aboriginal women and girls in Canada, through research, education, and policy. Research findings from this initiative were recently published in the report *What Their Stories Tell Us: Research Findings from the Sisters in Spirit Initiative* (Native Women's Association of Canada, 2010). NWAC also offers professional development training for law enforcement officers in understanding violence against Aboriginal women. Local women's organizations can also improve services for Aboriginal women by "decolonizing practice" and adopting Indigenous perspectives (Cooper & Salomons, 2010).

8.4.2 Violence Against Immigrant, Refugee, and Non-Status Women

Anti-violence organizations have taken on a number of policy and practice issues specific to violence against immigrant, refugee, non-status women, and visible minority women in recent years. Many of these projects are being carried out by organizations that provide services to women victims of domestic violence and who have identified gaps in their own services and those of partner organizations.

The CCWS/EVA BC initiative completed an *Analysis of Policies Affecting Immigrant, Refugee and Visitor Women who Experience Violence: Report on Consultation* (2006), and a discussion paper on *Immigrant, Refugee and Non-Status Women and Violence Against Women in Relationships* (2007).

The Safety for Immigrant, Refugee, and Non-Status Women Project, which ended in March 2011, was a 3-year project carried out by EVA BC, MOSAIC, and the VLMFSS. The project was funded by the Law Foundation of BC and focused on policy gaps that impact upon the

³⁹ www.nwac.ca/programs/sisters-spirit

safety of immigrant, refugee, and non-status women who experience domestic violence. The project team produced eight provincial briefing notes and six federal briefing notes, based on their analysis of six key issues: (1) immigration policy and legislative reform, (2) provision and distribution of critical information, (3) access to interpreters and training of interpreters, (4) cultural sensitivity training, (5) coordinated response to the provision of services, and (6) access to services and justice. Briefing notes included immediate as well as medium- and long-term recommendations for criminal and family justice, child protection, health services, and the training of personnel across service sectors. The safety of immigrant, refugee, and non-status women remains a priority for the CCWS/EVA BC.

The Law Foundation of BC also funded other multi-year projects related to immigrant, refugee, and non-status women. One such program was the *Legal Education for the South Asian Community* project, which used television and radio to relay information about the justice system and violence against South Asian women, both in English and Punjabi. Another project involved a South Asian Legal Educator, who offered information and advocacy services to South Asian women and children experiencing violence. *The Violence Against Minority Women Project* addressed intimate partner violence against women in a series of television programs, delivered in eight languages. A legal education project was carried out by the North Shore Multicultural Society and other funded projects were carried out by YWCA Vancouver and Battered Women's Support Services (BWSS). The YWCA *Mothers without Legal Status* project examined gaps in immigration and family law and touched on the situation of non-status women whose children have been exposed to domestic violence. The project led to the publication of a research report (Burns, 2010) and a booklet for service providers (YWCA Vancouver, 2009).

Battered Women's Support Services (BWSS) in Vancouver has been working with settlement agencies to enhance the response to immigrant, refugee, and non-status women who experience violence through training. The organization has published a manual for settlement workers, *Empowering Non-Status, Refugee and Immigrant Women Who Experience Violence* (2009), which was launched a conference, held in March 2010 and co-sponsored by the FREDA Centre on Violence Against Women and Children at SFU, on engaging women immigrant women in the legal system. The organization also developed a *Toolkit for Lawyers: Best Practices in Working with Battered Immigrant Women* (BWSS, 2010b) and accompanying *Toolkit for Immigrant Women Working with a Lawyer* (BWSS, 2010a).

Immigrant settlement service organizations are often the primary contacts for immigrant and refugee women, and therefore have a crucial role in providing information and support to women who may be experiencing or at risk of violence. One such organization, S.U.C.C.E.S.S., runs a 26-week Bridging Employment Program for Women in the Lower Mainland, which is funded by the BC Ministry for Housing and Social Development, and

provides support to immigrant and refugee women who have experienced domestic violence to help them overcome barriers to gaining employment and education. A number of resources for immigrants, related to domestic violence and family law, have been developed by the Immigrant Public Legal Education and Information Consortium, led by the Justice Education Society, and are available online as part of *BC's Immigrant Legal Toolkit*.⁴⁰

A *Process of Discovery* project, currently being conducted by researchers in the Centre for the Prevention and Reduction of Violence at the JIBC, explores prevention and intervention strategies to address intimate partner violence against women in South Asian communities. The first phase of the project involved interviews with front-line criminal justice personnel and social service providers and led to the publication of *Towards Healthier, Violence-free South Asian Families* (Thandi, 2011). In April 2011, the Department of Justice Canada provided funding to the research team to host a South Asian Community Champions Against Domestic Abuse Forum in Surrey, BC. The public information session was facilitated in Punjabi, and included presentations from a number of community members and activists. This work builds on an earlier JIBC project that examined the unique experiences of immigrant and refugee women victims of intimate partner violence, and emphasized women's empowerment. The final report, *Empowerment of Immigrant and Refugee Women who are Victims of Violence in their Intimate Relationships – Final Report* (Light, 2007), included recommendations that focused on reducing barriers and increasing access to services for immigrant and refugee women experiencing violence.

8.4.3 Violence Against Sex Trade Workers

Women working in the sex trade, particularly street-involved women, are at a high risk of experiencing violence (Lowman, 2000). This reality was brought to the public's attention in 2007 when Robert William Pickton was tried and convicted for the murders of six women from Vancouver's Downtown Eastside.⁴¹ Despite the media attention brought to this case, funding for services that support sex workers remains unstable and limited, leaving women exposed and vulnerable to violence, particularly street-level survival sex workers. While violence against sex workers is not necessarily 'domestic' violence, it is relevant because such violence occurs in the context of relationships with clients and pimps, and young women's pathways to prostitution may be linked to violence in the home (Daly, 1992).

A number of groups and organizations are working to prevent and reduce violence against sex workers. One initiative involving multiple community organizations and sex workers is the Sex Industry Worker Safety Action Group, which seeks to improve education for sex industry workers and police and to enhance the prosecution of individuals who perpetrate

⁴⁰ www.ImmigrantLegal.ca/domestic-violence

⁴¹ Robert Pickton has also been charged in relation to the deaths of another 20 women.

violence against sex workers. Education, advocacy, counseling, health, and violence prevention services for survival sex workers are also offered by organizations such as Providing Alternatives Counselling and Education Society, the WISH Drop-in Centre Society in Vancouver, and the Prostitutes Empowerment Education Resource Society.

The BC Coalition of Experiential Communities, established in 2005 by sex worker activists, advocates for legislative and policy reform and for the development of peer-driven programs and services. Their *Confronting Bad Dates* project led to the development of two key documents: *Bad Date Reporting and Response: Experiences and Insights from Sex Workers and Community Stakeholders – Discussion Document* (Bowen, 2007a) and *Protection for All: Bad Date Reporting and Response Strategies – Project Report and Recommendations* (Bowen, 2007b). The coalition has consulted with sex workers on issues of violence and domestic trafficking, producing the report *From the Curb: Sex Workers' Perspectives on Violence and Domestic Trafficking* (Bowen, 2006), which included recommendations to enhance education, improve services, and reform prostitution law in Canada. It has also developed information and education materials for sex industry workers who may be experiencing violence and recently produced the report *Opening the Doors: Building Transparency and Accountability in the Sex Industry* (BC Coalition of Experiential Communities, 2010), with recommendations to Vancouver City Council. Other organizations, such as Feminists Advocating for Rights and Equality for Sex Workers, are actively seeking to decriminalize sex work in Canada.

Researchers at the JIBC have undertaken several projects focused on the sexual exploitation of youth. The report *Violence in the Lives of Sexually Exploited Youth and Adult Sex Workers in BC – Provincial Research, Final Report* (Hunt, 2006) included provincial recommendations for the education of sex workers and criminal justice personnel and for a more coordinated response to the problem of violence against sexually exploited youth and adult sex workers. This work builds on an earlier JIBC report *Commercial Sexual Exploitation: Innovative Ideas for Working with Children and Youth* (Justice Institute of British Columbia, 2002). A more recent initiative, *Restoring the Honouring Circle: Taking a Stand Against Youth Sexual Exploitation*, funded by the BC Ministry of Public Safety and Solicitor General, has led to the development of a manual to educate those working with Aboriginal youth in rural and isolated communities about sexual exploitation.

Prevention of violence against women working in the sex trade must recognize the varying levels of violence experienced by street-involved and off-street sex workers, as the former are at greater risk of becoming the victims of violence and murder (Lowman, 2000). Violence prevention efforts must also be developed with current or former sex workers, as they know best what they need to be safe from violence.

8.4.4 Violence Against Women in Rural and Remote Communities

The Community Coordination for Women’s Safety (CCWS/EVA BC) initiative, launched in 2001 with funding from the Law Foundation of BC, the Ministry of Public Safety & Solicitor General, the Ministry of Community, Aboriginal and Women’s Services, and the National Crime Prevention Centre, has focused on enhancing and supporting coordinated, cross-sectoral responses to violence against women in rural, remote, and isolated communities. It has also worked to reduce barriers and enhance safety for women who experience discrimination based on race, ethnicity, culture, immigration status, class, disability, sexual orientation, gender identity, and age. An evaluation of the project’s work between July 2001 and December 2003 concluded that the program had achieved a number of accomplishments, including designing a cost-effective model for coordination on violence against women and providing information, training, and support to new and existing coordination initiatives in 78 communities throughout the province (Ellis, 2003). The program has continued its work with funding from the BC Ministry of Public Safety and Solicitor General.

Women in rural and remote communities who experience domestic violence face numerous challenges when seeking support from anti-violence and other services in their communities. A major barrier for these women is that services may not be provided in or near their home communities. When services are available nearby, ensuring confidentiality is an issue. A stopping-the-violence counselor in McBride, BC has developed a document related to maintaining confidentiality in the provision of services to rural women who have experienced violence (Taylor, n.d.).

8.4.5 Relationship Violence in LGBTTS Communities

The Atira Women’s Resource Centre in Vancouver provides housing, advocacy, and support services to women and children who have experienced violence and emphasizes service provision for transgendered, queer, two-spirit, and intersexed persons. The provision of anti-violence services to women in same-sex relationships is complicated by the fact that their abusers may also be able to access gender-specific services. Service providers must take these factors into consideration when supporting lesbian women who experience relationship violence.

In 2007, a *Network Against Abuse in Same-Sex Relationships* was established in BC to develop educational materials and training sessions to improve anti-violence services for gay, bisexual and trans communities. A number of pamphlets were also developed by the BC Association of Specialized Victim Assistance and Counselling Programs (now EVA BC), in partnership with The Centre (now QMUNITY, BC’s Queer Resource Centre), related to abuse in same-sex relationships, transgender people and relationship abuse, and healthy

relationships for lesbians and gay men. These resources were developed as part of the *LGBT Anti-Violence Project: Creating Strong and Safe Queer Communities*. EVA BC's *Safe Choices* program,⁴² funded by Vancouver Coastal Health, offers healthy relationship workshops, education and training, publications, and referrals to service providers and to women in abusive same-sex/gender relationships, including transsexual/transgender women.

Trans survivors of violence have struggled at times to be included in and supported by programs and services for battered women. The *Trans Inclusion Policy Manual for Women's Organizations* (Darke & Cope, 2002) was prepared by the Trans/Women Dialogue Planning Committee, which included EVA BC, to address stigma and exclusionary policies and practices in women-serving agencies. An unpublished master's thesis, *Re/defining gender and sex: Educating for Trans, Transsexual, and Intersex Access and Inclusion to Sexual Assault Centres and Transition Houses* (White, 2002), reported on research findings from a study conducted in the Department of Educational Studies at UBC addressing the issue of trans inclusion in anti-violence services for women. Another resource, *Trans People in the Criminal Justice System: A Guide for Criminal Justice Personnel* (Goldberg, 2002), was developed to support trans people who experience relationship violence and are in contact with the criminal justice system. A curriculum, *Making the Transition: Providing Service to Trans Survivors of Violence and Abuse Curriculum* (Goldberg, 2005), was also developed to increase service providers' capacity to support trans survivors.

8.4.6 Violence Prevention Programs for Children and Youth

The appointment in 2006 of Mary Ellen Turpel-Lafond as BC Representative for Children and Youth (RCY) represented a commitment from the province to improving services and outcomes for children and youth in BC, including increasing their safety and protection. However, services and supports for children who are exposed to domestic violence and youth who may be experiencing, or at risk of experiencing, dating violence in the province are limited.

Children exposed to domestic violence in BC can access counseling services in communities throughout the province. The Children Who Witness Abuse (CWWA) program was developed by the BCSTH in 1992 to address the needs of children and youth, aged 3–18, who are exposed to domestic violence. There are now 88 free, confidential, individual and group-based CWWA programs in the province. The *Violence is Preventable* (VIP) program is an externally evaluated, school-based psycho-educational program that connects CWWA counselors with school educators in their communities to provide prevention and

⁴² http://www.endingviolence.org/safe_choices

educational presentations on family violence and violence against women. VIP aims to raise awareness among teachers, staff, parents, and students, and strengthen supports in communities for children exposed to violence against women in the home. The program is currently running in over 34 school districts throughout BC. External evaluations indicate that children and youth recognize that family violence exists beyond their home, and that they feel a greater sense of comfort in disclosing their own experiences of violence, which has led to facilitated group interventions in schools. Children and youth may self-identify as wanting to access the CWWA program or to discuss issues of family violence with teachers more readily, leading to an increase in referrals and requests for CWWA program services following VIP presentations. Psycho-education group sessions may also be supplemented with individual counseling in some cases or if a child or youth is not ready to join a group individual counseling will be offered.

Other school-based violence prevention projects include EVA BC's *Be More Than a Bystander initiative*, which includes educational workshops targeting male and female youth in grades 8–12, which are facilitated by BC Lions football players and focus on gender-based violence. Another local program is the *Respectful Relationships* program for youth aged 12–18, developed by Salt Spring Women Opposed to Violence and Abuse Community Development and Research Society in British Columbia. This primary violence prevention program received funding in 2008 from the BC Ministry of Community Services to support training and program delivery to students in grades 7 through 10. The program has been operating for over a decade, with support from the Ministry of Community Services since 2003.

The *Aboriginal Capacity Café* initiative targets Aboriginal youth in high schools throughout the Lower Mainland of BC. This program is coordinated by the BCSTH in partnership with Vancouver Coastal Health, the Vancouver School Board, and the Urban Native Youth Association. The initiative promotes dialogue between youth who have experienced substance use, mental health issues, and violence and members of their families and communities. Aboriginal youth are empowered through their involvement in facilitated discussions, and parents are offered support in respectfully engaging in dialogue with their own children about important issues such as violence and abuse (Crooks, Chiodo, & Thomas, 2009). This program has been externally evaluated and shown to increase connection between youth and their families, and among Aboriginal youth in the Vancouver school system.

The West Coast Legal Education and Action Fund offers a school-based sexual violence prevention program designed for youth aged 10–15 (grades 6–9) and delivered by youth aged 18–24 in a series of three one-hour workshops. This youth education program provides legal education and advances 'no means no' language to empower youth and

inform them of their rights and is linked to a youth website.⁴³ A youth initiative based out of the Victoria Women's Sexual Assault Centre, *Project Respect*,⁴⁴ seeks to prevent sexualized violence in the lives of youth aged 14 and up by raising awareness about their rights. The project reverses the 'no means no' saying and advances the saying that 'only yes means yes.' The website provides information for girls and women, as well as for boys and men, who have survived sexualized violence. It also offers information for friends, parents, and educators to help them provide support to survivors of sexualized violence.

While a number of school-based domestic violence prevention projects have been developed in the province, they represent isolated, local projects. In order to enhance violence prevention and reduction efforts, there is a need for sustained funding from government to support the continuation and expansion of those local family violence prevention initiatives targeting children and youth that have been found to be successful through rigorous evaluation.

⁴³ www.youth.westcoastleaf.org

⁴⁴ www.yesmeansyes.com

9. Domestic Violence Prevention and Reduction in Canada

In Canada, equality rights and “the right to life, liberty and security of the person” are guaranteed in the *Canadian Charter of Rights and Freedoms* (1982), and criminal offences are listed in the *Criminal Code of Canada* (1985). Perpetrators of domestic violence can be charged under a number of offence categories including assault, sexual assault, criminal harassment, uttering threats, mischief, intimidation, violation of a protective court order, attempted murder, and murder. Significant law reforms with respect to intimate partner and sexual violence against women in Canada included amendments to rape law in 1983, which made marital rape an offence and replaced the term “rape” with “sexual assault,” and the introduction of criminal harassment legislation in 1993, which served to strengthen legal protections for women victims of stalking. The federal government’s responsibilities are not limited to the enactment of criminal law, but also extend to the prevention of crime through the work of its departments.

An important federal domestic violence prevention initiative is the inter-departmental Family Violence Initiative (FVI), which is coordinated by the Public Health Agency of Canada (PHAC) and involves 15 federal departments, agencies, and Crown corporations.⁴⁵ It was launched in 1988, with \$40 million in funding, and has continued to coordinate family violence prevention initiatives at the national level. The work of the FVI falls into five categories: (1) coordinating among partners; (2) developing and implementing policy; (3) developing and synthesizing knowledge; (4) producing and disseminating information and educational resources; and (5) supporting communities and services. This work includes facilitating horizontal activities to ensure that federal departments avoid duplicating efforts to address family violence issues. The FVI also supports research and evaluation to determine the effectiveness of various family violence interventions and the dissemination of this information. Phase I of the FVI, launched in 1988, focused on establish more shelters and crisis support for women and children fleeing domestic violence. The second phase, launched in 1991, focused on “increasing public awareness and changing attitudes;

⁴⁵ Canada Mortgage and Housing Corporation; Citizenship and Immigration Canada; Correctional Service of Canada; Department of Canadian Heritage; Department of Justice Canada; Department of National Defence; Health Canada; Human Resources and Skills Development Canada; Indian and Northern Affairs Canada; Public Health Agency of Canada; Public Safety Canada; Royal Canadian Mounted Police; Service Canada; Statistics Canada; and Status of Women Canada.

strengthening the federal legal framework; providing services on reserve; strengthening intervention and treatment services; increasing the availability of housing for victims; and enhancing national information exchange and coordination” (Jamieson & Gomes, 2010, p. 2). The third, and current, phase of the FVI, launched in 1996, saw a long-term commitment from the federal government to family violence prevention.

PHAC, on behalf of the FVI, also manages the National Clearinghouse on Family Violence, an online inventory of publications produced by governments, researchers, and stakeholders, and a valuable source for Canadian family violence resources since 1982. It includes documents on intimate partner violence against women and men, child abuse and neglect, and abuse against older adults, all of which can be accessed free of charge, in electronic and paper form.

Each of the 15 departments, agencies, and Crown corporations involved in the Family Violence Initiative undertake initiatives and activities specific to their departments that contribute to national efforts to prevent domestic violence (see Appendix A). Some of these initiatives, such as the Correctional Service of Canada’s (CSC) *Family Violence Prevention Programs*,⁴⁶ reflect tertiary prevention strategies that provide treatment to men who have already been identified as domestic violence perpetrators. Other initiatives, such as the Canadian Mortgage and Housing Corporation’s *Shelter Enhancement Program*, support the construction and maintenance of shelters and second-stage houses for women and children who are fleeing domestic violence. In April 2007, the federal government re-allocated \$5 million from Status of Women Canada’s operating budget to the Women’s Program, forcing the closure of 12 of its 16 regional offices (Standing Committee on the Status of Women, 2007). The Women’s Program has supported national and local initiatives since 1973, including the *Uniting to End Violence Against Women* project, which received \$1 million in 2009 to create a national network for sharing promising practices among shelter organizations in Canada.

Some federal departments are involved in more preventative activities. For example, Indian and Northern Affairs Canada’s Family Violence Prevention Program provides funding in the form of grants to First Nations and Northern communities across Canada to develop and implement a range of family violence prevention initiatives. Citizenship and Immigration Canada contributes to crime prevention through the provision of information about Canadian laws and social norms to newcomers. For example, its revised study guide, *Discover Canada: The Rights and Responsibilities of Citizenship* (2010), informs newcomers that “barbaric cultural practices that tolerate spousal abuse” (p. 9) are not tolerated in Canada and that perpetrators of gender-based crimes will be punished.

⁴⁶ CSC’s Family Violence Prevention Programs (FVPP) include the High Intensity FVPP, Moderate Intensity FVPP, Aboriginal High Intensity FVPP, and National Family Violence Maintenance Program.

Under Conservative leader and Prime Minister Stephen Harper, the Canadian government has advanced a 'tough-on-crime' agenda, with numerous law-and-order initiatives that focus on harsher sentences in the name of community safety and victims' rights. This approach, driven by ideology rather than evidence, is extremely costly and prioritizes expenditures on correctional services and the criminal justice system, while limiting resources for crime prevention through investments in children and families that address the root causes of crime (Mallea, 2010).

10. Domestic Violence Prevention and Reduction Globally

Violence against women in the global context has been conceived of as a human rights and women's equality issue. Canada has made a number of international commitments to advancing women's rights and gender equality and to eliminating violence against women. In 1948, the federal government ratified the Universal Declaration of Human Rights. Canada also signed and ratified the *Convention on the Elimination of All Forms of Discrimination Against Women* in 1981 and the *United Nations Convention on the Rights of the Child* in 1991. In 1993, the United Nations adopted the Declaration on the *Elimination of Violence Against Women*. In 1995, at the Fourth United Nations World Conference on Women, Canada adopted the *Beijing Declaration and Platform for Action*, which listed violence against women as a critical area of concern requiring action.

International commitments to ending violence against women are complemented by global public awareness campaigns, such as the United Nations Secretary-General's *UNiTE to End Violence Against Women* campaign,⁴⁷ which encourages governments, women's organizations, the private sector, the media, and the general public in all nations to enact legislation, conduct research, raise awareness, and develop national action plans by 2015. The campaign, first launched in 2008, has been taken up in the Asia-Pacific region, Africa, and Latin America and the Caribbean. Other global initiatives to raise awareness of violence against women include awareness days such as *International Women's Day* and the *16 Days of Activism Against Gender Violence*, of which *International Day for the Elimination of Violence Against Women* is one. These international efforts strengthen national awareness weeks and days, including the annual *National Day of Remembrance and Action on Violence Against Women in Canada* and *National Victims of Crime Awareness Week*.

The World Health Organization (WHO) has identified violence against women as a public health priority and emphasized primary prevention strategies that address the social conditions that promote and sustain violence against women. Preventing intimate partner and sexual violence against women includes education and support for parents to prevent the intergenerational impacts of child abuse and neglect, school-based violence prevention and social development programs for children and youth, and initiatives that promote gender equality and women's empowerment in adulthood. Primary prevention approaches

⁴⁷ www.un.org/en/women/endviolence/index.shtml

stress early identification and intervention for problems associated with violence against women, including harmful substance use (WHO, 2010). Prevention also involves strengthening communities and changing the underlying social values and norms that support violence against women, a goal that is best achieved by including men and boys in violence prevention initiatives (WHO, 2004, 2010). Primary prevention strategies must also, however, be accompanied by secondary and tertiary strategies that support women who have already experienced violence, hold their abusers accountable, and reduce the recurrence of violence in their lives.

The WHO has called for more evidence on the effectiveness of primary prevention initiatives through rigorous evaluation of prevention and intervention programs, including those that do not necessarily focus on violence directly, but contribute to the advancement of women's equality, as these may in turn prevent and reduce violence against women. Rigorous evaluation should be integrated into the implementation strategy for all violence prevention policies and programs and should consist of three categories of evaluation: (1) process evaluation, to determine whether a program has been implemented as intended; (2) outcome evaluation, to determine if a program has achieved its intended effect; and (3) economic evaluation, to determine if a program's benefits outweigh its costs (WHO, 2010). This evidence can then be used to identify best practices and inform public policy.

11. Making the Case for Primary Prevention

A coordinated, integrated, and collaborative response to incidents of domestic violence is critical in order to support victims, hold offenders accountable, and prevent the occurrence of further violence. However, a more comprehensive and multifaceted approach to domestic violence prevention and reduction is needed that includes primary, secondary, and tertiary prevention strategies, and targets both micro and macro level factors and conditions that contribute to and sustain violence (Ad Hoc F/P/T Working Group, 2003). According to the World Health Organization (2002), a promising approach to violence prevention is “one that not only protects and supports victims of violence, but also promotes non-violence, reduces the perpetration of violence, and changes the circumstances and conditions that give rise to violence in the first place” (pp. 15–16).

Although it has been argued that strategic investments in families and children are both more effective and more cost effective than expenditures on the social systems responsible for responding to domestic violence, resources continue to be poured into tertiary prevention efforts in general and the criminal justice response in particular. A major limitation of the criminal justice approach is that many women who experience intimate partner and sexual violence, and children who are exposed to domestic violence, never come into contact with the criminal justice system. The crime prevention through social development approach, advocated by the Canadian Council on Social Development, on the other hand, emphasizes concepts such as social justice and equality.

One of the concerns with promoting primary prevention strategies is that there are limited resources and directing funds to primary prevention may divert resources away from responding to domestic violence and supporting women who desperately need assistance to keep themselves and their children safe. It is therefore important to ensure that investing in primary prevention does not result in reduced support for victims. Another challenge associated with primary prevention strategies is that the impact of these strategies is often not immediate and thus the implementation and evaluation of primary prevention programs requires both a long-term commitment and sustainable funding from government (Ad Hoc F/P/T Working Group, 2003). Governments must, therefore, base decisions on evidence that investing in children and changing social values and norms is not only more cost effective, but will also result in greater long-term benefits (WHO, 2004).

12. Conclusions

Over the past decade, the BC provincial government's approach to domestic violence against women has shifted from a focus on women's equality to an emphasis on improving the criminal justice response to domestic violence. The elimination of the Ministry of Women's Equality,⁴⁸ and significant cuts to women's organizations in the early 2000s conveyed a strong message about the importance of women's equality and safety, a message which was echoed by the federal government when it cut the Status of Women Canada's operating budget in 2007. Short-term, project-based funding, and a greater emphasis on tertiary prevention strategies, both federally and provincially, has inhibited sustained, long-term efforts to improve women's equality and prevent violence against women in this country. A broader provincial lens and a concrete national strategy are desperately needed to achieve significant social change and reduce violence against women in British Columbia and Canada.

The Government of Canada is encouraged to follow the lead of Australia in developing a national strategy. The Council of Australian Governments' (2011) *National Plan to Reduce Violence Against Women and their Children 2010–2012* is an evidence-based, 12-year framework for action, aiming to achieve six outcomes,⁴⁹ each of which is tied to specific strategies and measures to evaluate success and is embedded within an overarching implementation plan. Its strengths are that it acknowledges the higher risk of some populations of women and the government's failure to protect Indigenous women from violence; draws connections between violence against women and other social problems such as homelessness; recognizes the long-term impacts of children's exposure to violence against women; seeks sustained change through the involvement of men and strengthening of communities; emphasizes primary prevention strategies; and makes violence against women a policy priority. Indeed, political will is an essential element for sustained efforts to achieve women's equality and reduce violence against women.

BC's Representative for Children and Youth, Mary Ellen Turpel-Lafond (2009), has stated that "domestic violence is everyone's responsibility" (p. 3). In order to prevent and reduce domestic violence, all levels of government must work to bridge gaps in the services and

⁴⁸ The BC Women's Health Bureau & Minister's Advisory Council on Women's Health were also eliminated.

⁴⁹ (1) Safe communities and freedom from violence, (2) respectful relationships, (3) strengthened Indigenous communities, (4) services that meet the needs of women and their children experiencing violence, (5) effective justice responses, and (6) perpetrator accountability and non-violence.

systems designed to protect women and children and to support initiatives that build community capacity to prevent domestic violence against women. A comprehensive domestic violence prevention and reduction plan for BC must include primary, secondary, and tertiary strategies, from public education initiatives to specific interventions for victims and perpetrators, as each reinforces the other and enhances the overall safety of women and children.

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Appendix A – Family Violence Initiative Departments

Member Department	Mandate
Canada Mortgage and Housing Corporation	Administers the Shelter Enhancement Program to provide funding for the construction and maintenance of shelters and second-stage houses for victims of domestic violence.
Citizenship and Immigration Canada	Promotes awareness of family violence issues through citizenship and immigration policies and programs.
Correctional Service of Canada	Addresses offender family violence issues through research, treatment programs and staff training.
Department of Canadian Heritage	Supports prevention projects for Aboriginal women off reserve and prevention activities for non-English/French speaking Canadians. Conducts research and evaluation.
Department of Justice Canada	Reviews, researches and reforms criminal legislation and policy; funds community-based family violence projects; and provides public legal education and information support.
Department of National Defence	Promotes awareness of family violence issues, supports programming, and provides support, counselling and referral services for members and families who are victims.
Health Canada	Supports the delivery of public health and health promotion services in on-reserve and Inuit communities; promotes equitable health outcomes for women, men, boys, and girls.
Human Resources and Skills Development Canada	Collects and disseminates data and research findings on abused/vulnerable children; assists victims in changing identities; supports the development of transition homes.

Human Resources and Skills Development Canada	Collects and disseminates data and research findings on abused/vulnerable children; assists victims in changing identities; supports the development of transition homes.
Indian and Northern Affairs Canada	Supports culturally appropriate prevention and protection services for First Nations children and families on reserve.
Public Health Agency of Canada	Carries out research on the population health consequences of family violence; develops resources and promotes policies, programs and projects that contribute to prevention.
Public Safety Canada	Supports evidence-based interventions designed to reduce offending among those who are likely to engage in family violence; provides Aboriginal community policing services.
Royal Canadian Mounted Police	Supports community-based workshops on victims' issues, sexual assault, and relationship violence; assists communities in using problem-solving approaches; delivers RCMP training.
Service Canada	Increases personal safety for Canadians through the Confidential Service for Victims of Abuse which assists with establishing a new identity and relocation.
Statistics Canada	Works to improve the availability of national level data on the nature and extent of family violence.
Status of Women Canada	Provides financial and professional assistance to organizations to carry out projects at the local, regional and national levels in key areas such as women's economic status and violence against women and girls.

Source: *Family Violence Initiative Performance Report for April 2004 to March 2008*
 (Prepared by Jamieson & Gomes, 2010, for the Family Violence Initiative, Public Health Agency of Canada)

Appendix B – Key Informant Interview Schedule

Past/Current Efforts: What domestic violence reduction/prevention initiatives have been undertaken in BC over the past decade (since 2000)? What is currently being done to prevent/reduce domestic violence in the province? What historical/recent documents are available that describe/reflect efforts in BC to prevent and/or reduce domestic and intimate partner violence? Are there any landmark studies that you feel are important for us to review?

Approaches: How much emphasis is placed on responses to domestic violence compared to prevention of domestic violence in BC? What is the focus of efforts (who is the target) when it comes to domestic violence prevention/reduction (e.g., women, children, families)? Are you aware of any studies that attempt to ‘cost’ or estimate the costs of violence in BC?

Trends: What changes or trends have you noticed over the past decade when it comes to domestic violence prevention/reduction (e.g., in terms of collaboration/coordination; attention to domestic homicide; attention to specific sub-groups or vulnerable populations – Aboriginal, immigrant, etc.)?

Strengths/Gaps: What has BC done well in terms of domestic violence prevention/reduction? What is missing when it comes to domestic violence prevention/reduction efforts in BC (compared to other provinces)? Are there initiatives in other provinces/jurisdictions that we should be aware of?

Future Efforts: Where are we headed in terms of domestic violence prevention/reduction efforts in the province of BC? What still needs to be done in terms of prevention/reduction of domestic violence in BC (e.g., more emphasis on primary prevention, funding for victims’ and women’s services, focus on specific populations/communities, coordination/collaboration among ministries/governments)?

Key Informants/Partners: Who else (key informants) can you suggest in the community, government, clinical and/or academe who may be able to identify additional domestic violence prevention/reduction documents/efforts for BC? Who else (ministries, agencies) might be interested in partnering with the VRC for the purposes of longer-term partnerships?

and research? Can you suggest/recommend potential funders who may be willing to support this research, including private sector or private benefactors?

Appendix C – List of Key Informants

The following individuals were interviewed and/or consulted as part of the fact-finding process for this background review:

Name	Title and Affiliation
Ali, Shabna	Executive Director, BC Society of Transition Houses
Burgess, Christine	Acting Regional Director, BC/Yukon Region, Public Health Agency of Canada
Code, Ruth	Research Analyst, Family Violence Prevention Unit, Healthy Communities Division, Centre for Health Promotion, Public Health Agency of Canada
Coombe, Jane	Former Senior Policy and Legislative Analyst, Victim Services and Crime Prevention Division, BC Ministry of Public Safety and Solicitor General
Cory, Jill	Woman Abuse Response Program, BC Women’s Hospital and Health Centre
Coupal, Jocelyn	Domestic Violence Prevention Advocate and Consultant
Davies, Cheryl	Vice-President, Ambulatory Programs, BC Women’s Hospital and Health Centre
Filgate, Shauna	Program/Policy Analyst, Child Welfare Policy, Integrated Policy and Legislation Team, BC Ministry of Children and Family Development
Geber, Joan	Executive Director, Healthy Women, Children and Youth Secretariat, Population and Public Health, BC Ministry of Health

Gottfred, Jan	Director, Intergovernmental and Community Relations Branch, BC Ministry of Aboriginal Relations and Reconciliation
Greschner, John	Chief Investigator and Associate Deputy Representative for Children and Youth, BC Office of the Representative for Children and Youth
Janssen, Patricia	Professor and Theme Leader, Maternal Child Health, School of Population and Public Health, University of British Columbia
Mackay, Kathleen	Mental Health Therapist, Suicide Attempt Follow Up, Education and Research (S.A.F.E.R.), BC Housing
Morrow, Marina	Director, Centre for the Study of Gender, Social Inequities and Mental Health and Associate Professor, Faculty of Health Sciences, Simon Fraser University
Olsen, Sue	Regional Director, BC Region, National Crime Prevention Centre, Public Safety Canada
Poole, Nancy	Director, Research and Knowledge Translation, BC Centre of Excellence for Women's Health
Porteous, Tracy	Executive Director, Ending Violence Association of British Columbia
Taller, Thomas	Senior Policy and Legislation Analyst, Victim Services and Crime Prevention, BC Ministry of Public Safety and Solicitor General
Thandi, Gary	Sessional Researcher, Centre for the Prevention and Reduction of Violence, Justice Institute of British Columbia
Turner, Shannon	National Co-Chair, Prevention of Violence Canada, Public Health Association of BC
Turpel-Lafond, Mary Ellen	BC Representative for Children and Youth
Varcoe, Colleen	Professor, School of Nursing, University of British Columbia
White, Caroline	Program Director, Centre for Counselling & Community Safety, Justice Institute of British Columbia

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