

A woman with long brown hair, wearing a light pink long-sleeved shirt and blue jeans, is running alongside a young girl with blonde hair, wearing a light blue sleeveless dress. They are running on a grassy path in a park, with a bright sunset in the background. The woman is smiling and looking towards the girl. The girl is also smiling and looking forward. The overall mood is joyful and active.

Thrive Final report

31 March 2018

Table of contents

Executive summary	1
Introduction	4
Approach	5
Current state findings	7
Prevention, awareness and education	9
Housing options	10
Counselling and support services	12
Financial assistance	13
Community integration	13
Legal supports	15
Accountability	15
Jurisdictional scan	16
Future state model	19
Design principles	19
Conceptual design	20
Recommendations	21
Continuity and quality of care	23
Training	25
Augmented services	27
Housing options	29
Law and collaboration	31
Prevention and awareness	32
Strategy, governance and accountability and funding	34
High level timeline	37
Pilot	37
Appendix A – Service provider summary cards	38
Appendix B – Acknowledgments	60
Appendix C – Focus groups	61
Appendix D – International jurisdictional scan	93
Appendix E – Ongoing wellness assessment framework	131



Canada

Executive summary

The devastating effects of domestic violence on individuals, children and communities are staggering across Canada and there is an undeniable connection between domestic violence and homelessness. Family violence can force individuals and families to leave their homes suddenly, and this is particularly true for women and children who are forced to choose between abusive relationships and homelessness.

On any given day in Canada, more than 200 women and 180 children seek shelter from family violence. The Province of New Brunswick suffers from the same daunting statistics with the second highest domestic violence rate of all Canadian provinces and is seeking innovative solutions to end family violence and better support the needs of women and children.

Three notable characteristics exist today with respect to the supports and services for individuals affected by domestic violence in New Brunswick.

- a) The system to assist women is focused primarily on institutionalized crisis-centred supports and services including traditional shelters and limited second stage housing, which some service providers are calling a “Band-Aid” solution.
- b) The response to support women and children is not rooted in a coordinated approach and has not evolved or adjusted to our fast-paced, changing world, shifting demographics or the specific needs of families and their circumstances since the mid-1970s. In fact, there are populations of women who are currently significantly under-served.
- c) Domestic violence is not being treated concurrently with mental health or addiction, which can be exacerbated by abuse. Society is required to approach both simultaneously in order to effect change.

To explore all things connected and relevant to the realities of domestic violence within the diverse landscapes of New Brunswick far exceeds the scope of this document. Instead, using a broad global and jurisdictional scan, the first voice of both service providers and clients, and in consultation with identified stakeholders, this document is intended to offer best practice and evidence-based recommendations for a modernized model of care with the objectives of breaking the cycle of violence and homelessness for women and their children.

These recommendations will serve as a solid foundation to the outlined future state care model and as input into the proposed provincial strategy. The proposed future state will include expanding on existing high-functioning services, evolving current state practices to higher levels of quality and accountability, creating new flexible housing options, and enhancing the potential for increased accountability by capturing measurable outcomes related to the eradication of domestic violence.

At the centre of this report and threaded through all final recommendations are two key themes – 1) woman-centred care and 2) individualized care customized to the needs of the woman and her family. At the core, all recommendations put forward recognize the common historical, social and culturally oppressiveness that continues to influence women’s reality. In the spirit of individualized care, the recommendations demand that all those who influence a woman’s pathway to healing must first acknowledge, approach and intervene with the understanding that the road to a violence-free life is going to be unique for everyone and therefore so must be the interventions.

In Canada, family violence and homicide statistics are staggering:

An average of **172** homicides are committed every year by a family member in Canada.

For approximately **85,000** victims of violent crimes, the person responsible for the crime was a family member.

Just under **9 million**, or about one in three Canadians said they had experienced abuse <15 yo

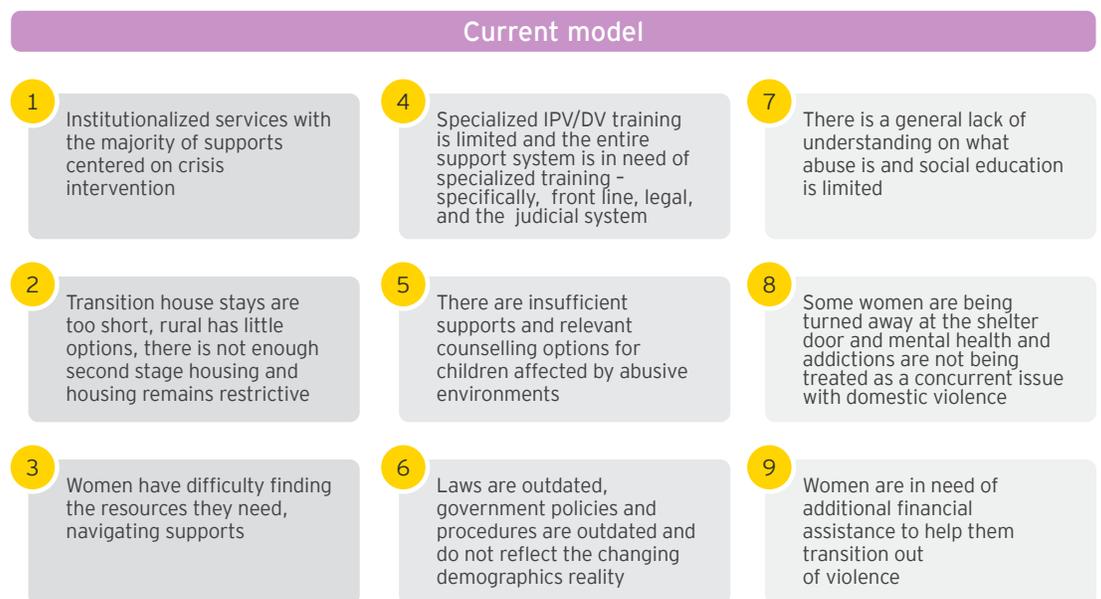
Just under **760,000** Canadians said they had experienced unhealthy spousal conflict, abuse or violence in the previous five years.

More than **766,000** older Canadians said they had experienced abuse or neglect in the previous year.

Domestic violence calls are among the most dangerous for responding officers and represent a large majority of police calls.

When this project began we imagined third stage as the construction of additional longer-term housing options that include supports similar to second stage but without on-site staffing and security. Our Canadian portion of the scan found several 'third stage' models across the country including one in PEI, Ontario and BC with housing and access to outreach at the centre of the model. Our research revealed that although housing is a critical component to providing care to women fleeing violence, it is only part of the solution. This could include bricks and mortar, as well as partnerships, and access to other supports (other flexible housing options – repurposing, upgrades, different arrangements with property owners, financial and other types of assistance, etc.). It is not just about bricks and mortar, although in some locations this may be required. It is about having access to a network of supports and services based on the individual needs of the women and children. This will require changes to the wrap around support model including our intake process, individualized case management, training and legal. Investing in bricks and mortar is only part of the investment required.

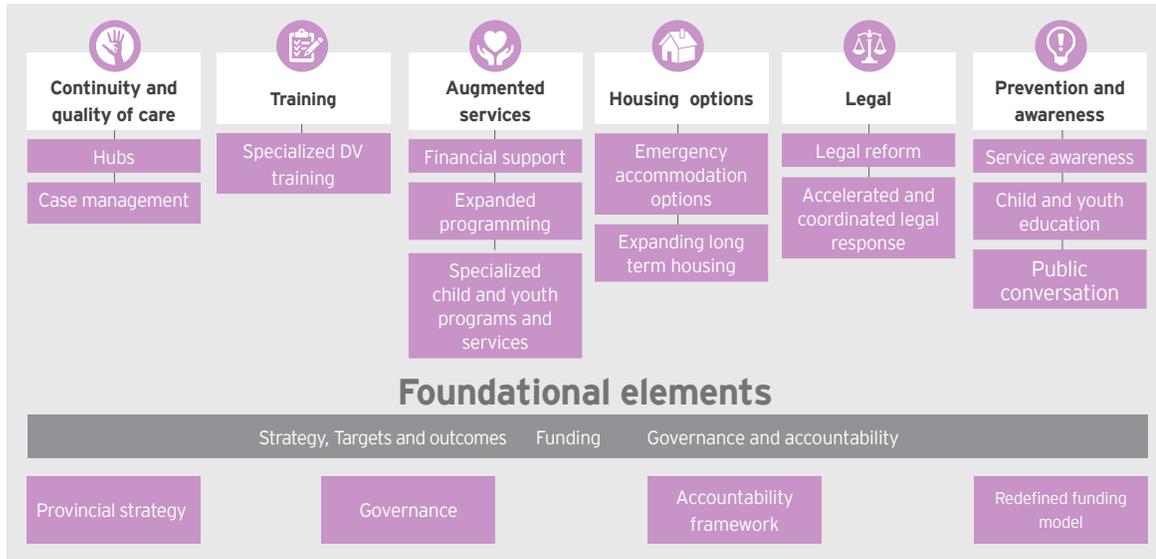
The following diagram outlines the gaps identified in the current care model. It is clear through our consultations and research that the dedication, passion and commitment to supporting women is prevalent in New Brunswick and although inconsistencies exist, many service providers are going above and beyond to provide the very best of care to the women they serve.



Our global research found that countries leading in the reduction of domestic violence and maintaining high supports for those impacted by violence while maintaining high levels of gender equality had the following in common:

- ▶ Robust and innovative prevention, awareness and education
- ▶ Coordinated services offered in a “hub” approach
- ▶ Housing options that go beyond traditional shelters that consider the unique needs of the family
- ▶ Legal policy, frameworks and a judicial system prioritizing the person impacted by violence

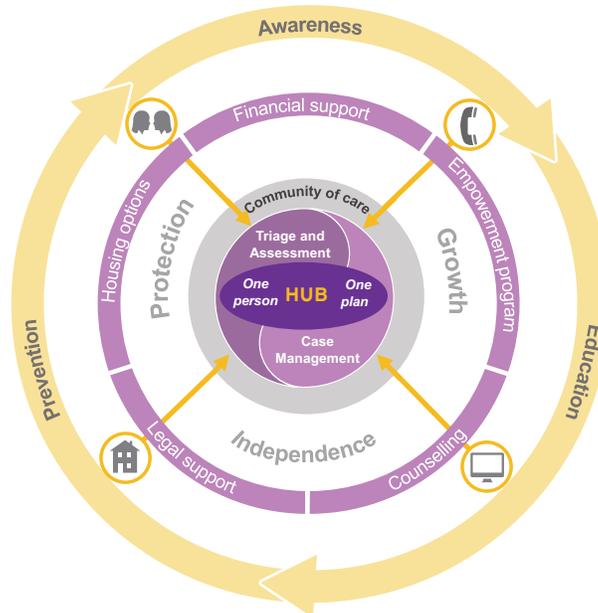
Through a robust global scan, analysis, first voice consultation and a provincial stakeholder engagement panel, the following recommendations have been developed to move towards an evolutionary continuum of care model that will have a transformational impact on the effects of domestic violence in our country. There are many paths that can be taken to enhance services to women and children. A subset of recommendations can be selected or prioritized to augment the support for women, or it may be determined that all recommendations, including the HUB model will be implemented over time. It is important to consider the current maturity of the model in New Brunswick and the step change progress that can be made by prioritizing and implementing recommendations that can make an immediate difference to serve a broader population of women affected by abuse and violence. We have identified optionality within the 'High level timeline' section to show step change progress that could be examined by selecting key recommendations that require less transformative change, however will improve the continuum of care for women and children.



Change is necessary and it starts with understanding the needs of those impacted and tailoring our resources to support them in a deliberate coordinated approach.

	Current care model	Future care model
	<ul style="list-style-type: none"> ▶ Referral-based care ▶ Reactive ▶ Inconsistent ▶ Safety and housing focused 	<ul style="list-style-type: none"> ▶ Individualized and supportive care ▶ Progressive ▶ Standardized ▶ Safety, wellness and future focused

The following depicts the future continuum of care model that will serve those impacted by domestic violence. This model will allow a person to enter the continuum of care at any point in her wellness journey and will uniquely support her based on her individualized needs.





Introduction

In 2015, domestic violence rates in New Brunswick (NB) decreased to 510 cases from 618 per a population of 100,000. Although NB experienced a 17.5% decrease, the number of reported DV cases in NB is still higher than the national average of 482. In 2011, Statistics Canada reported that Moncton had a rate of 465 per 100,000 population and Saint John had a rate of 494 per 100,000 population. These rates are higher than other national metropolitan average rates of DV such as in Halifax, Nova Scotia, where the rate is 333 per 100,000 population. New Brunswick has second highest domestic violence rate of all Canadian provinces.

In addition to the high rates of reported DV in the province, this social issue is magnified by the alarming 66% of murdered women who were living with the accused at their time of death.

To tackle the social issue of domestic violence and housing options for those fleeing domestic violence, the United Way (serving Saint John, Kings and Charlotte Counties) brought together First Steps Housing Project Inc. (First Steps), Second Stage Safe Haven and Fundy Region Transition House. On behalf of the partnering organizations, First Steps applied for and received funding from Employment and Social Development Canada - Homelessness Partnering Strategy Innovative Solutions to Homelessness for the THRIVE initiative. Under the THRIVE initiative, Ernst and Young (EY) was engaged to develop an innovative replicable model of supports for women and children who have experienced DV so that women and children may achieve and maintain a life free of violence.



Approach

A highly focused, in-depth consultative approach was taken to gather the necessary feedback and information needed to make recommendations for an innovative model of care for women and children experiencing violence.

Various key stakeholders in the areas of domestic violence including, shelters, service providers, system stakeholders and victims of domestic violence were consulted in order to assess the current system in New Brunswick. In collaboration with the Muriel McQueen Fergusson Centre for Family Violence Research (MMFC), conducted research on international best practices to discover innovative and transformative practices taking place around the world.

Transition, second stage houses, and other women's services:

Over a two-week period, EY visited 12 transition, second stage and other women's services in New Brunswick, in both rural and urban centres. Executive directors and staff were interviewed on-site to understand the current housing and services available to women in crisis, the challenges they face and the present gaps in the process from emergency crisis through to independence.

The following facilities were consulted through this process:

Transition houses	Second stage houses	Other women's services
<ul style="list-style-type: none"> ▶ Hestia House ▶ Fundy ▶ Crossroads ▶ Women in Transition ▶ Gignoo ▶ Sussex Vale ▶ Kent County 	<ul style="list-style-type: none"> ▶ Second Stage Safe Haven ▶ Liberty Lane ▶ Residence of Hope ▶ Serenity House 	<ul style="list-style-type: none"> ▶ First Steps

The key findings from each of these facilities, which were self-reported, were validated with the individual service providers and are provided in Appendix A. The terminology used from one service provider to another was inconsistent.

Focus groups with victims of domestic violence

As part of the development of a continuum care model, EY commissioned Corporate Research Associates Inc. to design and conduct a series of focus group consultations with women affected by domestic violence. The primary objective of this qualitative research was to better understand the service experience of those impacted by domestic violence, including the support services used, the challenges faced in finding such services, exploring what needs were unmet, and how services could be better aligned to meet the needs of those experiencing violence.

A total of five in-person group discussions were coordinated in the Saint John and St. Stephen areas (as agreed with the federal government) and telephone interviews were conducted with eight individuals affected by domestic violence. Participants represented a cross section of urban and rural. Some had accessed a transition house, while others had not, but all had experienced domestic violence. Across all sessions and interviews, a total of 36 women participated.

Advisory group/stakeholders

Key stakeholders were invited to participate in the Thrive Advisory Group to provide input into the new model and feedback on the recommendations. Throughout the project, the Advisory Group was engaged through two workshops as well as through individual interviews. Stakeholders engaged included representatives from Public Prosecution, Department of Public Safety, Department of Health, Police, DV Outreach, Women's Equality Branch, Shelters, the Department of Education and Early Childhood Development and the Women's Empowerment Network. A list of all Stakeholders consulted throughout the process is provided in Appendix B.

The first workshop was held on 13 February 2018 for the purpose of presenting the current state findings from the initial consultations with the transition and second stage houses. Common themes from the current state were articulated and gaps in services and supports were identified.

The second workshop was held on 15 March 2018 with the purpose of presenting the future state conceptual model and recommendations to the group and gain their insight and support for the final deliverables. Feedback was gathered from the Advisory Group and incorporated into the final recommendations which were then shared with the project Steering Committee and the Board of Directors for The United Way, Second Stage Safe Haven, First Steps, and Fundy Regional Transition House.

Steering Committee participation

As the lead organizations for this initiative, a representative from Second Stage Safe Haven, First Steps, Fundy Regional Transition House, and the United Way formed the project Steering Committee with subject matter experts and members of the EY team. The steering committee provided oversight and guidance to the project team on the scope and approach for this initiative as well as input into and review of current state deliverables, future state design and the final report.

International jurisdictional scan

EY and the Muriel McQueen Ferguson Centre came together and conducted research across the globe to draw upon the latest evidence-based, unique and effective practices taking place and driving systematic change in the efforts to reduce and prevent domestic violence.

To help identify key countries of interest, the Gender Equality (GE) Index and Domestic Violence (DV) Rates from the United Nations were compared. Nations where GE was high and DV rates were low were prioritized.

Research methodology included the following parameters:

1. United Nations definition of DV was used
2. United Nations definition of Gender Equality (GE) was used
3. Compared global best practices to NB/Canada
4. Explored crisis, intermediate and long-term supports

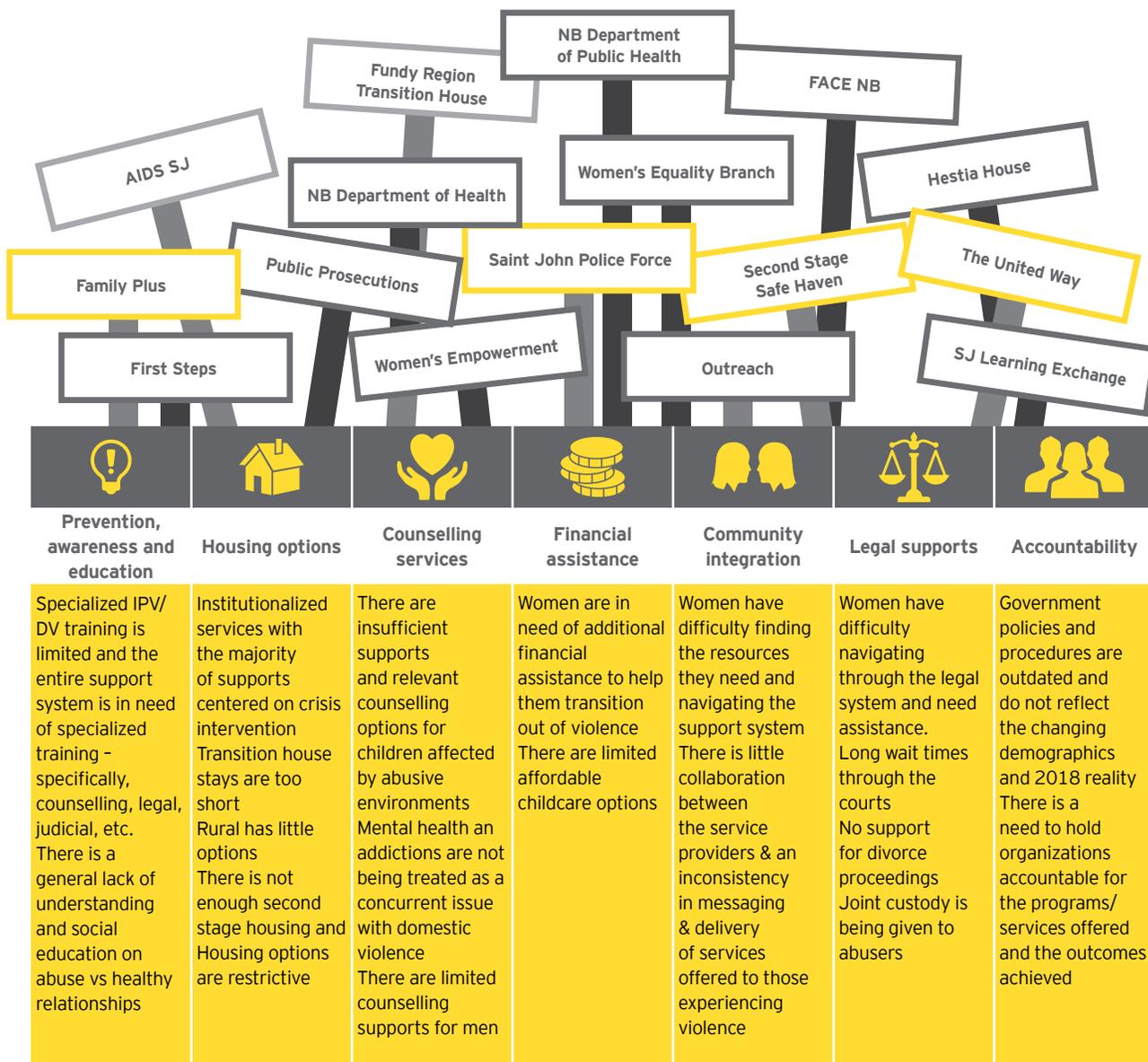
A photograph of a woman with dark hair in a braid, wearing a black jacket, kissing a young girl with light brown hair on the cheek. The girl is smiling broadly and wearing a light-colored sleeveless top. They are in front of a white wall with a grid of small square windows.

Current state findings

The current model is based on a front-loaded, temporary housing solution designed with a single view of women experiencing violence. There is a siloed disconnect in services and limited long-term supports. The continuum of care is lacking a central point of contact for women experiencing violence and a coordinated approach to providing services and supports.

Through the current state assessment of supports and services available to women experiencing violence, the following common themes arose:

1. Prevention and Awareness
2. Housing Options
3. Counselling Services
4. Financial Assistance
5. Community Integration
6. Legal Supports
7. Accountability



The key findings highlighted throughout this report come from the information gathered during this project from interviews, focus groups, and jurisdictional scans. Information was gathered via self-reporting from service providers.

Prevention, awareness and education

Currently, a number of barriers exist that prevent those affected by domestic violence from seeking assistance. For most, there is a lack of awareness and understanding of what constitutes domestic violence. This, combined with a fear of the unknown and a complete lack of awareness of what services might be available to assist, creates an environment that does not encourage women to lead a violence-free lifestyle.

Altogether, these findings underscore the importance of increased public education and awareness of domestic violence, with a goal of creating a society that is less tolerant of domestic violence and more accepting of encouraging change in this regard.

Many women were reportedly unfamiliar with what constitutes a healthy relationship. Indeed, most indicated that they grew up in an abusive family setting where they did not understand what activities and behaviours were inappropriate. This highlights the need for increased youth education on healthy relationships and appropriate behaviours in order to reduce the cycle of domestic violence.

There is a general lack of knowledge of the services available and how to obtain them.

Domestic violence is still a serious social issue that is misunderstood and not discussed. Many people are not aware of the immense problem there is in the Province with regards to domestic violence or the type of services and supports out there. Most notably, women professed a general lack of awareness of what support services are available to victims of domestic violence. *"I don't think anything was not available, but it was knowing about them. I had to go find stuff on my own."* Indeed, most found out about the services they used through referrals or by accidentally stumbling upon them. Accordingly, most were not aware of the full range of services that they could have used until the immediate need or crisis was experienced.

Key findings:

- I. Overall, women do not know where to go for help
- II. The general public is unaware of the complexities and prevalence of DV in the Province of NB
- III. Awareness and promotion of front-line services varies with some organizations ensuring high visibility and accessibility, whereas others are more difficult to identify and access
- IV. Promoting the services available to those experiencing domestic violence continues to be constrained by resources and funding

There is a general lack of understanding and social education on abuse vs. healthy relationships.

Women openly recognized that as individuals who have experienced domestic violence, many grew up in an unhealthy home setting, conducive to violence. Accordingly, many do not understand what a normal or healthy relationship includes

Key findings:

- I. Many women have limited knowledge of the early warning signs of abuse and lack an understanding of the characteristics of unhealthy relationships
- II. Several service providers interviewed emphasized the fact that children and youth are not receiving age appropriate education on healthy relationships and recognizing early signs of abuse in dating relationships

 "How can I go, where can I go and how can I survive with four children?"

 "I was married for 22 years and I didn't know what abuse was. That's the hardest part. You don't even know what abuse is."



“We need our own space with our children.”

Housing options

Through the current system, immediate housing needs for women experiencing violence is limited to transition houses and some second stage facilities in the Province. While these options may be suitable for many women, it may not be what all women need.

There is high variation between the transition and second stage houses across the Province. Many transition and second stage houses provide safe, secure and comfortable living conditions for women and children with additional counselling services and supports that go far beyond their mandate however, the services offered, policies enforced and quality of housing provided is inconsistent.

Transition house contracts in New Brunswick dictate the duration of stay at a transition house as 30 days, when research has indicated that the average period of time to deal with trauma and other side effects of domestic violence is much greater. Due to funding constraints and outdated standards, there are few options for women and their children to have their own private rooms in current facilities unless they meet the criteria for second stage, where they are able to stay 18+ months before seeking long-term housing.

The constraint of suitable available housing options for women and children is magnified when accessibility is a factor. Availability of accessible units for women and children fleeing domestic violence remains a concern within the sector.

Transition house stays are too short, there are limited options in rural areas, there is not enough second stage housing, housing options are restrictive and some women are being turned away.

It is very clear that there is a large gap in housing for both crisis and long-term needs. Although there are many transition houses and second stage houses across the Province where women have said they have had very positive experiences, the overall needs of women today are not being met through the traditional shelter system. The transition house total occupancy rate in the Province for 2016-17 was 35%, indicating that either women do not know where to go, or they do not want to go to a traditional transition house. When conditions are modified, programs expanded and options presented, 65% of women stay until they are ready to move on.

During the focus group sessions, one woman said, “*Housing needs to be more than a place to sleep,*” while another indicated that she would like to have been able to have her 26-year-old son visit her.

Existing provincial standards for transition houses state that women may be denied entry and/or asked to leave when disruptive behaviour is witnessed; provide up to a maximum of 30 days; and lock up all medication. Such standards are open to interpretation (denying women with addictions or mental health entry) and some repress rather than support a liberating environment. While there are no provincial standards for second stage housing, some women were uncomfortable living in communal environments and the experience with second stage housing can vary.

Women who are ready to live independently struggle to obtain affordable long-term housing, and there are often long wait times for subsidized housing. As of 2017, there were approximately 4,900 families on the wait list for subsidized housing.

- ▶ Prevention and awareness
- ▶ Augmented services
- ▶ Housing options
- ▶ Legal supports

Jurisdictional scan

The international jurisdictional scan showed significant advances in domestic violence prevention, supports and services across the globe. Many of the common themes are similar to the outcomes from the current state assessment in New Brunswick.

Through the research, several innovative best practices were discovered that are making big strides in domestic violence and delivering measurable outcomes.

Prevention and awareness strategies that are creating change

Countries combating domestic violence through innovative prevention programs include the United States through a program called Coaching Boys into Men, and Australia, through the Change the Story strategy.

Participants in the Coaching Boys into Men program are significantly more likely to intervene when witnessing abusive or disrespectful behaviours among their peers, and are also more likely to report abuse. Coaching Boys into Men has been so successful that it has been expanded internationally, hosting trainings, helping with adapting the program and partnering with international organizations to expand the reach of the program around the world.

As part of the Change the Story strategy in Australia, a Health and Physical Education class has been introduced to the school curriculum. The new Prevention of Domestic Violence program includes several activities that teachers can leverage in their lessons. Teachers are provided with an 80-page toolkit that can be used when planning classes relating to domestic violence and healthy and respectful relationships. After two and a half years of integrating this program into the school curriculum, with 1,722 students, it was found that physical dating violence was about 2.5 times greater among students who did not participate in the program.

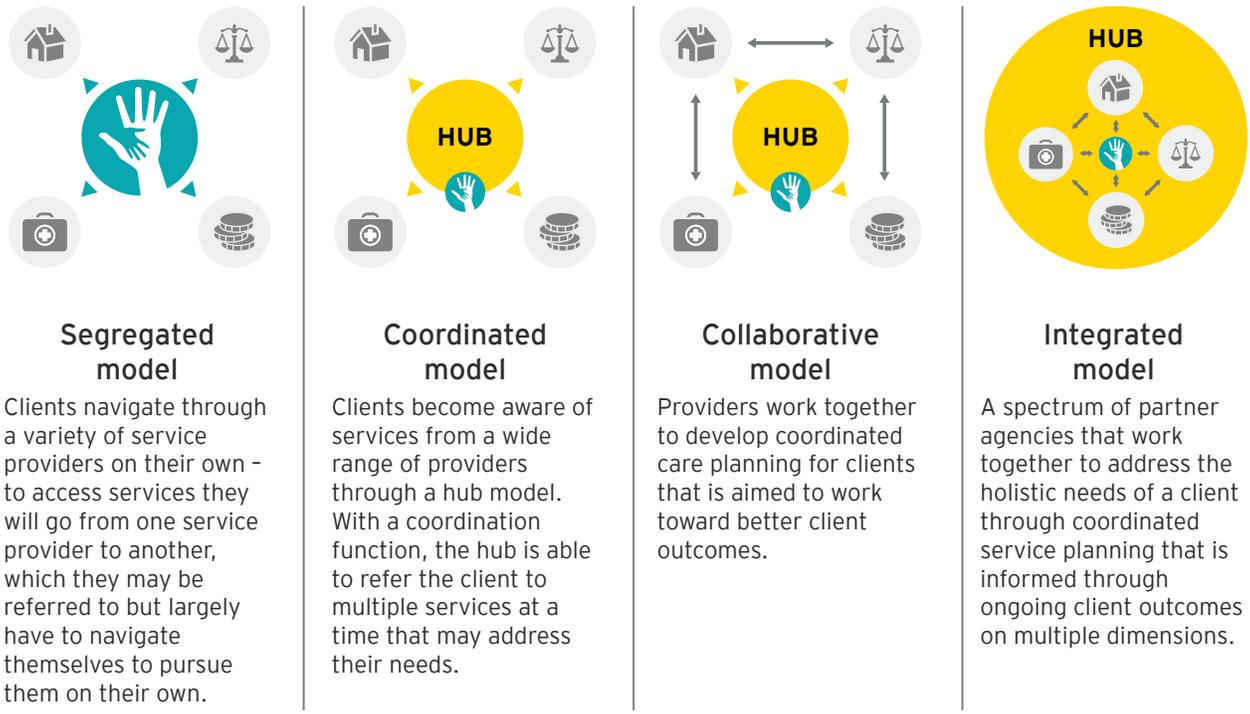
Coordinated services that support victims from beginning to end

There is a global trend towards offering supports and services for those impacted by domestic violence through a hub concept. Examples of this include the Community Hubs in Ontario, the Support and Safety Hubs in Australia and the Intervention Centres in Germany.

The Community Hubs in Ontario meet the needs of victims by delivering services from multiple agencies in a coordinated, integrated fashion to provide clients with the services seamlessly. This has been achieved by:

- ▶ Promoting integration across human services and removing silos between programs
- ▶ Enhancing accountability while shifting the focus from compliance/outputs to program outcomes
- ▶ Increasing flexibility for municipal service managers to innovate and deliver in ways that best meet local needs
- ▶ Reducing complexity and inefficiency and enhancing accessibility and success for clients
- ▶ Leveraging existing resources and hub collaboration efforts through the Ontario Community Hubs Resource Network

The Safety Hub concept evolves as follows:



Australia has also significantly enhanced services to women currently affected by domestic violence by creating seamless integrated service delivery through the new Support and Safety Hubs across the country where women are triaged based on their individual needs and navigated through the system through active case management to achieve their desired outcomes. The Hubs bring together access points for victim services, family services and perpetrator/men's services. The Hubs focus on holding perpetrators accountable for their actions and changing their behaviour. It will help shift the focus of the whole system towards tackling the source of violence.

Housing options that meet the unique needs of victims

Jurisdictions are challenged with providing suitable, affordable housing for women and children experiencing violence; both emergency and long-term accommodations are required. There is a need for communal and non-communal accommodations, new builds and refurbishments. The current housing situation varies from one jurisdiction to the next and there is no one-size-fits-all solution. However, many jurisdictions do have innovative means to addressing this issue.

Several domestic violence shelters in the United States have started to re-evaluate their current rules, remove ineffective rules, and create a more empowering framework for domestic violence shelters which include the following elements:

- ▶ Safety and security
- ▶ Reinforcing identity formation within a sense of home
- ▶ Removing rules/restrictions and encouraging independence
- ▶ Creating a community



In Australia, a Family Violence Housing Blitz was created in 2016, to close the gap between crisis support and long-term housing by providing greater access to a range of housing options. The Family Violence Housing Blitz involved adding more social housing properties, redesigning existing family violence crisis shelters from communal to more private spaces, keeping women safe in their homes by expanding packages of support for home security measures, providing relocation costs to more than 5,000 victims of family violence and providing support to access private rental assistance.

Hungary is removing the housing barrier by providing the person experiencing violence with an apartment for up to five years.

Legal systems that prioritize the victim

Many jurisdictions see the need for enhanced legal supports for individuals experiencing violence and the need for accelerated services/proceedings.

In Canada, the first Integrated Domestic Violence Court was introduced in Toronto to provide a holistic approach to families involved in both criminal and family justice systems. The courts will provide better service and outcomes for families by improving timeliness of issue resolution and reducing conflict with a one case, one judge approach.

The *Vulnerable Witness Act* in Australia protects those experiencing violence during court proceedings to ensure emotional distress is reduced as much as possible. Evidence can be delivered through a closed-circuit TV, video link or video recording. The individual experiencing violence has limited contact with the perpetrator during the court process.

France is intensively training police officers to handle domestic violence through brigades where designated DV police forces are assigned to families affected by domestic violence. This brigade model is organized at the departmental and local level to ensure that those experiencing domestic violence and their families receive the support they need with a goal to protect the families and to provide the best possible service and supports.

Future state model

Originally, the intent of this report was to explore options for “third stage” and we were focused on construction of additional, longer-term housing options for women and children. As we progressed through our consultations and research, we confirmed that the concept of third stage is broader than housing alone. It was evident from the current state findings that:

- I. Creation and access to flexible longer-term housing options is a critical component, but we also need to address the full continuum of care for women and children experiencing violence.
- II. Women, and women with children, need access to intermediate and long-term supports and resources based on their individual needs and where they are on their continuum of care, whether that be counselling, financial, legal, or housing support.
- III. There is an absolute need for more safe affordable quality housing options in the province. However, the concept of third stage is actually more of a network of supports and services that help women progress rather than just physical bricks and mortar.

Design principles

Design principles were created to reflect the accumulated knowledge from research and consultations that were then used to create the new model of care:

	Prevention and awareness	Awareness is a key enabler to ensuring the creation of a society where domestic violence is talked about and understood, where children and adults alike know the difference between what is and is not a healthy relationship and there is an understanding of what works in reducing domestic violence with a focus on preventing violence before it occurs.
	Continuity and quality of care	Women experiencing violence need a consistent and constant point of care that will continually assess their needs and wellness to ensure they are receiving the right supports and services throughout the continuum. Women will be not be left to navigate through the sea of services alone but instead will have the required services brought to them through the development of an individualized safety and support plan.
	Training	All professionals that interact with individuals during their experience with violence require specialized training in intimate partner and domestic violence and in trauma. This includes outreach workers, police and other first responders, those that work in the judicial system, and other service providers. Specialized training is essential to reducing negative impact and relapse.
	Augmented services	Enhanced service provisions, such as housing services, financial supports, legal services, and counselling options, especially those for children impacted by domestic violence, address the most common needs of those impacted by domestic violence and assist women through their transition towards a safe, self-sustaining life.
	Legal	DV cases require a coordinated approach governed by policies and regulations that are informed by domestic violence experts. Laws and policies need to reflect the desired outcome, which is to protect women and hold the perpetrators accountable.
	Housing options	Providing a variety of safe and secure environments for women and their children who are experiencing violence is paramount. Women cannot evolve in their own growth and healing when their basic needs are not met.

These design principles are further supported by the foundational elements of Governance and Accountability, Funding and Strategy, Targets and Outcomes to achieve a cohesive model of care that is women centred.

Conceptual design

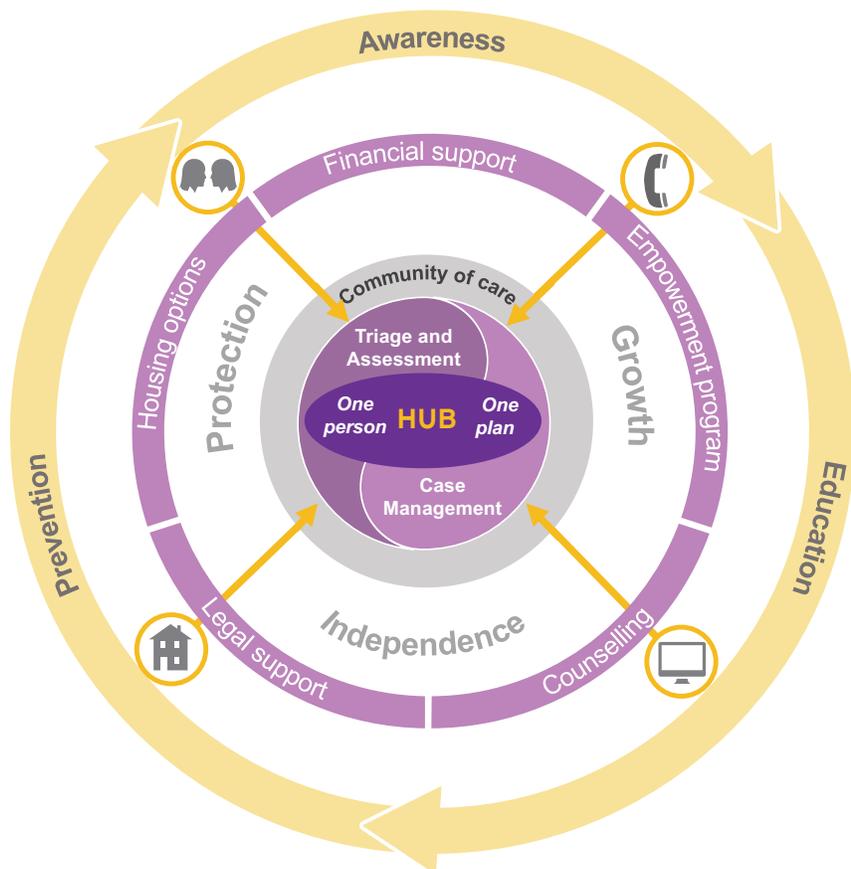
Based on the Design Principles created through extensive consultations and research, a new and enhanced evolutionary continuum of care was created that is no longer bound by time, but is instead women-centred and built around individual wellness and needs. It will provide women with individualized services and supports that are easily accessible throughout a woman's journey towards living a violence-free life, from crisis to long-term support.

There will be a renewed focus on providing adults and children with information on domestic violence and what it means to be part of a healthy relationship. Awareness on the services and supports available for those experiencing domestic violence will become public knowledge and regular conversations on domestic violence will be accepted.

This new model of care will provide women with multiple points of entry to a centralized DV trained referral process professional. Women will experience the delivery of a safety and support plan created to meet their individual needs based on a thorough wellness and needs assessment.

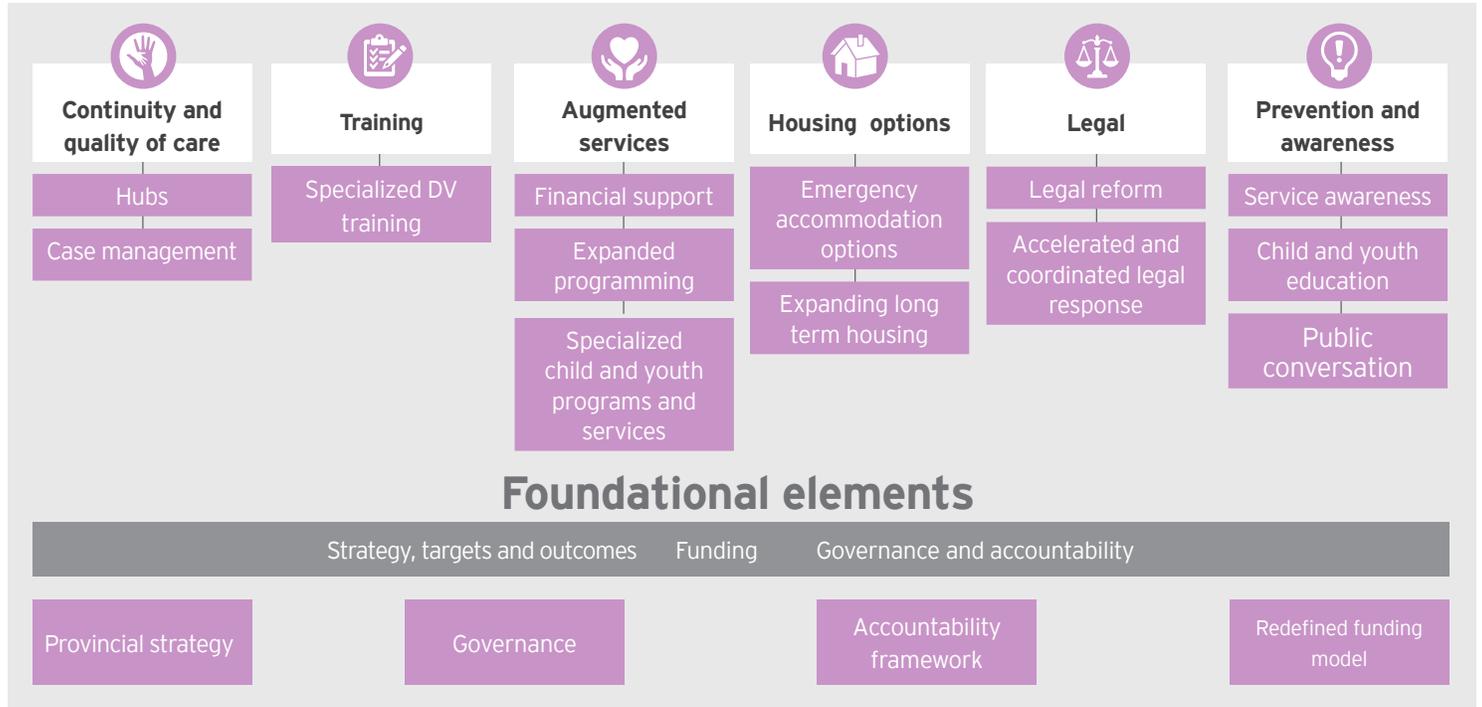
Services and supports will be offered in a collaborative and coordinated manner by DV trained professionals. Women will be guided through the sea of services and supports, based on her ongoing wellness/needs and not left to navigate on her own in, what could potentially be, her greatest time of need.

Intermediate and long-term supports and services will be enhanced, including specialized counselling services for children, suitable housing, legal advice, financial support, long-term counselling, mentoring and empowering programs to help women integrate back into the community and thrive! In order to achieve this new model, existing services (e.g., shelters, outreach, and the supports provided by various professionals) will need to evolve.



Recommendations

To prepare for this transformational change and success of building a continuum of care that is women-centred, the following recommended actions have been identified.



Continuity and quality of care

- 1 Create Hubs throughout the Province to provide accessible, specialized supports for women.
- 2 Initiate progressive, individualized case management support for women.

Training

- 3 Specialized DV and trauma-informed training programs will be delivered to all identified stakeholders.

Augmented Services

- 4 Financial supports will assist women transition out of violent circumstances.
- 5 Expanded programming will support women towards living a violence-free life.
- 6 Specialized child and youth programming and services will be made available to those children affected by violence.

Housing options

- 7 Flexible emergency accommodation options will be provided to women fleeing violence based on their personal needs.
- 8 Long-term housing solutions will be expanded to offer alternative options for women.

Law and collaboration

- 9 Legal reform including law modernization and policy reform will serve as a foundation for improving the lives of women and children affected by domestic violence.
- 10 An accelerated and coordinated legal response will improve access and fairness to victims of domestic violence.

Prevention and awareness

- 11 Service awareness efforts and changes will increase awareness of services to support women in need.
- 12 Child and youth education will be embedded into the education system and will be instrumental in preventing and recognizing abuse.
- 13 A national public awareness campaign will promote the disdain and social null tolerance of abuse in our nation.

Strategy, governance, accountability and funding

- 14 Development of a clear provincial strategy that aligns with the federal Gender Based Violence Strategy
- 15 A strong governance structure will oversee the delivery of services to women and children.
- 16 Redesigned funding model will align financial investment to future care model.
- 17 Accountability framework will institute a quality framework to maintain high-quality services linked to desired outcomes.

Each recommendation is detailed on the following pages highlighting the case for change, the proposed change, supporting evidence for the proposed recommendation and the desired outcome.

Continuity and quality of care

1 The Hub

Currently in New Brunswick, the availability, access and services of first point of contact for individuals experiencing violence is fragmented. Inconsistent approaches and processes to identifying a woman's wellness and needs lead to misidentified, under-serviced, and overlooked indicators.

The existing approach to support clients is depicted in the diagram to the left. Clients navigate through a variety of service providers on their own to access services, which they may be referred to, but largely have to navigate themselves.

To ensure clients receive consistent, coordinated, domestic violence and trauma informed care during their most vulnerable time, it is recommended that HUBS be implemented across the province staffed by subject-trained professionals. This concept is an extension of current outreach services that standardizes outreach responsibilities, works with partnering service providers under a formal agreement and provides women and children with a one-stop shop for domestic violence.

Alignment and integration of services by HUB personnel and specialized professionals will be governed by consistent protocols and comprehensive standards. Each HUB will be supported with official and formalized relationships with HUB partners.

The biggest shift between the current model and the future model is:



	Current state		Future state
	<ul style="list-style-type: none"> ▶ Referral-based care ▶ Reactive ▶ Inconsistent ▶ Safety and housing focused 		<ul style="list-style-type: none"> ▶ Individualized and supportive care ▶ Progressive ▶ Standardized ▶ Safety, wellness and future focused

HUBS will:

- I. Have an open door policy for individuals to walk in, as well as receive referrals from other service providers
- II. Provide a single, area-based entry point into local specialist family violence services
- III. Perform risk and needs assessments and safety and support planning
- IV. Provide the link and navigation to other services and long-term supports, including emergency accommodations and/or other housing requirements
- V. Be located in each of the social regions of the Province in multiple safe locations in community-based facilities, and will utilize existing facilities of service providers where it is feasible and reasonable to do so, or provide services virtually
- VI. Have highly skilled, multidisciplinary teams, including Outreach Professionals who will be responsible for the referral process, completing assessments and building individualized safety and support plans

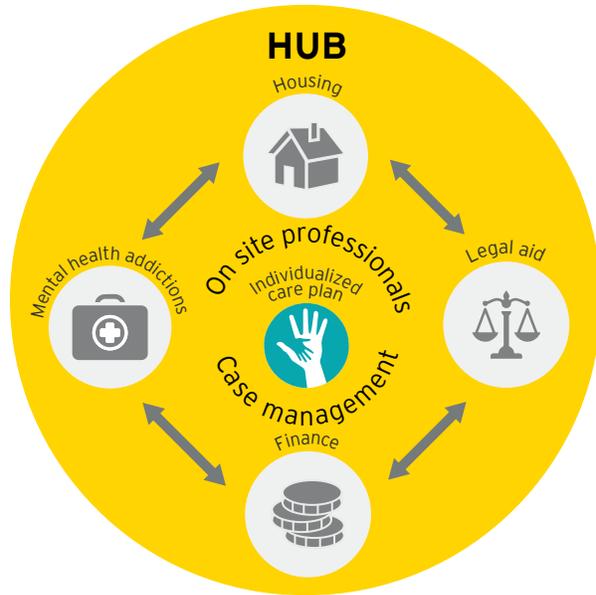
The safety and support plan for each individual may include services offered by the HUB they made initial contact with; however, this does not assume that all of the individual's needs can be met within the existing facility. For example, although a HUB may be established within an existing transition house, the results of that individual's wellness and needs assessments may indicate that their housing needs are better met elsewhere.

HUBS will be the core for all domestic violence programs and services and will be accountable to the lead department on domestic violence in the Province. A common and standardized framework for referrals will be utilized while reflecting the importance of individualized and customized delivery of intervention strategies and subsequent safety and support plans. A quality framework will be developed that will ensure assessments and outcomes of safety and support plans are in line with best practices and fall within the established quality criteria.

Support and Safety Hubs in Australia and Violence Against Women Community Hubs in Ontario offer outreach services to women and children fleeing domestic violence. Women are experiencing a seamless, fast-tracked navigation through real time sharing of information and women are empowered by being active participants in planning their own supports.

Case management

2 ent services are crisis-focused and providers are often unable to communicate with one another even when it would be in the best interest of the women to do so. Concurrent challenges are common and multiple services are needed to move individuals and families forward in their path away from violence. Although some services



currently offer outreach services on-site, this is not consistent across the Province and even those service providers are bounded by the resources within their means.

- I. Outreach will evolve to include case management.
- II. Case management will include safety, support, and wellness plans and evolve with the woman and family. Critical to its success, case management will connect women to effective, appropriate and timely support services.
- III. Wellness assessments (see Appendix E) will be ongoing, fluid and evolutionary in nature and will serve as the anchor for a woman and her children to build on in their efforts towards a violence-free life.

New Zealand's intense case management approach to collectively working with high-risk families has resulted in a reduction in family violence, reduction in the number of serious harm/hospitalizations as a result of domestic violence and a reduction in the number of reoffenders.

The Integrated Service Delivery model for children in NB could serve as a guiding model for domestic violence cases. Both community and government support services will be able to seamlessly share information under the leadership of the case manager and with the understanding and consent of the client, as the circle of care would be clearly identifiable and explained at the referral process. The plan is followed similarly to an Integrated Service Delivery Case – Outreach Professional is the key touchpoint but is not necessarily the provider of identified/needed services.

Women will feel empowered as they plan their own futures with the supports they need and will be less likely to return to a life of violence.

Training

3 Specialized DV training

When service providers are under-trained, the risk of aggravating trauma symptomology and impacting the potential for long-term success is high. Re-traumatization within the current support system is preventing women from reaching out and is putting them at additional risk and danger.

Specialized DV and trauma-based training is necessary across the sector. Training will be tailored to a diversity of users (Legal, Police, Housing, Department of Social Development, Counsellors, etc.) to ensure the most practical application of DV informed theoretical frameworks are in place within designated settings. Essential concepts for all target audiences may include empathy and compassion in conjunction with but not limited to: Cycle of Violence, Stages of Change, Trauma Symptomology and Reactions, Key Considerations within specific support service settings, Aggravating and Mitigating Factors for trauma-impacted populations and Vicarious Trauma.

Specialized training may consist of the following:

Stakeholders	Tier 1 – DV informed training	Tier 2 – Highly specialized DV training (TIER 1 PLUS)	Tier 3 – DV trauma informed professionals (TIER 1 & 2 PLUS)
First responders	<ul style="list-style-type: none"> ▶ Introduction to Domestic Violence* ▶ Introduction to Trauma (baseline level of training required to be effective and prevent re-traumatization when working with trauma-impacted populations) ▶ Intro to Empathy ▶ Intro to Boundaries 		
Front line staff (transition and second stage)	<ul style="list-style-type: none"> ▶ Introduction to Domestic Violence* ▶ Introduction to Trauma ▶ Intro to Counselling Skills/Empathy/Boundaries, etc. 	Understanding Intervention Applications <ul style="list-style-type: none"> ▶ Cycle of Violence ▶ Stages of Change ▶ Motivational Interviewing 	
Triage (outreach workers)	<ul style="list-style-type: none"> ▶ Introduction to Domestic Violence* ▶ Introduction to Trauma ▶ Intro to Counselling Skills/Empathy/Boundaries, etc. 	Understanding Intervention Applications <ul style="list-style-type: none"> ▶ Cycle of Violence ▶ Stages of Change ▶ Motivational Interviewing 	BSW Trauma Certification or additional trauma-focused training hours
Crown prosecutors/judges/lawyers	<ul style="list-style-type: none"> ▶ Introduction to Domestic Violence* ▶ Introduction to Trauma 	<ul style="list-style-type: none"> ▶ Understanding the use of the court as a tool for abusers to further victimization ▶ Understanding the importance of inviting trauma-informed professionals into the court process ▶ Understanding best practices and application of findings when considering CEDV in custody and access 	
Counsellors	<ul style="list-style-type: none"> ▶ Introduction to Domestic Violence* ▶ Introduction to Trauma ▶ Intro to Counselling Skills/Empathy/Boundaries, etc. 	Understanding Intervention Applications <ul style="list-style-type: none"> ▶ Cycle of Violence ▶ Stages of Change ▶ Motivational Interviewing 	BSW or other professional counselling designation Trauma Certification or additional trauma-focused training hours
Educators/guidance	<ul style="list-style-type: none"> ▶ Introduction to Domestic Violence* (recognizing the behaviours associated with experiencing DV at home) ▶ Introduction to Trauma ▶ Intro to Counselling Skills/Empathy/Boundaries 	<ul style="list-style-type: none"> ▶ Recognizing and responding to trauma in the classroom ▶ Best practices for working with children and youth ▶ Trauma and Self Injury 	
Government stakeholders	<ul style="list-style-type: none"> ▶ Introduction to Domestic Violence* ▶ Introduction to Trauma ▶ Understanding Gender Analysis 	<ul style="list-style-type: none"> ▶ Mandatory use of Subject Matter Advisors/experts in policy development 	

*Includes impact of DV on children

The Federal Government of Canada has recognized the need for a more responsive and trained legal and justice system in ethics, conduct and gender diversity so that professionals may have the proper trauma and empathy training they need to best serve and support those impacted by violence. The Government of Canada is also committed to supporting trauma-informed training for a range of service providers, including health practitioners.

Violence Free BC has launched mandatory training in British Columbia for all police officers, nurses and paramedics and Australia has introduced empathy training as a core competency for professionals who work with people impacted by violence.

All stakeholders will have a clear understanding of the principles of long-term change and the steps required to achieve such change. Women will get the right care at the right time, accelerating their progress and helping them to achieve a life free of violence.



Augmented services

4 Transitional financial supports

Many women stay in abusive relationships, as they do not have the financial means to leave their partner. Transitional costs are high and existing funding options are primarily for women who are or will be receiving social assistance supports. For those who receive/will receive social assistance supports, there is a direct link and access to transitional funding; however, for the working low-income individual, it is very difficult to cover first and last month's rent, a damage deposit, set-up costs for utilities, moving costs, furnishings, etc., that come with the expense of relocating. This financial burden is leaving many women, especially low-income workers, at risk.

- I. Accessible and expanded transitional funding must be provided to women fleeing violence to cover costs of transitioning to a new home environment. This support will be evaluated through the needs assessment process and will be linked to goals and case management. Prudency/controls will be in place to ensure funds are appropriately allocated and mismanagement is avoided. Transitional funding may be used at the time of crisis if a woman has an alternate available location and it is decided that this move is in the best interest of the woman and if she requires a storage facility, or it could be deferred until the time of transition from a second stage facility, for example. The timing of the transitional funding is case specific and tied to the women's assessment, safety and support plan and goals.
- II. Additional consultation is needed on New Brunswick's proposed five-day leave policy when domestic violence is revealed. Those who work in the sector of DV need to be consulted and any future policy decisions should be made with women in mind. Other considerations may include naming domestic violence in collective agreements and granting immediate access to employment insurance or other government funding for those fleeing domestic violence.

Additional transitional funding will allow more women to escape from violence and provide them with an opportunity to gain independence.

5 Expanded programming

Many women who live a life of abuse have no or very little self-worth or self-esteem; it is difficult for them to have hope or the courage to better themselves. Programs are required that provide women with an opportunity to increase their self-esteem/self-worth and integrate back into the community so they do not feel isolated. In some cases these programs exist but may lack DV understanding

It is recommended that:

- I. Scale up existing effective empowerment programs so they are accessible to more women.
- II. Current gaps in programs offered are identified and an effort is made to fill these gaps so that women affected by DV have access to services that will help them build the skills and resilience to leave violence.
- III. Women are supported to assist them to become employment ready and help them find opportunities.
- IV. Supports/programs are provided to women to assist them in reaching their educational/training goals.
- V. Additional flexible childcare options and subsidies should be made available for women so that they may return to work.
- VI. Opportunities to introduce mentorship programs are explored.
- VII. Leverage programs from the community (such as the Saint John Learning Exchange) and the Post-Secondary, Education, Training and Labour Department (PETL) to assist women with training and re-entering the workforce.

The Economic Empowerment Project in the United States is helping women impacted by domestic violence gain stable employment and independence by providing help and support to pursue economic goals, create and implement economic plans, overcome obstacles and impede their road to independence.

The MacKillop Foundation of Australia, in partnership with Queen Elizabeth Centre, delivers therapeutic interventions for family members who have experienced violence, and where appropriate, offers additional programs focused on safe parenting after violence.

Through such programs, more women will find opportunities for training and employment; they will rebuild their self-esteem and begin to live a life of independence.

6 Specialized child and youth programs and services

Counselling services for children who have experienced domestic violence is inadequate. There is a lack of understanding of the long-term impacts that domestic violence has on children, leading them to grow up unable to deal with aggression, stress or anxiety. The need for specialized counselling services for children affected by domestic violence and potential sexual violence/abuse is essential to helping children successfully transition into healthy children and adults.

- I. Enhanced integration and collaboration with ISD teams should be explored to optimize and strengthen existing resources and services available to children and youth with complex needs.
- II. Professionals working with children must have specialized training focused on understanding how to effectively work with children.
- III. Educators who interact with children and youth on a daily basis require training to help them recognize the behaviours of a child who may be experiencing and/or witnessing family violence.

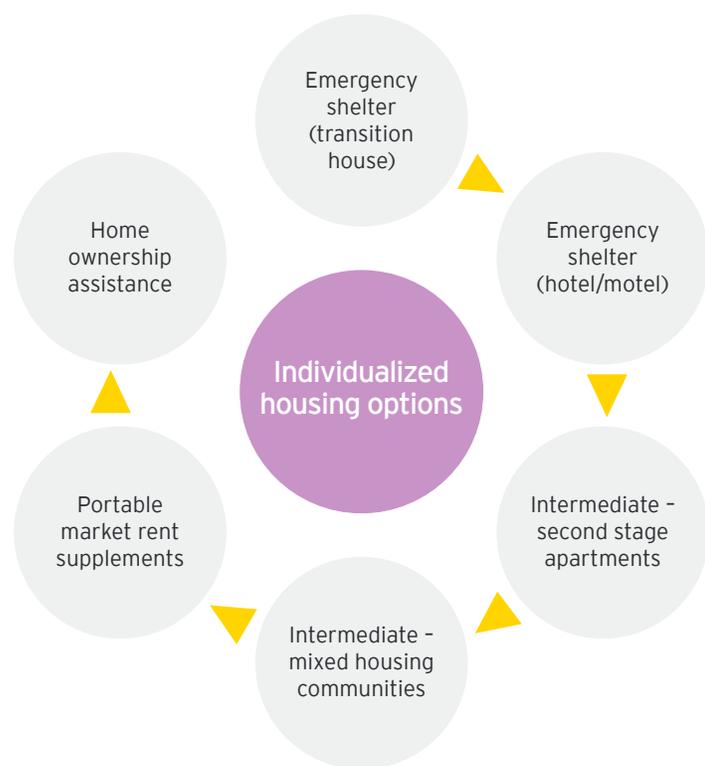
Additional community support opportunities should be explored to enhance awareness around domestic violence and create a null tolerance for violence in our society. Coaching Boys into Men in the United States has been successful in changing behaviours in young male athletes. Studies found that those who are part of the program were significantly more likely to intervene when witnessing abusive or disrespectful behaviours among their peers and were more likely to report abuse.

With the right supports and guidance, children who experience violence can grow up having learned proper coping mechanisms and live a healthy adulthood free of violence



Housing options

Our research supports the need for a variety of housing options to assist people affected by domestic violence. Some women avoid emergency shelters because they seek independent private living arrangements, while others seek a communal environment of support. It is clear that one-size does not fit all and the best approach to assist those impacted is to acknowledge varying needs and circumstances and provide a flexible array of options to support. Some women may choose to seek housing alternatives on their own without financial supports, while others have significant financial barriers to doing so. The flexible housing options outlined will assist women regardless of their financial circumstances and financial transitional stipends will be available to support those that need them. The array of options are outlined below:



Women need a place of refuge where they feel safe, secure and independent.

- I. Revise existing operating standards for transition houses. Operating standards should include:
 - a. Safety and security,
 - b. Reinforcing identity formation,
 - c. Modifying rules and restrictions to encourage independence and creating a community
 - d. Duration of stay based on women's needs
 - e. Occupancy based on rooms not beds.
- II. Work under consistent and appropriate operating standards to reflect an environment of empathy.
- III. Establish independent women/family accommodations where individuals and their families are given the privacy they want and need by converting some existing spaces in transition houses into more private empowering environments similar to today's second stage units.

In addition to optimizing existing emergency accommodations, it is recommended to:

- IV. Provide the option to stay at home with a security system,
- V. Provide emergency accommodations using hotels, motels and Airbnb's when required; specifically of value in rural areas.

Australia is tackling the housing issue by refurbishing existing refuges and several emergency accommodations in the United States have started to re-evaluate their current rules, remove ineffective rules and create a more empowering framework. Empowering emergency accommodations can help to reduce stress, support the need for solitude, accommodate children and adolescents, allow for secure storage of personal possessions and welcome members of the community who may want to volunteer to offer services such as financial counselling.

In Australia, France and Belgium, men are being removed from the home and women and children are able to remain at home with enhanced security, and are case managed from their homes.

Women are looking for more options and those that have the means to utilize a hotel/motel setting are being lost in the system – many of these women are not being served. By providing hotel/motel as an emergency housing option, more women may feel they can leave.

By enhancing the existing transition house model and offering additional emergency accommodations in New Brunswick, more women can be helped and feel like they have a place to turn to. Women will see an opportunity to live a violence-free life and the barriers to feeling trapped and demoralized are alleviated. All housing options offered to an individual impacted by violence will be based on the outcome of their risk and needs assessment.

7 Emergency accommodation options

A model that relies nearly exclusively on emergency transition houses does not meet the needs of women in 2018. Some shelters are operating at full capacity, while others have little to no occupancy at 35%, because women do not see a shelter as being a suitable option for them at their current stage of change given their individual circumstances. In addition, the consistency of service offering and environment and conditions of the shelter vary across the Province. The accountability and quality control of the facilities including the funding allocation criteria is inconsistent across the Province.



8 Expanding long-term housing solutions

There is a need for additional, affordable longer-term housing solutions for individuals impacted by violence. In some markets, this may mean the construction of additional housing units, whereas in others, existing facilities can be renovated and made for purpose. Long-term housing options include both second stage and independent living accommodations.

Additional long-term housing options will be met by:

- I. Providing additional federal and/or provincial funding for the creation of additional second stage and longer-term type units, that may include third stage type units
- II. Redesigning some transition/emergency units into apartment-style housing for second stage and other longer-term use
- III. Providing additional portable rent supplements for those impacted by DV that want to access private market housing
- IV. Making home ownership programs available to families affected by DV, such as Habitat for Humanity where individuals are exempted from making a down payment, and mortgage payments do not exceed 30% of total income
- V. Providing funding and/or payment arrangements for damage deposits and mortgage down payments
- VI. Creating standards for the operation of second stage housing

Women Against Abuse in the United States offers a collective model of emergency, intermediate and long-term housing options. Emergency accommodations can be provided up to 90 days, followed by intermediate housing units, followed by a safe at home program where women can receive case management, housing and financial assistance.

Australia is also creating new housing properties where it is necessary and feasible to do so and providing leases for emergency accommodations. Hungary offers apartment-style living accommodations for up to five years for women impacted by domestic violence. This program is sponsored by the country's government.

Additional housing options for women fleeing domestic violence are required. By increasing the number of affordable, adequate suitable units for women and their children, more women can be helped.

Law and collaboration

9 Legal reform

According to local police, 80% of police calls received are on domestic violence. However, the current judicial system in NB is not structured to protect women and those that have experienced violence. Due to the lack of accountability for abusers, many women are reluctant to even report abuse.

New laws and policies should be formed to formally recognize psychological abuse, granting timely and inexpensive divorce when requested by victims, and stiffer penalties towards the perpetrator at the first police intervention.

To achieve success in the new continuum of care, law changes are necessary to ignite lasting change. The definition of what constitutes domestic violence should be expanded to include any behaviour that in any way controls or dominates a family member and causes them to feel fear for their own, or other family members' safety or well-being. It can include physical, sexual, psychological, emotional or economic abuse and would include any behaviour that causes a child to hear, witness, or otherwise be exposed to the effects of that behaviour.

Examples of laws and/or policies that require evaluation and modernization include:

- I. Custody and access for families experiencing domestic violence; 50/50 custody and access should not be granted in instances of abuse
- II. Loss of income should not be a barrier for a woman to leave abuse
- III. Domestic Violence Penalties: penalties for those using violence need to be enhanced so as to act as a deterrent for users
- IV. Parental approvals/signature for child and youth counselling services should not have to be approved by both parents when there is known violence/abuse in the family.
- V. The capacity for temporary orders to be made or obtained quickly by police in emergency situations, without the need for an appearance before a court
- VI. The (criminal) effect of contravening a domestic violence protection order should be enhanced

Countries where rates of domestic violence are low have specific laws to protect women and hold the perpetrators accountable with consistent and firm penalties.

The City of Chicago now provides its employees with one month of paid leave for those impacted by domestic abuse. This gives women the flexibility necessary to seek the supports she needs.

A reform of the existing laws and policies regulating domestic violence cases in New Brunswick will keep women and their children safe, identify physiological abuse as abuse, hold abusers accountable and allow women to remain at home rather than being forced out on the streets.

10 Accelerated and coordinated legal response

Current supports and services for women experiencing violence are uncoordinated and many are offered in silos with little to no communication between service providers. Women are not familiar with the legal supports available to them or how to navigate through the legal system, causing delays in acquiring Legal Aid which provides their abuser with an advantage when they are able to immediately advance to legal action. Typically, there is no coordinated approach and Crown Prosecutors review cases and make recommendations to the court/judge with little or no input from the women or other service providers who have been providing them with supports.

To ensure that there are fair and efficient legal services for women experiencing domestic violence there is a need for:

- I. Accelerated access to legal assistance for victims of DV
- II. A coordinated approach for the legal system that includes a case conference discussion with the victim, victim services, and other parties as required
- III. If the DV court pilot in Moncton is effective, this model should be replicated across the Province
- IV. Court proceedings should not continue in the absence of a coordinated approach through victim services

Family Plus and other stakeholders in the Saint John area are currently building a case management approach for childhood sexual abuse cases. This forum could potentially be leveraged to represent children and youth impacted by domestic violence by including additional stakeholders and broadening the scope of their mandate.

The San Diego Family Justice Center has been providing coordinated, co-located, multidisciplinary services for those experiencing family violence for over 15 years. This model is based on:

- ▶ Services based on client needs
- ▶ Pro-arrest/Mandatory arrest policies which increase accountability for offenders
- ▶ Policies incidental to arrest/enforcement which reduces re-victimization of victims
- ▶ Safety/Advocacy for those impacted by violence is the highest priority
- ▶ Policies and procedures exist that provide confidentiality to the extent required by law, and has resulted in a reduction of nearly 95% in domestic violence homicides.

A coordinated legal response will provide women with the security of knowing that their story is being reflected accurately, their abuser will be held accountable, custody arrangements will be fair and in the best interest of the child and divorce proceedings will be included in legal-aid services.

Prevention and awareness

11 Service awareness

There is a general lack of awareness on the services available for those experiencing violence as information is disjointed and many experiencing violence struggle with knowing where or how to seek assistance.

- I. A single point of information related to services and programs similar to 211 is required. A service such as 211 can be enhanced by providing women with a code word when placing a call; this will add to her safety as she attempts to reach out for help.
- II. A provincial campaign to promote awareness is essential. There are economies of scale that can be achieved by aligning the need for information related to domestic violence with that of other social services.

Similar awareness campaigns, such as Somos Diferentes. Somos Iguas in Nicaragua, where there have been huge efforts to create social change related to domestic violence, has increased people's awareness of the services available to them and resulted in a 33% greater awareness of the location of these services.

Efforts to increase awareness around domestic violence should align with existing programs and efforts where there is capacity and when it is appropriate to do so and will result in more women being aware of the array of services available to them and how to obtain these services. Creating and promoting a central point of contact for women experiencing violence will build awareness and lead women to the supports they need so that more women can be served.

12 Child and youth education

Best practices have demonstrated that teaching children social education and the signs of abuse at a younger age will encourage breaking the cycle of domestic violence. Women have reported a significant lack of awareness on what constitutes abuse and what it means to have a healthy relationship.

- I. Work with child educators to identify and adopt a best-in-practice domestic violence education program for our children and youth and to incorporate this program into the education curriculum. The focus of this program would be to educate youth, at an age appropriate progression, on social elements of healthy relationships and what constitutes an unhealthy relationship.

The Federal Government (Status of Women) is working towards implementing and piloting ways to prevent violence in our society, specifically child maltreatment and dating violence.

Similar to the Anti-Bullying movement of today's schools and the Prevention of Domestic Violence program in Australia, children can be made aware of and prepared for managing the social issue of domestic violence.

The adoption of a curriculum on respectful relationships in Australia is now mandatory across the country as earlier results showed that physical dating violence was about 2.5 times greater among students who did not participate in the program.

Adopting a similar program in New Brunswick will enable children and youth to recognize violence, distinguish between acceptable and unacceptable behaviours, and help more families break the cycle of violence.

13 Public conversation

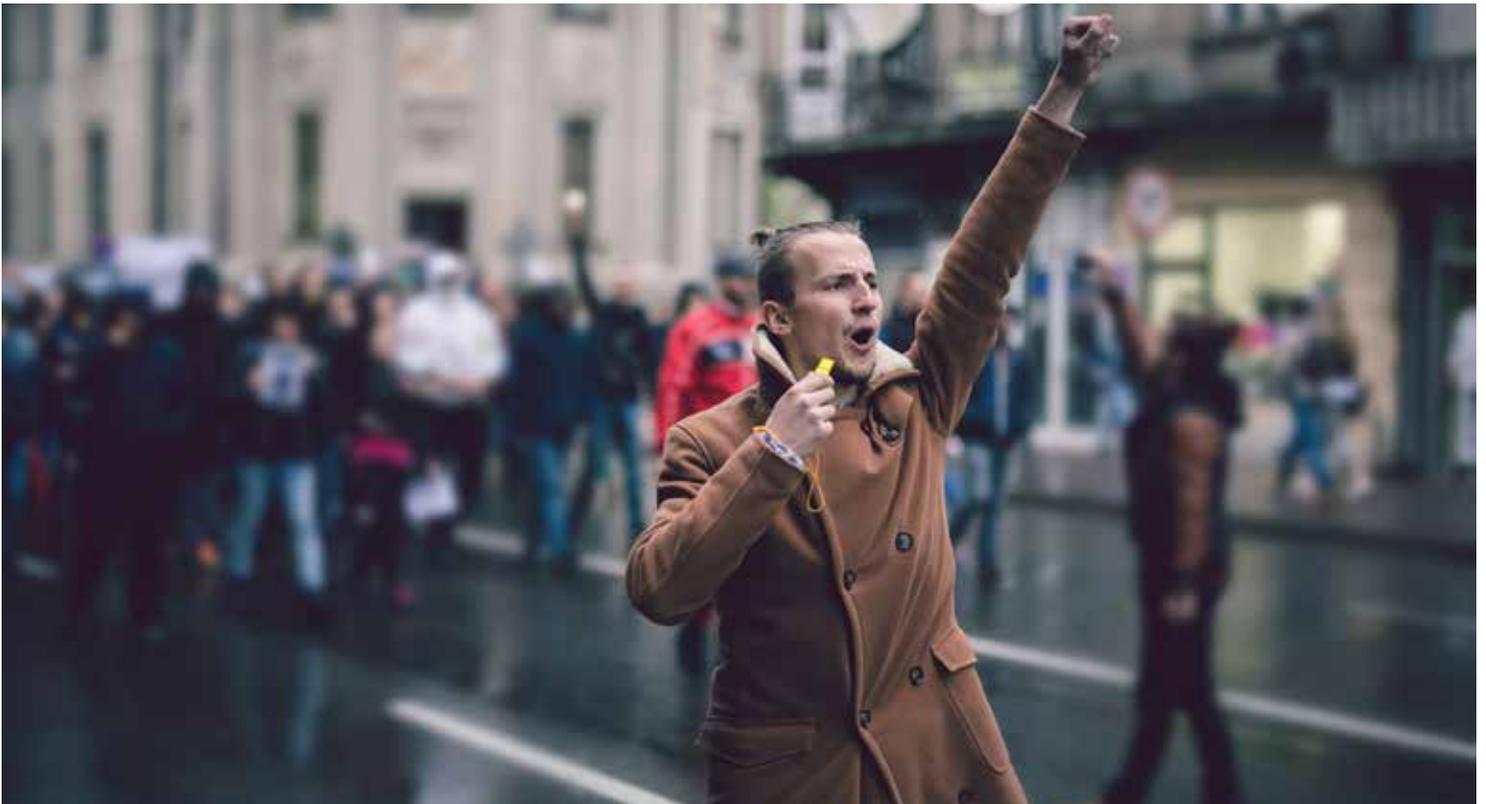
Domestic violence is often a guarded subject that many do not feel comfortable discussing. It is one of the most under-reported crimes in our society, leading to the misconception that DV is not an issue in our own communities. However, the number of homicides associated with DV continues to grow in Canada at an average of 170 per year and a large majority of police calls in the Province are related to domestic violence. There is a need to change society's perception and start the conversation.

- I. It is recommended that a national campaign on the prevention of domestic violence, similar to the No Excuses campaign or the Let's Talk campaign, be designed and launched following the development of a business case with clear outcomes/measures.

Such a campaign can be promoted through the creation of billboards, TV commercials, talk shows, radio and social media. Provinces and/or territories where DV rates are high can jointly work together to pilot a national campaign, demonstrate its successes, and then launch across the country. Existing programs that have demonstrated success, such as the anti-bullying campaign, can be leveraged and local campaigns can be initiated with local authorities using social media to support the awareness of DV.

Operation Solidarity in Australia, which involves local police regularly to engage with those impacted by violence as well as those that use violence, has lowered the domestic violence rates in one state by 24.5%.

This combined joint effort can create an awareness around DV and the impact it has on women and their children. It can contribute to the creation of a society where being an abuser is no longer socially acceptable.



Strategy, governance and accountability, and funding

14 Development of a clear provincial strategy that aligns with the federal Gender Based Violence Strategy

There is no provincial strategy or vision with clear targets or measures that aligns with the federal strategy for Gender-Based Violence.

- I. In support of a national strategy, a provincial strategy is necessary to detail how New Brunswick will reduce the amount and impact of domestic violence in our society and contribute to the desired outcomes of the national strategy.
- II. We recommend the sponsors of Thrive work with the Government of New Brunswick to review and adapt this document as a provincial strategy. This project did not engage all regions of the Province; however, with the variation in experience sampled, minimal adaptation may be required.
- III. A pilot project is recommended to implement the components of the conceptual model of care for women and children experiencing violence. The strategy will be outcome-based and will set clear objectives to provide supports and services for women experiencing violence, enhance second stage and independent housing options, modify the justice systems approach to domestic violent cases, provide options for training professionals, and design and develop a collaborative case management approach that is women-centred.

A shared provincial vision to eradicate domestic violence is paramount. It will provide the sector and stakeholders with a common path to ensure we are all working together to achieve a common goal and that investments are allocated appropriately so that we may achieve this goal together.

15 Redefined funding model

The current funding model is operating in silos with funding envelopes coming from various government departments, fundraising efforts, and other funding sources. This operating model does not consider the aggregate impact services have for those experiencing violence. Currently, funding allocations are inconsistent without clear standards, criteria or outcomes.

With the changes proposed, the funding model and provincial investments will need to be realigned to the new system of supports.

It is recommended that:

- I. The funding envelopes for the Province should be pooled together to reflect a complete and accurate view of the entire investments that will be considered for a future state model. This will include, investments from Women's Equality Branch, Social Development, Department of Health, Public Safety and others. Ideally, the vision, strategy and oversight of the domestic violence programming would be governed by one department with some services remaining in existing departments depending on the service fit (e.g., child protection).
- II. An initiative to develop and estimate funding requirements to deploy the new model will be established with recommendations to realign existing investments that will have the least amount of financial gap possible to enhance services while providing accountability and value for money for government.
- III. The redesigned funding model will align to outcomes and will avoid drivers such as square footage or current staffing levels. The governance structure will support the redesign components of the model and there will be specific emphasis within the model to elevate service quality while enabling service integration.

Government return on investment and value for money will be significantly improved and consistent fund management standards will be applied, resulting in better decision-making and providing funding for services that are proving results, which in turn, means more women escaping and not returning to a life of violence.

16 Governance

A governance structure that adequately aligns with the selected recommendations will be required. The design of this structure will be dependent on the specific recommendations elected for implementation and KPIs will be determined to support the desired outcomes.



17 Accountability framework

The current model for supporting those fleeing domestic violence in New Brunswick is disjointed. There is no one provincial government department accountable for providing guidance and direction to the sector. As a result, service providers are not accountable for the quality of the services they provide, although there are measurements and tracking in place for government statistics, there are no mechanisms in place for measuring the success rate (outcomes) of services being offered.

It is recommended that one provincial government department be responsible for the mandate and file on domestic violence.

- I. Policies and procedures will be defined and/or updated and there will be an accountability structure in place based on a quality framework that defines the required level of quality offered by service providers.
- II. Government together with a supporting structure to be developed with input from key stakeholder groups will be accountable for outcomes and will set annual targets. Service providers will be held accountable to record and report outcomes.
- III. Service providers will be measured against quality elements and funding will be allocated based on the needs of the region. Accountability will be reinforced by memorandums of understanding between the lead department and the service agencies and other departments that have a role to play.

In addition to an overarching quality framework there will be a quality framework for case management. This framework will include a standardized oversight of protocols/quality criteria to ensure that the services are delivered correctly through the case management process. This will include both a second layer reviewer of safety and support plans and a provincially implemented audit procedure for the sector.

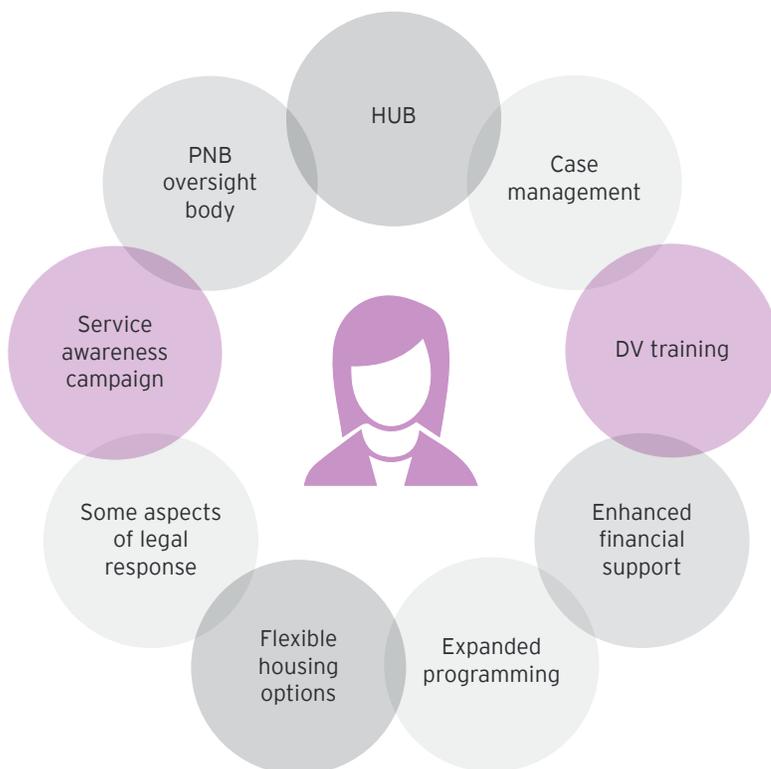
Providing centralized clear direction to the sector will create a breakdown in silos and improve services for women. A centralized accountability and quality framework will allow for informed decision-making and proper funding allocation.

High level timeline

Recommendation	Complexity	Timeframe
Implement HUB concept and case management care (provincial wide)	Med-High	1-3 years
Specialized DV training across the sector	Med	1-3 years
Financial support	Low	<1
Expanded programming	Low-Med	<1
Specialized child & youth programming	Med	1-3 years
Emergency accommodation options	Low	<1
Expanded long term housing options	Med	1-3 years
Legal reform	High	3+
Accelerated and coordinated legal response	Med	1-2 years
Service awareness	Low	<1
Child and youth education	Med	1-3 years
Public conversation	Low-Med	1-2 years
Provincial strategy	Med	<1
Governance	Med	<1
Accountability framework	Med	<1
Redefined funding model	Med-High	<1

Pilot

Components of a sample regional pilot:



Step change recommendation options:

- ▶ Expanded source of referrals – including legal support for child custody and court orders
- ▶ Specialized DV training for legal professionals; lawyers
- ▶ Increased financial support for transitional needs and private legal support
- ▶ Expanded access to self-esteem, job searching and skills development programming
- ▶ Specialized child and youth programming for those impacted by DV
- ▶ Flexible emergency accommodation options
- ▶ Expanded long term housing options
- ▶ Service awareness and education across all DV supports and service
- ▶ Consistent educational programming for child and youth
- ▶ Social media public conversation educational campaigns

Appendix A

Current state assessment

Thrive

March 2018



EY

Building a better
working world

Executive Summary

EY visited 12 transition and second stage houses in New Brunswick to understand the current housing and services available to women in crisis, the challenges they face and the present gaps in the process from emergency through to independence.

There were several overarching themes that emerged from reviewing and understanding the transition and second stage houses.

- ▶ The transition and second stage houses vary greatly across the province, in terms of services offered, policies enforced and quality of housing
- ▶ Funding is delivered by two separate provincial departments and is not outcome based
- ▶ Policies and mandates are outdated and are not made to support the women of 2018 practice quality)

The findings from the visits to the transition and second stage houses were matched with the impacted dimension of what is required for women affected by domestic violence to achieve empowerment and independence.

Background

In 2015, D/IPV rates of NB decreased to 510 cases (per 100,000), but was still higher than for Canada (average), NS & PEI. The 2011 data on D/IPV faced by women in metropolitan areas of NB reveal that Moncton had a total 541 cases of D/IPV (at the rate of 465 per 100,000 population) and Saint John had a total of 424 cases of D/IPV (at the rate of 494 per 100,000 population). These rates are higher than the national metropolitan average rate for D/IPV and the D/IPV rate in Halifax (NS). GNB adds that 66% of murdered women were living with the accused, and that NB has the highest rate of family related murders and suicides in Canada

Methodology

- ▶ EY visited 12 transition and second stage houses in New Brunswick to understand the current housing and services available to women in crisis, the challenges they face and the present gaps in the process from emergency through to independence
 - ▶ 1.5 to 2.5 hour long interviews
- ▶ The current state assessment was based on gaps identified in the system for serving women and children fleeing domestic violence to achieve independence
- ▶ The gaps were then matched with the impacted dimension (based on domestic violence literature) of what is required for women to achieve empowerment and independence post-domestic violence through a framework:
 1. Safety and security
 2. Reinforcing identity formation within a sense of home
 3. Removing rules/restrictions and encouraging independence
 4. Creating a community
 5. Integrated service delivery (EY research best practice quality)

Local Service Providers Interviewed

Local Service Providers	Location	Type of service
Crossroads for Women	Moncton	Transition
Fundy Region Transition House	St. Stephen	Transition
Gignoo Transition House	Fredericton	Transition
Hestia House Inc.	Saint John	Transition
Serenity House	Saint-Anne-De-Kent	Transition
Sussex Vale Transition House	Sussex	Transition
Women in Transition House	Fredericton	Transition
Kent Centre for the Prevention of Violence	Saint-Anne-De-Kent	Second Stage
Liberty Lane Inc	Fredericton	Second Stage
Residence of Hope	Shediac	Second Stage
Second Stage Housing Inc	Saint John	Second Stage

Identified Gaps



Gap Analysis Summary

#	Finding	Description	Impacted dimension
1	Short length of stay in transition homes	The policy for transition homes states that women can only stay for 30 days, however, research shows that 30 days is not sufficient time for a woman to recover and begin to rebuild her life.	Removing rules/restrictions and encouraging independence
2	Secrecy of transition homes	The culture of secrecy around homes that existed in the 70s is still present. However, in a day and age when it's almost impossible to keep something a secret, it can create a sense of isolation and oppression.	Creating a community
3	Limited connections and services when women leave	Most often, when women leave a transition or second stage house, there is little to no contact unless the women reach out themselves.	Creating a community
4	Turning away women in crisis	It has been found that a transition house has been turning away women and children who come to their door in crisis for non-justifiable reasons. At their most vulnerable moments, women are not getting the caring support they need.	Safety and security

Gap Analysis Summary

#	Finding	Description	Impacted dimension
5	Lack of an empowering environment	In many of the houses, a feeling of empowerment was very much lacking. There was often a feeling of oppression and control.	Reinforcing identity formation within a sense of home
6	High variation in outreach service availability	In some houses, there were outreach workers on site, however in others, the outreach workers were working nearby.	Creating a community
7	Varying funding models	Transition houses and second stages vary greatly in how they are funded and how much fundraising is done.	Integrated service delivery
8	Limited support for mental health and addiction	Despite the high volume of women with mental health and addiction issues, the services available to support them are limited.	Integrated service delivery

Gap Analysis Summary

#	Finding	Description	Impacted dimension
9	Limited ability to serve immigrants	It's difficult to serve women who speak a different language and have different cultural norms	Reinforcing identity formation within a sense of home
10	Lack of services for children	Children are often witnesses to domestic abuse for years, however there aren't many services available to them besides "play-based therapy". Which has been identified often as having an adverse affect when used alone.	Integrated service delivery
11	Very limited collaboration between houses	There seems to be little to no collaboration between houses even though they provide the same service and have the same mandate. There is a coalition, however, it does not seem to promote collaboration.	Creating a community
12	Outdated government policies and procedures	Houses are still following government policies created in the 70s that were made for nursing homes.	Removing rules/restrictions and encouraging Independence

Gap Analysis Summary

#	Finding	Description	Impacted dimension
13	Staff education levels vary	Some houses have specialized social workers and counsellors working with women and children while workers in other homes have only a high school diploma.	Integrated service delivery
14	Transition houses are often empty	Many transition houses visited did not have any women staying in the house.	Creating a community

Summary Cards



Crossroads

Transition House

9 Full-time staff
4 Part-time staff

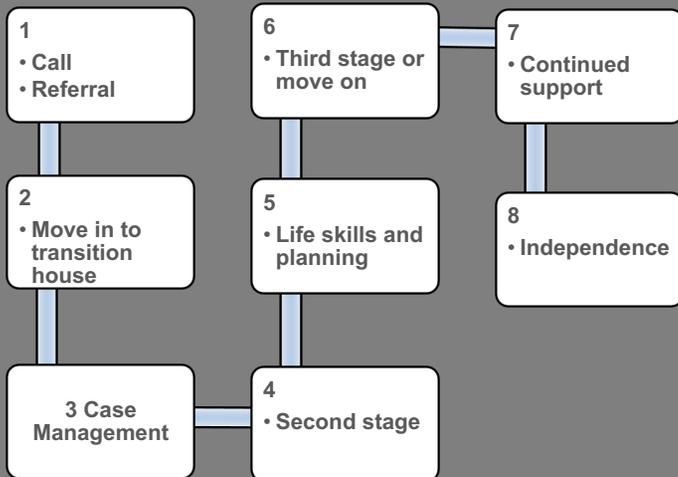
Second Stage

Transition: 41 Beds
SS: 8 Apartments
Third Stage: 2 Duplexes

Third Stage

Average stay: (Transition) 3 months, (Second Stage) 18 months, (Third Stage) no limit

Process



Community Partners

Mental Health And Addiction	Sexual Assault	Children	Housing
	Sexual Assault Crisis Centre	Boreal Sexual Assault Centre	Hospital referrals

Key Differentiators



Fundraising: >50%



Integrated Service Delivery



Government Lobbying



Mental Health & Addiction Housing

Services Offered

Crisis Line

Child Support Program

Counselling

Mental Health & Addiction Housing

Outreach Program

Integrated Case Management

Life Skills Training

Data Gathered

- Crossroads has their own system in place to track their stats

Challenges

Working on cases with the RCMP
Moving through the legal system
Housing for women
Supporting immigrants

Change Desired

- Long-term affordable housing
- Specialized training for DV police units
- Full funding
- Youth education and awareness
- Stipends

Gignoo House

Transition House

Second Stage

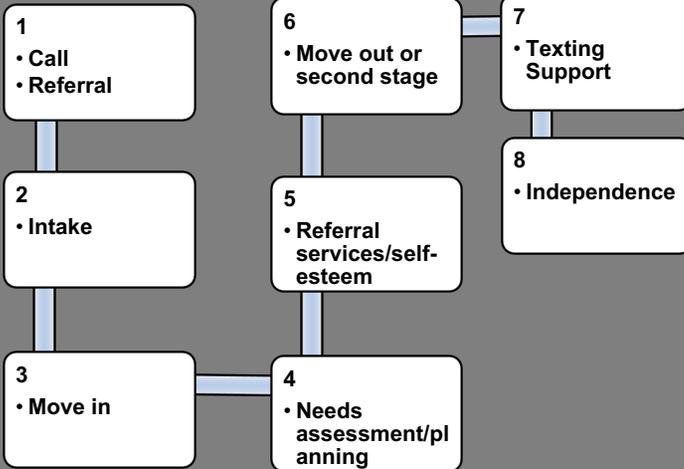
Third Stage

8 Full-time staff
5 Part-time staff

(Transition) 15 beds
(Second Stage) 3 Units

Average stay: (Transition) 45 days to 2 months,
(Second Stage) 6 months

Process



Community Partners

Mental Health & Addiction	Legal	Sexual Assault	Housing
Mental health counselling Addiction counselling	Legal aide	Sexual Assault	NB Housing John Howard

Key Differentiators



IT System

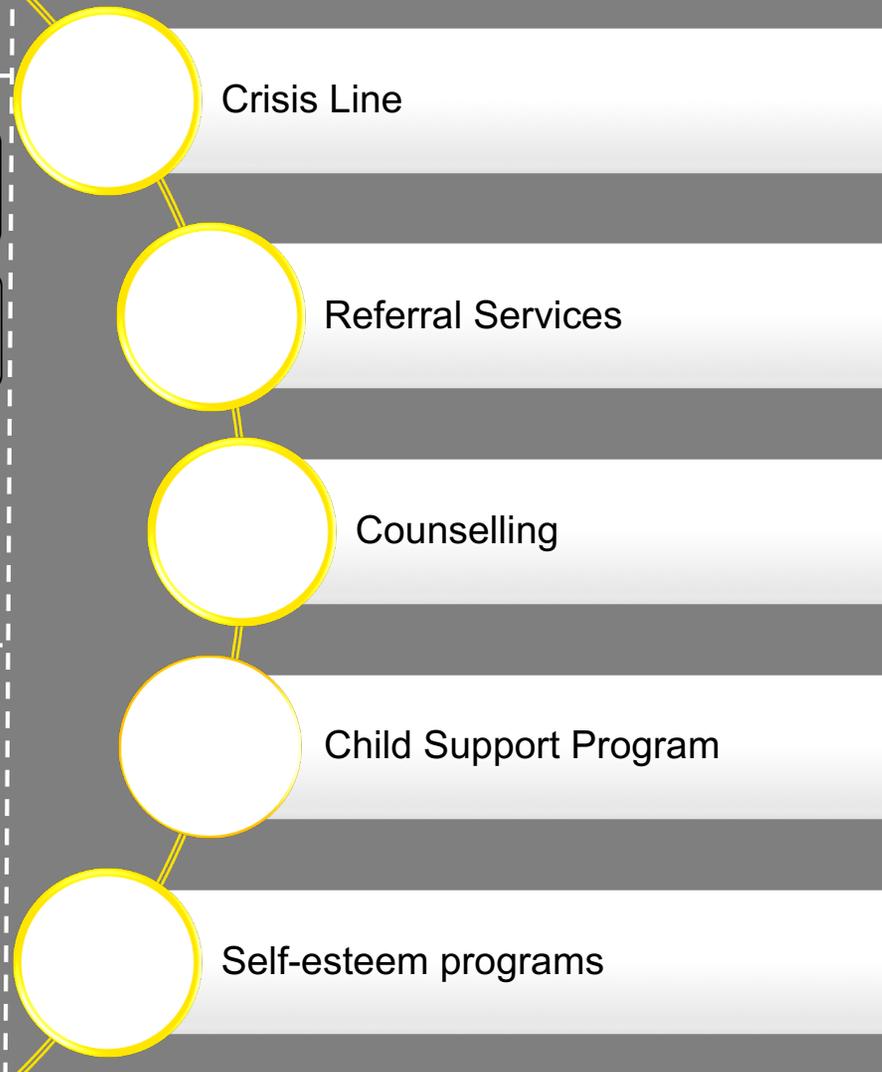


Self-Esteem



Aboriginal Support

Services Offered



Data Gathered

- W.I.S.H Program
- Intake surveys
 - Outtake surveys
 - Government statistics

Challenges

- Mental Health and Addiction
- Affordable housing
- Giving women the information they need to leave
- Untrained police & judiciary system

Change Desired

- Youth education
- Public awareness
- Men's programs and support
- Mentorship
- Child services

Liberty Lane

Transition House

Second Stage

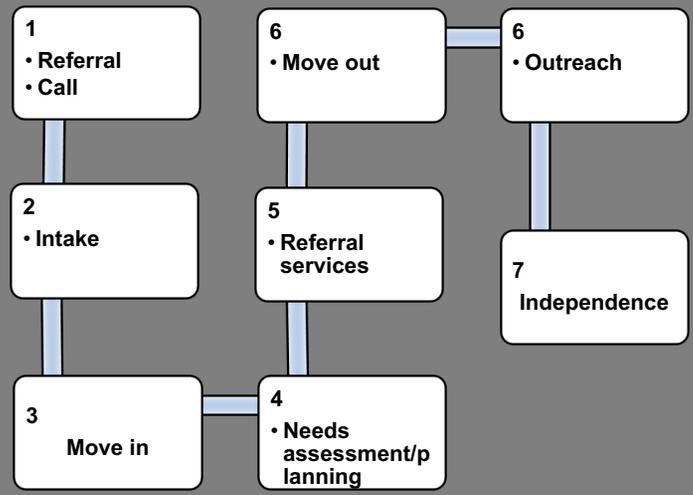
Third Stage

4 Full-time staff

10 Units

Average stay: 2 Years

Process



Community Partners

Mental Health And Addiction	Legal	Children	Housing
Women in Transition	Legal Aide	Family Enrichment Counselling	NB Housing
Capital Mental Health & Addictions	Legal Advice Clinic	YMCA	Fredericton Outreach
Fredericton Sexual Assault	NB Department of Justice and Public Safety	Woman's Care Centre	John Howard Society
		Healthy Baby and me	Sun Group

Key Differentiators



Brand new units



PATHS Program



Social Enterprise



Data Gathered

- Statistics for government

Challenges

- Lack of low rental housing
- Mental Health & Addiction

Change Desired

- Youth education
- Mentoring program
- Housing for older women
- Specialized police forces

First Steps

Transition House

Second Stage

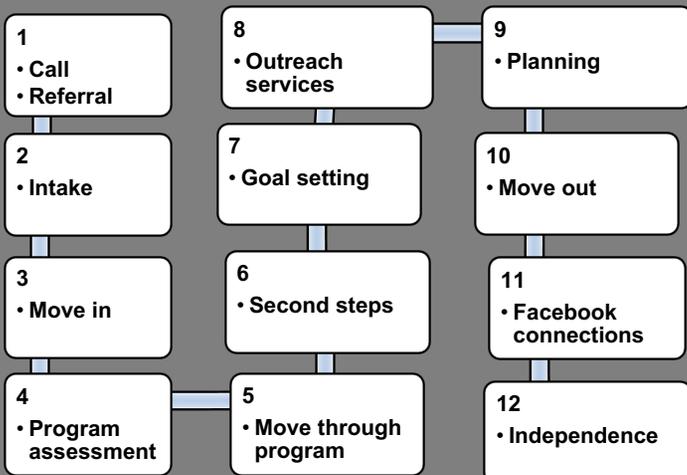
Third Stage

10 Full-time staff
13 Part-time staff

12 beds
9 cribs

Average stay: 10 months for First Steps and 2.5 years for Second Steps

Process



Community Partners

Mental Health/Addictions	Education	Children	Housing
Sophia Recovery	Dr. Christine Davies	Family Resource Centre	Second Steps
Community Health Centre	Education Centre	FACE	Outreach
Ridgewood	Bursary Program	In House Child Development Programs	Mentoring
	Programs and workshops		Housing Alternatives
			Saint John Non Profit

Key Differentiators



Long length of stay



Integrated service Delivery



On site education and childcare

Child Development Program

Daycare

Education Centre

Second Steps Outreach

Mentoring Program

Life skills Coaching

Bursary Program

Data Gathered

- Intake surveys
- Outtake surveys
- Outcome tracker
- Government statistics
- Data for United Way measurable outcomes

Challenges

- Limited amount of space
- Mental Health & Addictions
- Building resilience in women

Change Desired

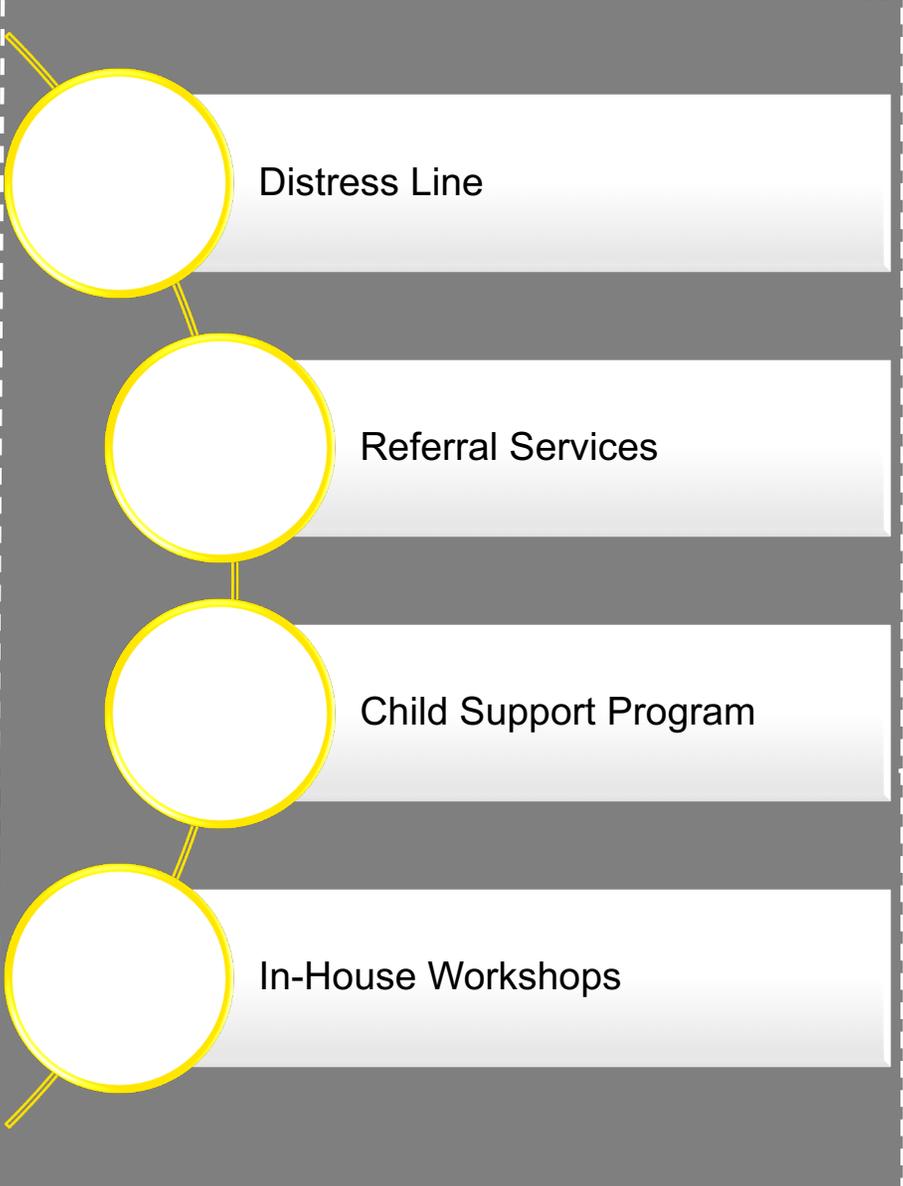
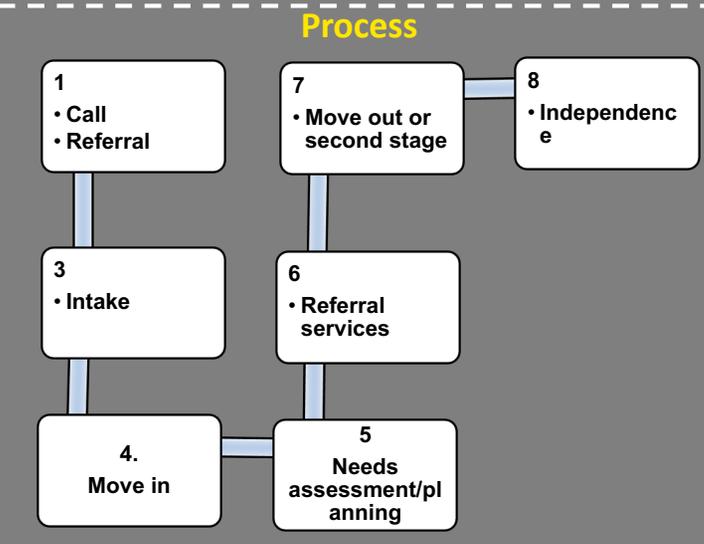
- Mentorship
- Longer stays in transition and second steps
- Youth education

Hestia House

Key Differentiators

Transition House	Second Stage	Third Stage
10 Full-time staff 2 Part-time staff	20 beds 4 cribs	
Average stay: 30 days		

 Community Access	 Years of experience of staff
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Community Partners

Mental Health & Addiction	Legal	Children	Housing
Mental health counselling Ridgewood	Legal aide referral	Child protection	NB Housing

- ### Data Gathered
- Government statistics

- ### Challenges
- Affordable housing
 - Giving women the information they need to leave
 - Mental Health & Addiction

- ### Change Desired
- Youth education
 - Fully funded shelters
 - Long-term affordable housing
 - Integrated services
 - More staff
 - More professionals in shelters

Second Stage

Key Differentiators

Transition House	Second Stage	Third Stage
2 Full-time staff	14 Units	
Average stay: Individualized		



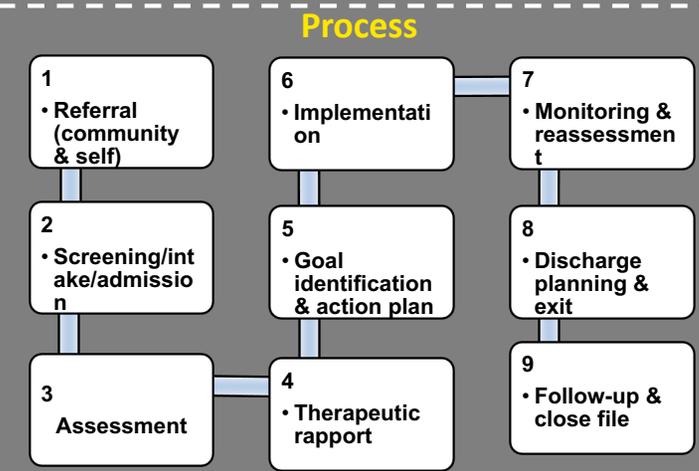
Social Worker on Site



Integrated Case Management



Family Centre



Community Partners

Mental Health And Addiction	Sexual Assault	D/IPV	Other
-PTSD Groups -Ridgewood -Community -Mental health -Sophia House -Gentle Path -Family Plus	SART -Sexual Assault Centre - AIDS SJ	-KVDVO -FRTH -CC Outreach -Hestia -SJDVO	-SD Housing -Housing alternatives -SJCC -Pro Kids -Talk with Me -YMCA



- ### Data Gathered
- Client Progress
 - Statistics for government

- ### Challenges
- Flexible, accessible daycare
 - Limited after-hours child care
 - Transportation
 - Legal
 - Low income assistance rates

- ### Change Desired
- Curriculum, based on DV youth education
 - More affordable housing
 - Accessible, flexible daycare
 - DV court both criminal and family

Kent Centre for Prevention of Violence

Transition House

5 Full-time staff
3 Part-time staff

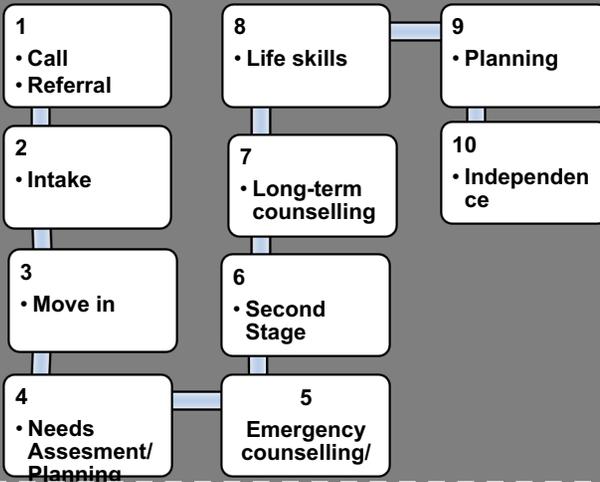
Second Stage

(Transition) 10 beds
(Second Stage) 5 Units

Third Stage

Average stay: (transition) 30 days, (second stage) 1 year

Process



Community Partners

Mental Health	Education	Children	Housing
Mental health counselling Addiction counselling		Child Sexual Assault Centre Child Advocacy Centre	Second Steps Outreach Mentoring

Key Differentiators



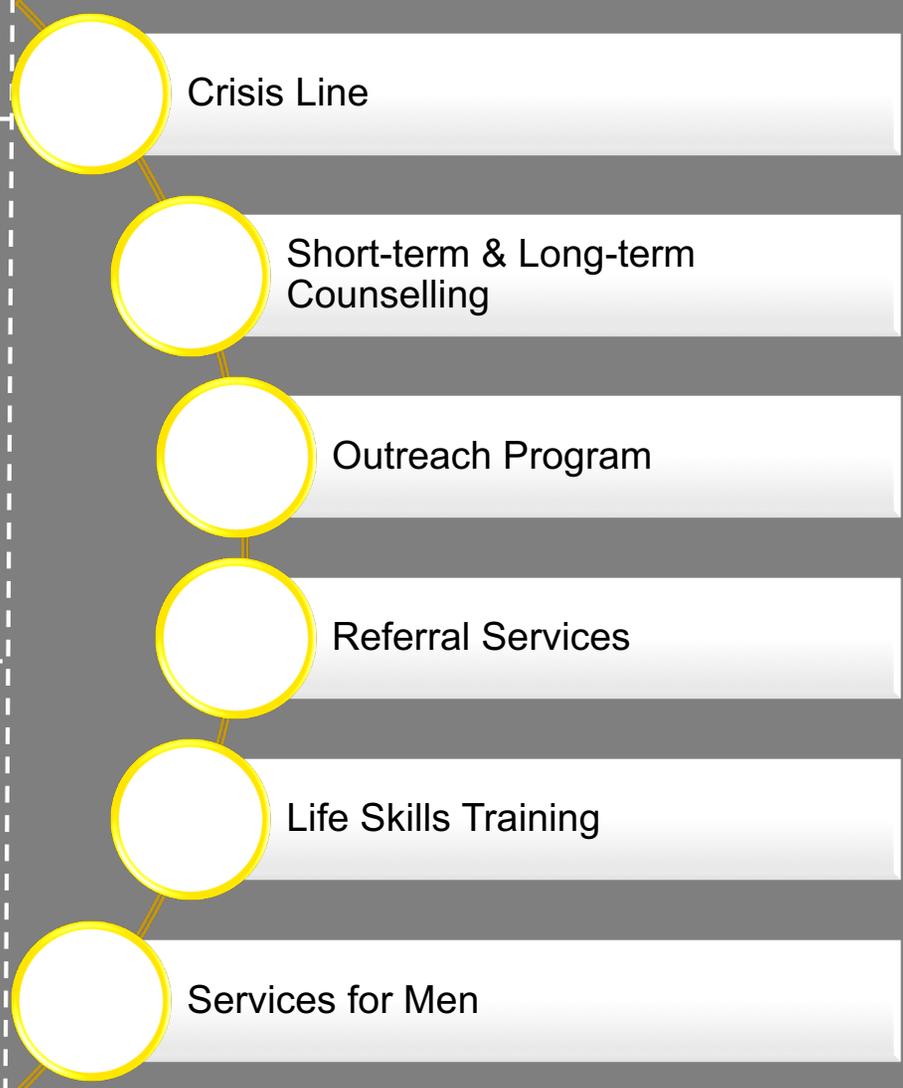
Outreach Program



Integrated Service Delivery



Collaboration with Hospital



Data Gathered

- Intake surveys
- Outtake surveys
- Government statistics

Challenges

- Mental health and addiction
- Second stage housing
- Long-term housing
- Helping women living in silence

Change Desired

- Youth education
- Public awareness
- Post-second stage support
- Mentorship

Women in Transition

Transition House

7 Full-time staff
4 Part-time staff

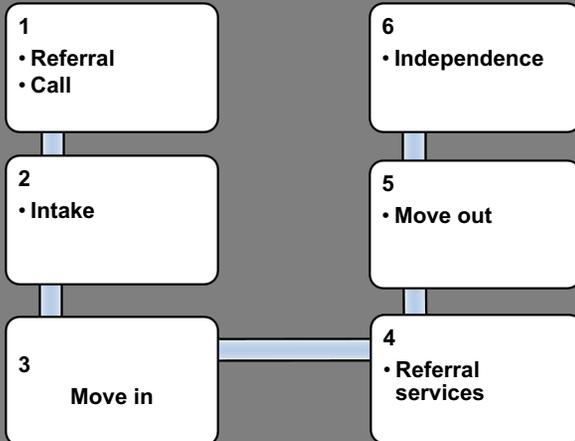
Second Stage

19 Beds

Third Stage

Average stay: 35-45 days

Process



Community Partners

Mental Health And Addiction	Legal	Children	Housing
Liberty Lane Counselling	Legal Aide	Family Enrichment Counselling	NB Housing
Capital Mental Health & Addictions	Legal Advice Clinic	YMCA	Fredericton Outreach
Fredericton Sexual Assault	NB Department of Justice and Public Safety	Woman's Care Centre	John Howard Society
		Healthy Baby and me	Sun Group

Key Differentiators



Awareness Promotion



Safety & Security



Community Connections

Modular programs on a variety of topics

Danger Assessments & Safety Planning

Crisis Line

Individual, Group Counselling & Heart Math Trauma Therapy

Referral Services/Resource Guide

Child Support Program

Speaking Engagements in the Community & Schools

Data Gathered

- Statistics for government

Challenges

- Lack of low rental housing
- Serving immigrants
- Mental Health & Addiction
- 30 day stay policy

Change Desired

- Youth education
- Affordable housing
- Financial assistance

Fundy Region Transition House

Key Differentiators

Transition House

Second Stage

Third Stage

6 Full-time staff
3 Part-time staff

15 Beds

Average stay: 30 days to 5 years



In-house outreach

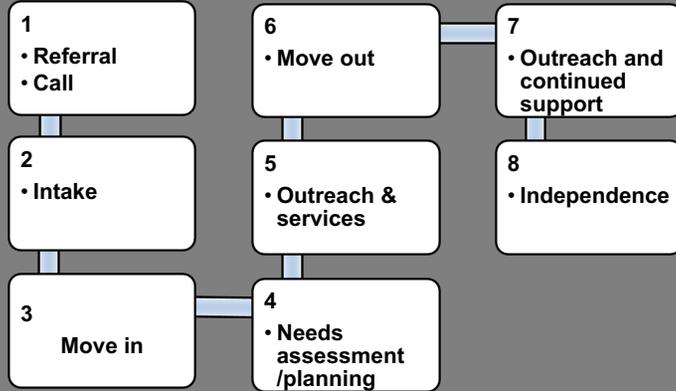


Child Support Worker & Outreach Collaboration



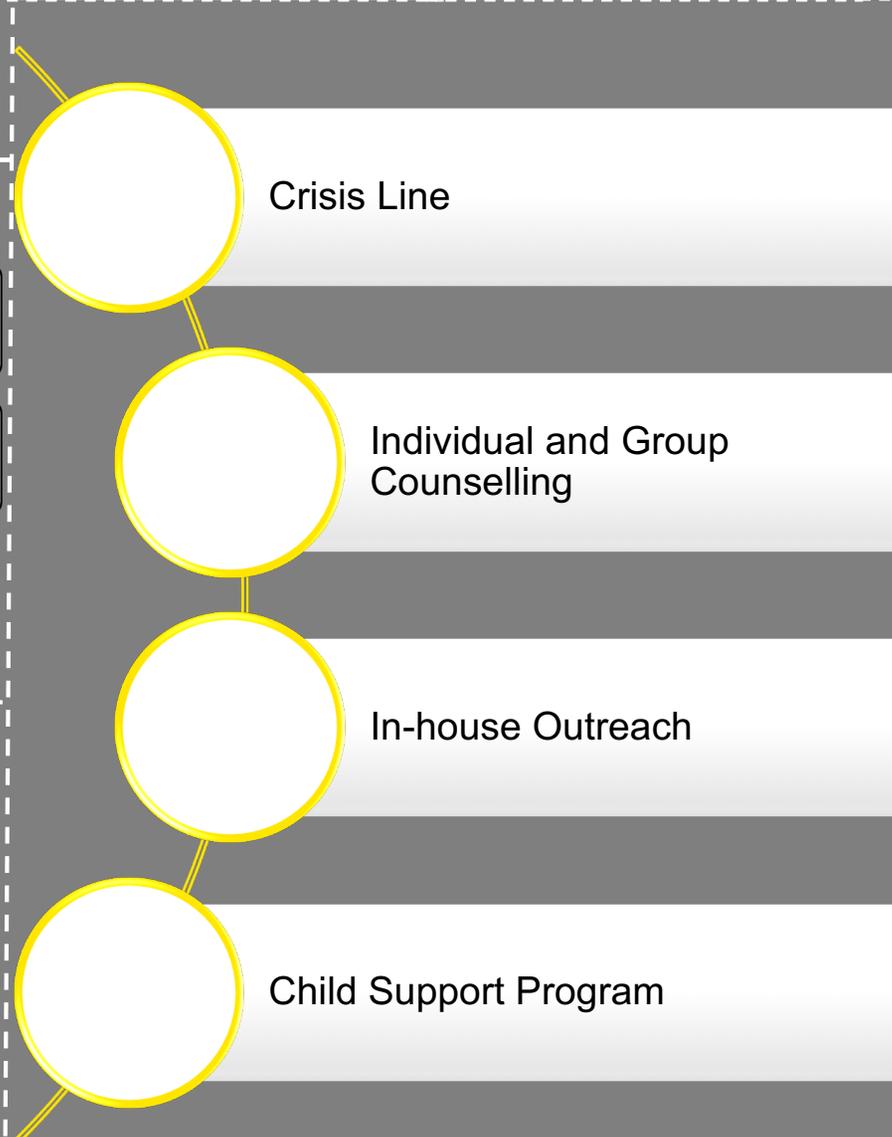
Community Connections

Process



Community Partners

Mental Health And Addiction	Legal	Education	Housing
Mental Health Sophia House	Legal Aide RCMP	NBCC PETL GED Resume Services	NB Housing John Howard Society Housing alternatives



Data Gathered

- Statistics for government

Challenges

- Mental Health & Addiction
- Pay equity
- Legal justice system
- No second stage housing in Charlotte County

Change Desired

- Youth education
- Pay equity
- Minimum wage increase
- Specialized police and judicial unit

Sussex Vale Transition House

Key Differentiators



Empowering Atmosphere



Fundraising >50%



Housing Crisis - Beds

Transition House

4 Full-time staff
6 Part-time staff

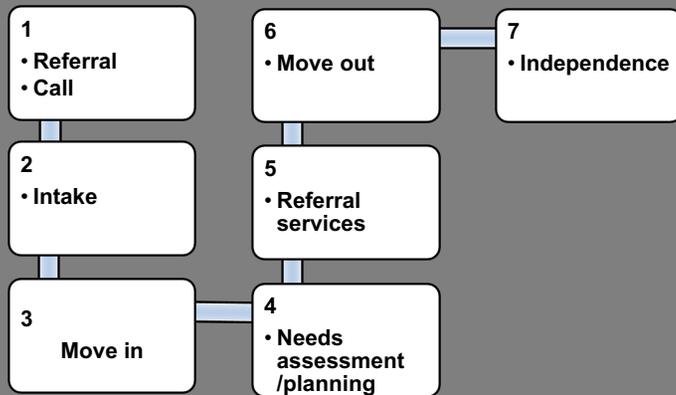
Second Stage

9 Beds

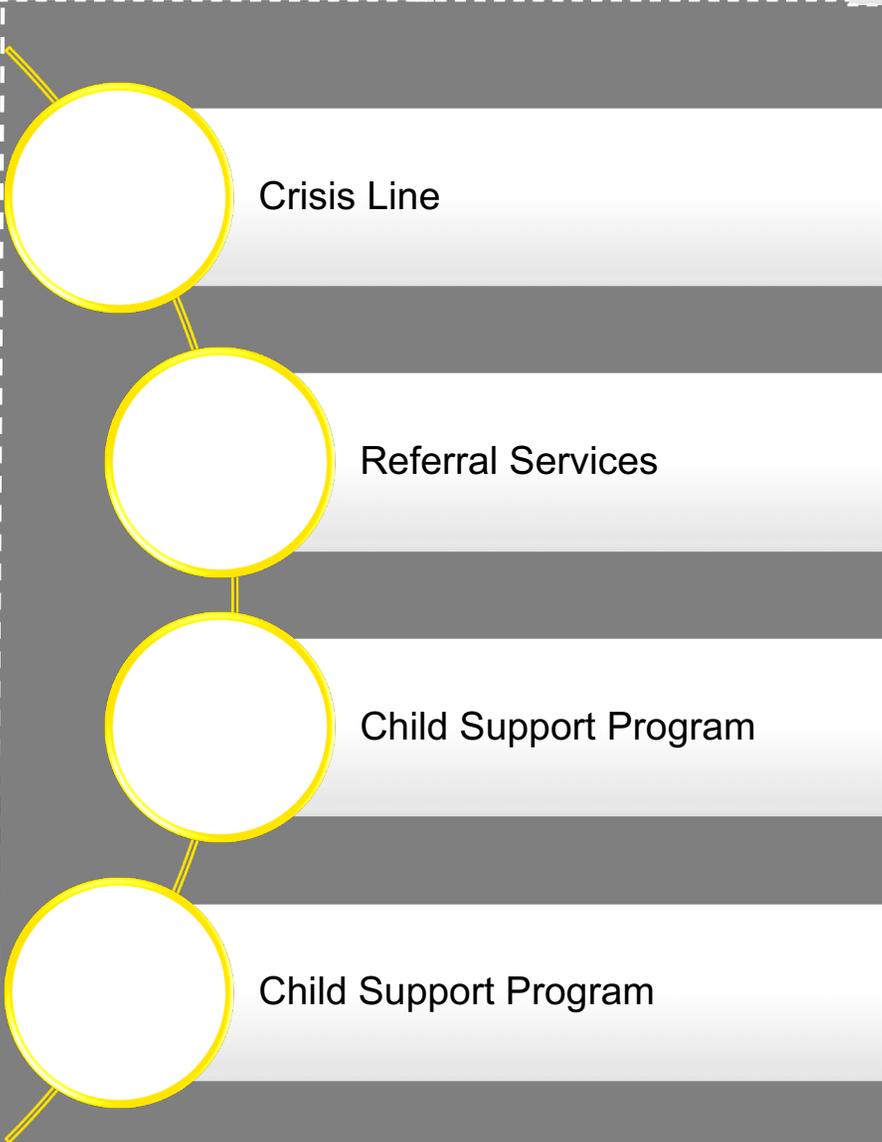
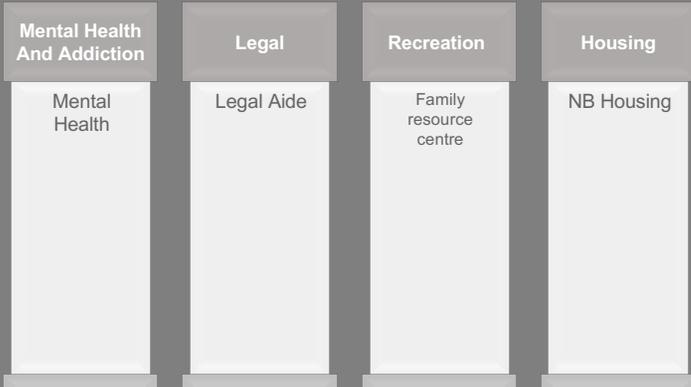
Third Stage

Average stay: (Housing Crisis) (14 days, Domestic Violence) 30 days

Process



Community Partners



Data Gathered

- Statistics for government

Challenges

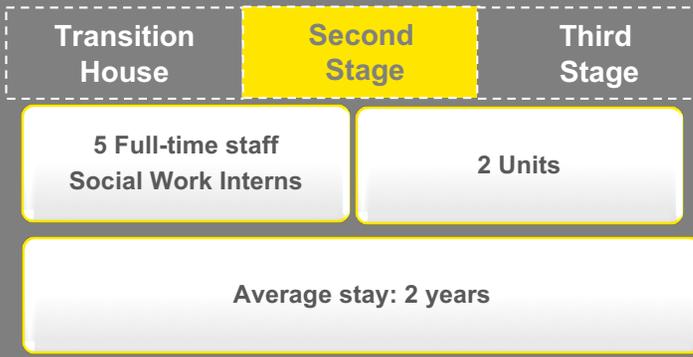
- Mental health & addiction
- No outreach
- No on-site child support
- No programs offered at the house

Change Desired

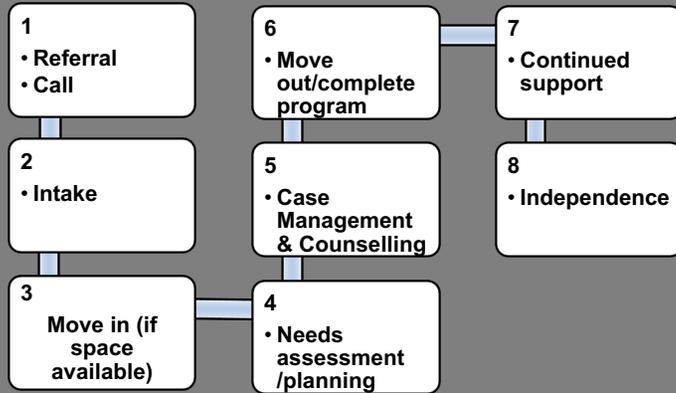
- Youth education
- Mental Health & Addiction housing

Residence of Hope

Key Differentiators

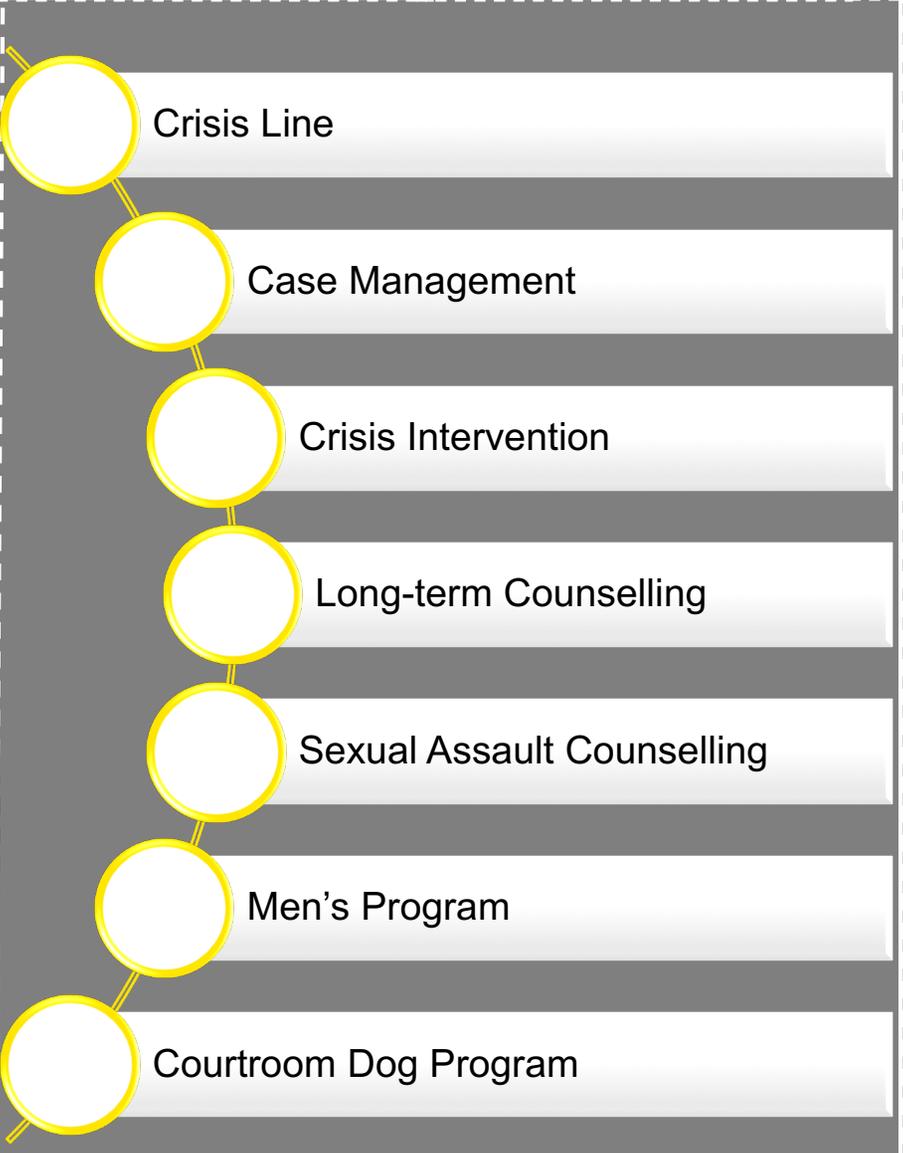


Process



Community Partners

Community	Legal	Education	Housing
Food Bank	N/A	N/A	N/A



Data Gathered

- Statistics for government

Challenges

- No transitional housing (New facility under development)
- Gender inequality
- Current system is a bandaid solution

Change Desired

- Youth education
- Positive male role models
- Pay equity
- How money is invested
- More programs for men
- Give victim closure from abuser

Acknowledgments

The Thrive Steering Committee wishes to acknowledge the transition houses, second stage houses, government departments, stakeholders and of course the brave women from our focus groups. The dedication of the following persons and their in-depth knowledge was invaluable to the development of this strategy:

Name	Organization
Sharon Amirault	First Steps
Elaine Stewart	Second Stage Safe Haven
Julia Forgrave	Second Stage Safe Haven
Lynne Matheson	Fundy Region Transition House
First Steps Board of Directors	First Steps
Second Stage Safe Haven Board of Directors	Second Stage Safe Haven
Fundy Region Transition House Board of Directors	Fundy Region Transition House
United Way Board of Directors	United Way
Wendy MacDermott	United Way
Sheri Coburn	Family Matter & CTRI Training
Stephanie Holleswarth	FACE NB
Julia Forgrave	Second Stage Safe Housing
Keri Goldsworth	New Brunswick Department of Public Safety
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Martine Stewart	Women's Equality Branch
Shelley Murray	Women's Equality Branch
Marie-Gabrielle Gagnon	Women's Equality Branch
Ryan Richardson	Saint John Police Force
David Hartley-Brown	Saint John Police Force
Shara Munn	Public Prosecution
Kate Collwell	Outreach
Brenda Murphey	Women's Empowerment Network
Natasha Benoit	New Brunswick Department of Health
Katina Feggos	Family Plus
Sylvie Leblanc	Child Sexual Assault Centre
Julie Dingwell	AIDS Saint John
Dayna Lutes	Saint John Learning Exchange
Elaine Northrup	Hestia House
Julie Matthews	Sussex Vale Transition House
Fionna Williams	Liberty Lane
Tina Thibideau	Crossroads for Women
Kristal Leblanc	Residence of Hope
Linda O'Brien	Kent Centre for the Prevention of Violence/Serenity House
Dianne Power	Women in Transition
Shelley Germain	Gignoo House
Claude Francoeur	EY
Krista Yates	EY
Judy Mercer	EY
Rachel Cheeks	EY



Focus Groups with Those Affected by Domestic Violence

Qualitative Research Study

Summary Report

February 2018

Prepared by:





In October of 2017, EY was commissioned by First Steps Housing Project Inc. (First Steps) to research, make recommendations, and design, a continuum of care for women and children fleeing violence and at risk of homelessness. This project, called “Thrive”, is fully funded by the Federal Government’s Innovative Solutions to Homelessness (ISH) funding stream of the Homelessness Partnering Strategy (HPS). Second Stage Safe Haven and Fundy Region Transition House are also partners in Thrive.

As part of its continuum care model development, EY commissioned Corporate Research Associates Inc. to design and conduct a series of focus group consultations with women affected by domestic violence. The primary objective of this qualitative research was to better understand the service experience of those impacted by domestic violence, including the support services used, the challenges faced in finding such services, exploring what needs were unmet, and how services could be better aligned to meet women’s needs.

To meet project objectives, a total of five in-person group discussions were coordinated in the Saint John area, as well as in St. Stephen. In addition, one group was planned with Hestia House, but unfortunately no participants showed. To accommodate for this, a series of in-depth, telephone interviews were conducted with eight individuals affected by domestic violence. Across all sessions and interviews, a total of 36 women took part in this study. The inset boxes to the right provide further details on the research methodologies employed.

The following report presents a summary of results from the qualitative research and includes an executive summary of results, key considerations and a detailed analysis of findings. Appended to this report is a copy of the moderator’s guide.

- **5 groups** with women who had experienced domestic violence
 - 4 groups in the Saint John, NB and surrounding area
 - 1 group in St. Stephen, NB
- Participants included those who had experienced domestic violence, in both urban and rural locations, and included both those who had and had not lived at a shelter
- Groups were held at various shelters or community meeting places
- **8 telephone, in-depth interviews** with those impacted by domestic violence

- Group discussions and interviews were conducted Jan. 29- Feb. 6, 2018
- Each group lasted 2 hours, while phone interviews were 30 minutes
- EY managed all recruitment in cooperation with local shelters /support services and coordinated incentives for participants

Context of Qualitative Research: *Qualitative research is intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. This type of discussion allows for flexibility in exploring all areas that may be pertinent to the investigation. Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. As such, results cannot be applied to the overall population under study, and must be used as directional insight.*

**Executive Summary
& Considerations**

Service Experiences & Needs

Ideal Supports

Results of the **2018 Qualitative Research on Domestic Violence** reveal that existing services for women impacted by domestic violence in the Saint John and surrounding area fall short of meeting women's needs.

Currently, a number of barriers exist that prevent those affected by domestic violence from seeking assistance. For most, there is a lack of awareness and understanding of what constitutes domestic violence. This, combined with a fear of the unknown and a complete lack of awareness of what services might be available to assist, all create an environment that does not encourage women to lead a violence-free lifestyle. Altogether, these findings underscore the importance of increased public education and awareness of domestic violence, with a goal of creating a society that is less tolerant of domestic violence and more accepting of encouraging change in this regard.

Many women reportedly were unfamiliar with what constitutes a healthy relationship when they experienced domestic violence. Indeed, most indicated that they grew up in an abusive family setting where they did not appreciate what activities and behaviours were inappropriate. This highlights the need for increased youth education on healthy relationships and appropriate behaviours in order to reduce the cycle of domestic violence.

While some participants spoke highly of supports they have received during their transition following experiences with domestic violence, they were quick to identify areas where improvements are needed. Indeed, findings suggest that the current model of care falls short of meeting the needs of those impacted by domestic violence. In fact, women shared numerous challenges that have proven problematic in their quest for assistance including: restrictive housing services; limited financial support; incomplete legal service provision; and insufficient counselling services for both women and their children. The need for child counselling services was deemed paramount, particularly given perceptions that domestic violence has long-lasting impacts on the children involved, with the extent not fully realized until they become adults.

The current system was criticized for being inconsistent across communities in the service offerings available, with a notable absence of service in rural communities. Further, women were critical of the apparent lack of specialized training related to domestic violence for various service providers (e.g., health practitioners, police officers, school officials).

In addition to perceived inadequate financial aid, those impacted by domestic violence believe there is insufficient counsel or assistance to help them transition through support services and move towards a safe, self-sustaining, independent lifestyle.

Finally, when asked to consider what the ideal support service for those impacted by domestic violence would include, participants consistently outlined a wide range of enhanced service provisions. Not surprisingly, these address many of their perceived shortcomings of the existing service provision model and are supported by heightened public education and awareness on the topic.

As EY looks to design and recommend options for a continuum of care model for individuals affected by domestic violence in the Saint John and surrounding area, research findings suggest that consideration should be given to the following:

1. Develop a Revamped Model of Care: A new continuum of care model should be considered that includes:

- **More independent, but safe housing options** which provide less restrictive inclusion of children of different ages and ideally pets. Such a housing structure would provide round-the-clock shelter, privacy and independence for women and their children, while also including a shared common space, and in-house professional counselling services.
- **Increased counselling services for women** (at all stages), conducted by professionals trained in domestic violence.
- **Provision of professional child counselling services** specifically targeted at domestic violence experiences, as well as sexual abuse.
- **A collaborative care model**, whereby various service providers (police, hospitals, schools, shelters, etc.) work together to provide a seamless and caring service provision.
- **Increased financial aid for women**, ensuring financial assistance and coverage of such things as daycare services, medical care, transportation (e.g. bus passes or taxi chits for emergency transport to and emergency shelter), and regular meals.
- **Development of a mentor program** for those interested in taking advantage of it.
- **Enhanced legal services** (which outline in simple language the legal dos and don'ts, and provides counsel particularly in relation to custody and divorce).
- **Counselling services for abusers** to ensure they too get help.
- **Specialized training on domestic violence** for key service providers (e.g. police/RCMP, health practitioners, schools and those working in any shelter or housing services).
- Introduction of housing shelters and counselling services **in more rural areas**.

2. Promotion/Education Around Services Available:

Findings show women need easier access to information that outlines services available to help those impacted by domestic violence. Greater efforts are needed to ensure all available services are effectively communicated and promoted in the community. The development of a brief, easy to understand summary of services is warranted, and its prominent distribution in public locations (doctors' offices, hospitals, health clinics, schools, community bulletin boards, etc.) is needed. Further, promotion of an easy to remember phone number to call, if needed should be contemplated. Finally, consideration should be given to developing a website whereby residents can easily access such information.

3. There is a need to 'start a public conversation' on domestic violence:

In addition to enhancing any continuum of care model, and communicating those services, findings clearly show there is a need to increase public education, awareness and understanding of domestic violence. Efforts are needed to 'start the public conversation', (similar to national efforts in relation to mental health), whereby addressing domestic violence is publicly embraced, endorsed and encouraged. This in itself will go a long way to increasing the comfort level of those impacted by domestic violence in coming forward and making change.

4. Curriculum Inclusion:

In addition to enhanced public education, consideration should be given to increase youth understanding and awareness of what constitutes a healthy relationship. This was deemed essential in contributing to a decreased incidence of domestic violence. Such curriculum programming was considered most relevant in health, family life, or home economics types of programs in both high school and middle school years.

Executive Summary
& Considerations

Service Experiences & Needs

Ideal Supports

Service Awareness

Women are largely unaware of what services are available to them until they have made use of support services. Support services used primarily included counselling/emotional support and some type of housing.

To begin discussions, participants were asked to complete an individual exercise sheet whereby they selected, from a range of services, which services they believe are or were available to them, and then which of those same services they used.

It warrants mention that across discussions, women consistently reported that they were generally *unaware* of what support services were actually available, prior to their use of various services. Most considered such services to be a well-kept secret, whereby women in need are simply unaware of what actually exists.

All those taking part in the discussions were individuals affected by domestic violence, and to varying degrees, had made use of various support services. While most women reportedly now have some level awareness of most services that are available to them today, this awareness was consistently attributed to a knowledge gained only once they made use of some service or were 'in the system'.

The table shown at right depicts both awareness and usage levels of various services, of women who are past users of services. The darkness of shading reflects higher levels of awareness or usage. As outlined, women are generally aware of the range of support services now available to them, although this awareness is new-founded following their experience. Current awareness is less pronounced of custody support/safety planning services, and less so for childcare assistance.

Importance of Services:

Those who made use of support services were asked how important those services were to them during their time of need. Across discussions, women typically described the support services they used as **critically important**, most notably when considering counselling, emotional support, income assistance and housing. Indeed, the provision of such services was deemed fundamental to their ability to cope and adapt to their personal situation. Only in select incidences did participants consider used support services to be not very or not at all important, primarily because the services were limited in meeting, or unable to meet, their needs. Challenges with existing services are discussed in subsequent sections of this report.

 Support Services		
	<i>Aware of</i>	<i>Used</i>
Housing	Dark Blue	Dark Green
Counselling	Dark Blue	Dark Green
Income Assistance	Dark Blue	Light Green
Emotional Support	Dark Blue	Dark Green
Mental Health Services	Dark Blue	Light Green
Legal Support/Legal Aid	Dark Blue	Light Green
Custody Support	Light Blue	Light Green
Safety Planning	Light Blue	Light Green
Childcare	Light Blue	Light Green

First Assistance

Those affected by domestic violence typically first turned for help following some type of intervention or contact with authorities. For most, the police or social services were their first point of contact.

Across group discussions, women affected by domestic violence consistently indicated that they typically first sought assistance only after experiencing a crisis situation or intervention scenario. For many, a call to the authorities (police service or RCMP), a doctor/nurse intervention at a hospital, family doctor or a visit from Social Development or Child Protection Services often precipitated action. For others, family members or close friends prompted them to take action.

"[When the police showed up] they told me they could take me to family or friends. I didn't have any. They took me to a shelter. I had no choice."

"I talked to a co-worker who talked me into seeking help from the police."

"I didn't know about any place I could turn to for help. I had to go down to the neighbour's house and call the police and they were able to help me out."

A number of women indicated that they had been given a card from a health professional at some point in time, which included a contact name or phone number for future reference if needed.

"I had a mental health appointment when I was pregnant and the nurse told me about it [KV Outreach] as an option as a place where women with children could contact if they needed a safe place. She gave me a card that I held on to. I would have never thought there was help."

For the most part, participants indicated that they reached out for assistance when they did only because they were in a crisis situation that posed real danger for either them or their children. Indeed, a threat of death, injury or bodily harm forced them to seek emergency assistance and remove themselves from the home. Ultimately, they had to find a place where they felt safe.

"The situation had gotten volatile and I was concerned for my and my daughter's safety. When she was in danger that is when I called for help. I wanted to get her out of her life."

"I called the police because I was in danger."

"Things were not in a good place and were getting worse; I decided it was time to stand up for myself and make a change."

"Not being in immediate danger, but sensing potential danger."

"It was either my life or my child's life and it was not going to be us. There was no turning back."

"He threatened my son. I became accustomed to it being for me, but when it came to my son, I knew there was something I had to do."

First Assistance

"I called the police. In my delusional state I thought they could help. He was strangling me with my daughter in my arms. But somehow, he talked to them and everything got turned around. I ended up charged with assault. When he did it again, I was sent to Hestia House."

"My brother and his girlfriend picked me up. Then my mom found a number online and it was for Coverdale. Then I got referred to Hestia House."

For some women there was no option. An intervention by others forced them to finally take action.

"I got help from women in my community. The ladies there pooled their money, because they knew I had to go. From there, I contacted a Transition House because I needed a place to go."

"My situation was different, it was based on child protection. I was forced to go to the Transition House. The situation was out of my hands. I didn't have any support. I was told to go to the Transition House to get support so I didn't lose control or lose my children. They're still my support a year later."

"I spoke to my doctor and he discounted what happened...so I never spoke to my doctor about it again. By the time I went into the hospital a few years later, the nurses picked up on it, but I didn't tell a soul..."

"I didn't look for help, I was in the hospital. I had a visitor from an intervention service. I finally shared details with the intervention worker because the social worker told her what happened and she told me what I had to do."

All women concurred that the violence they had experienced was not a one-time event, but rather an ongoing life situation. Those who had previously experienced domestic violence, or knew some who had, generally knew exactly where to go for assistance. Various 'go-tos' were consistently mentioned including Hestia House, First Steps, Fresh Start, a transition house [generally], YWCA or social services.

"First Steps. I was already there before everything, so I already had those resources."

"Social Services. It was always the first number that popped into my head when I needed help when I was younger."

"Hestia House was a safe haven. Some place I could go and feel safe, with cameras and people looking out for you."

"Social Development first and they directed me to Transition House."

"For me, it was Fresh Start and the YWCA. They're amazing."

"The Transition House is usually my first go to, because the first time I needed them, they were there."

What Services Did You Need?

Key service needs primarily included shelter, counselling, legal advice and financial assistance.

As women managed their crisis there were a variety of key services that they needed. First and foremost, those impacted by domestic violence required **shelter /housing** where they felt safe. They needed an environment where they and their children would be safe and out of harm's way.

"Housing. I found out about Hestia House. Secondly, financial support until I could finish going to school and get a job and things like that."

"Mental and physical health services. The first things we really needed was to be taken care of physically, mentally and to have a place to go that was safe."

"Housing was a big one for me. The YW ended up putting me in their program and that's where I am now. They moved me when he was at his mom's for the day. They just came and packed me up and I left."

"Definitely housing. My parents, I was allowed to stay there for one night and then I had to find somewhere else to go. Housing was my main thing. Mental was the second, because I needed to know that it wasn't my fault, that it wasn't me that did it."

As mentioned, they also required **emotional support**, including a wide range of counselling services to help them cope in their time of change. Counselling was especially needed to help them with their mental health state, namely to overcome the traumatic events they had experienced, develop a sense of self-worth and self-esteem, and to help them become strong. A counsellor was generally considered someone who was professionally trained in their field to offer advice and assistance.

"I had to take care of myself first. I was so broken, I couldn't take care of my kids anymore. Since mental health and since the Transition House and building myself back up, my kids are completely different kids because their mom is a completely different person. It takes a lot, it's an everyday struggle."

"Counselling. That helped me realize that there were issues that weren't just me, because it was more emotional. I didn't see the signs."

"Mine was emotional too. You don't realize it until people start saying 'this isn't right, this isn't healthy'. It took me 26 years."

"What I needed? Support. Emotional. Mental health. Physical. Financial. Legal aid. Custody."

"My first thought was my kids, take care of the kids first and then myself. Mental health and support for myself came second, the kids came first. Do whatever I had to do to get my kids safe first."

What Services Did You Need?

For most, **legal advice** is also paramount during this transition period, primarily relating to custody and divorce, as they navigate the path forward for them and their children.

Finally, **financial supports** were deemed essential as women worked to establish a sense of independence, after leaving their home and all possessions behind them.

“Financial help with daycare. Most of my anxiety and depression came from financial problems. Housing, got me out of where I was and let me get on my feet.”

“Social Development, for income.”

“Money, a safe place to stay, and legal aid.”

What worked well?

Housing supports, counselling services and key professionals' assistance were well received by some.

Participants readily identified some areas where services were well received. Indeed, when asked what in particular worked well during their transition, women were especially complimentary of some **counselling services**.

"The guidance they offered was so helpful. They don't give the answers, but they give you the tools to find the answers. They never give you the answer. They lay the tools out and help you find the way."

"Income assistance, counselling, the emotional support I got from the KV police department. Mental health services. And safety planning was from the KV police department also, they are excellent people."

"Counselling. Because you know there's something wrong and you go there, you start talking and there's confirmation."

"With counselling, there was one thing that I did take from it. When I went to Second Stage Housing, they had counsellors there and they taught me positive coping skills. How to cope when you have flashbacks and they turn into extreme anxiety attacks."

Women were appreciative of the assistance and direction provided by various service providers including some doctors, police services, Fresh Start and the YWCA.

"My doctor pointed me in the direction of the KV outreach."

"Fresh start and the YWCA. They helped me get out, they helped me see I'm worth way more than he was putting me through."

"The police. Having the opportunity to get heard and a safe environment so I could get him away from me and [my child], so I know he's gone. The first thing I turned to was housing, and I had a social worker to help me go to my appointment with the police. I guess a team effort, a social worker with the police and also having a home to go to."

"The staff at First Steps. They showed me that I could do this pregnancy on my own and I didn't need anybody."

"The best service is after you get to the Transition House and you make a safety plan and you have a safe word. When I went home with my kids, I did call ins. Knowing that if I called [the police] and I said my safe word and that the cops would come quickly and I didn't have to call 9-1-1 and answer all these questions because they did it all for me. It made me feel so much safer."

One women explained that after being forced into the sex trade by an abusive partner to generate their household income, having access to sexual health services was very important.

What Was Missing?

Women highlighted a number of areas where existing services are lacking.

Despite some positive experiences, when considering where current support services are lacking, participants offered a number of consistent opinions. Most notably, they expressed concerns in relation to a lack of awareness of existing services, policing services, housing provisions, counselling (for both women and children), financial support and legal services. Further, women consistently voiced concern that the various services lack a coordinated approach or consistent communication.

“None of the organizations are speaking to each other, there’s no communication.”

The following discusses each area of concern in further detail.

Lack of Awareness:

Most notably, women professed a general lack of awareness of what support services are available to victims of domestic violence. Indeed, most found out about the services they used through referrals or by accidentally stumbling upon them. Accordingly, most were not aware of the full range of services that they could have used until the immediate need or crisis was experienced.

“At the very beginning I didn’t have enough information to understand how I can leave my house and take my children.”

“I don’t think anything was not available, but it was knowing about them. I had to go find stuff on my own.”

“Just being made aware that these services are available, because I didn’t realize it.”

“How can I go – where can I go? How can I survive with 4 children? I had no idea. In my country, it is very frowned upon if a women leaves her husband.”

Further, a lack of understanding of the current ‘system’ or process also proved problematic to some. In fact, in multiple group discussions participants indicated that they were unaware of how their specific actions (like calling police) could detrimentally impact their ability to maintain custody of their children because of Child Services’ involvement.

“I ended up having to share custody because I didn’t have evidence; I didn’t know what I shouldn’t have done or all the things I should have.”

What Was Missing? *(cont'd)*

Police Services/RCMP:

Although there were some exceptions, across discussions, participants expressed concern and frustration with a lack of support provided by the authorities in relation to domestic violence. Consistently, participants indicated that authorities lacked a full understanding of domestic violence and were often devoid of any sense of empathy or compassion for the victim. Further, it was felt that authorities often had no special training in how to deal with domestic violence. Those affected by domestic violence consistently expressed a need for a dedicated or specially trained 'domestic violence unit', ideally inclusive of a female officer.

"The police service here was lacking. It took a while for them to go to his house."

"The hardest part for anybody to leave a bad situation is the leaving...I looked for their [police] support to be there for safety when I was trying to get my belongings from the home and they left me there. They said, 'if you need us, call'. So I'm in the home trying to gather stuff with him there and he was throwing things, smashing things. I had to call them to come back."

"They [police] say, 'just grab what you need', but this is my home. Well I need everything, this is mine and my children's life."

"The cop was like, 'what? You took him back? That's your fault'. Sometimes the police don't listen."

Further, in smaller communities where the abuser was often known to authorities, or a personal acquaintance of an officer, the woman's concern was often perceived to be disregarded or minimized.

"It's hard in a small town. My ex is very well known and the police are just done with him. They're scared of him. When it comes to me, when I would say something, it was almost funny to them."

"I find they take too long. It took them over an hour and a half, almost two hours before they got to my place to help me. I think the police should patrol the back roads a lot more. I remember my husband saying to me 'I could be killing you and they still wouldn't be there'."

What Was Missing? *(cont'd)*

Housing Provisions:

While housing was considered an essential and critically important service, women impacted by domestic violence offered some criticisms of the various housing services available, namely a lack of warmth and a negative stigma in the community. Indeed, these comments highlighted important considerations of what services may be missing or lacking.

Hestia House: As an emergency housing shelter, women appreciated that Hestia House provided a safe location for them and their children to go. That said, it was considered cold and impersonal to some, offering little empathy and no trained counselling services at time of extreme need.

“Hestia House is just a place to sleep. Staff weren’t good – they offered little to no advice. When I was there it was lacking privacy and security for women to go outside.”

“I put housing [as missing] because, to me, it’s only Hestia House and it’s not an option [older child].”

Further, a number of women indicated that Hestia House has a negative stigma within the community, whereby women in need are told by others that it is a place that should be avoided. In particular, it was felt by some to be a last resort.

“I didn’t take any of the services because I didn’t know anything was available except Hestia House. And I always thought that was taboo, you don’t go there, so I just suffered it out. When I was a teenager, one of my best friends went there and she said that when you go there, you lose your income assistance. Her daughter ended up having to go to foster care. I kind of felt like, well, you’re supposed to be getting help there, why would you lose everything? I didn’t want to lose my kids. I also didn’t want anybody to know. I was always keeping it to myself and you hide the bruises. That’s the only thing I thought was available and I was too afraid to tell the police. There’s nothing advertised. Why couldn’t there be more things?”

“I was aware of Hestia House, but who wants to go to a house that has other women, other kids and maybe you’re sleeping on the floor. No, I think I’d rather stay in the abusive relationship than stay there. In my mind, I think they should have something like buying hotels. There’s a hotel, it’s all empty. I keep thinking, here’s little tiny rooms that are going to waste when there’s so many women that are being abused and they could have their own room with their kids. That’s what you need, is your own space. When you get out on your own, you want to be on your own.”

What Was Missing? (cont'd)

Transition Houses: Women considered the current transition house requirement, (whereby they had a place to stay during the night, but had no place to go during the daytime), problematic and counterintuitive to effective assistance. In addition, the inability to take children over the age of 16 proved very problematic to some, as they in essence had to leave their older children behind.

“Programs that are available to women, but you’re not allowed to be there all day long. It’s not fair that they have to be roaming the streets all day long, you only have a place to stay at night time.”

“Some of those services, you can only stay at night. It doesn’t help someone who’s scared. You have to be out on the street all day long.”

Second Stage: Various regulations for second stage housing were deemed problematic for some women. As mentioned, an inability to have children aged 16 or older on site was problematic. Further, not allowing male visitors (particularly family members – fathers, brothers, older children) was challenging. Women also preferred a setting whereby they had their own independent space, that offered them more independence, devoid of excessive communal rules that had to be followed.

“Second stage; I feel like I’m living at home with my parents – so many rules in place. There need to be systems in place that make it easier to adapt to life on my own.”

For others, having the ability to bring a pet would be fundamental.

“Not being able to bring our pet, my daughter was crushed. Her whole world was ripped apart and the one thing for her was the dog.”

In addition, it was felt that having maximum stay duration in place forced some women to resort to returning to unhealthy relationships, given a lack of other financial options.

Rural Communities: A lack of emergency or transition housing in smaller or more rural communities was problematic to some, given that they had to relocate their children to the city and uproot them from their school. As a significant barrier, a lack of local housing forced some women to simply stay put in their violent home situation because of no other options.

Final Stage/Next Step Housing Assistance: Finally, when considering housing, it was felt that affordable housing should be provided to women as they strive to be self-sustaining and independent. Such a transitional stage was deemed especially important as women positioned themselves within the community. A number of participants indicated that they simply wanted to be able to have a home of their own again, and would benefit from some type of program that offered cost effective lease-to-own options.

What Was Missing? *(cont'd)*

Counselling/Mentors (for Adults):

Counselling played a key role for those impacted by domestic violence and was essential to their improved health and well-being.

“At First Steps, counselling taught me how to be a parent. I didn’t know how to be a mother. I had been abused all my life and didn’t know what a non-abusive way was.”

That said, it was felt that counselling services were often inconsistent and dependent on establishing a respectful and sincere connection between the woman affected by domestic violence and the counsellor.

“I didn’t go to counselling a lot. I found there were only a few people I could really open up to. I just ended up finding people at First Steps that I was really comfortable with.”

“If the connection is not there, it’s not there.”

“Counselling. It takes a long time to find the right one. Many are just working out of a text book.”

Further, having counselling from professionals specifically trained in domestic violence was deemed both beneficial and necessary.

“There was a huge difference in the counselling I received here [domestic violence outreach counselling] compared to the counselling I got in the regular stream because they were educated in domestic violence. Even just receiving counselling may not be sufficient because the regular counselling has a theory that we should mutually work together. Versus when I got here, I received education about domestic violence. I was taught how to break these unhealthy communications and manipulation.”

“The first time I went to counselling, the girl told me this is just our first assessment and the next meeting, you’re going to meet someone who can prescribe you meds. It wasn’t even, ‘let’s talk for a few sessions’. Maybe that’s not what I need though. It does help people, but they are very quick to prescribe drugs, that is their first method. Not only that, they should be more open that not everybody is suitable for everybody and they should be able to be like, ‘well, if you’re not feeling this, I can suggest you to someone else that might be able to help’, because I didn’t click with mine.”

Women also stressed the importance of in-house counselling whereby they were not required to travel offsite to receive counselling services. It was felt that if you are not strong you can go [back to the abusive situation] easily, because you don’t have the supports early on.

“I think there should be more in-home counselling, especially for domestic abuse. I was nervous to get on the bus and go out on the street. You feel uncomfortable in a different environment.”

“It’s kind of scary when you’re paranoid, that you never know if he’s going to be around.”

What Was Missing? (cont')

One service that was consistently deemed lacking was having a formal mentor program in place, or peer discussions, whereby those affected by domestic violence would have the opportunity to discuss their situation with someone who had personally experienced domestic violence.

“At First Steps, you always had somebody there. Even the staff, a lot of the staff went through what we went through.”

“Mentoring can be helpful – those who have gone thru would be a good.”

That said, an immigrant participant preferred to deal with a professional counsellor only, highlighting that not all women would necessarily want or trust a mentor relationship.

“I don’t want a mentor. I don’t trust someone unless they are the official.”

Some mothers felt it would be of great benefit to have a mentor-style program in place for them and their children (similar to Big Brothers, Big Sisters), where they or their children would have the opportunity to do social activities (e.g., see a game, go to a park, skating) and witness what a healthy relationship truly is like.

Counselling For Children:

Child counselling services was considered one key service need that was completely lacking across locations. While counselling services are offered to varied degrees and quality for women, there was no apparent counselling for children. Mothers were especially critical that youth counselling supports would easily (or more readily) be available for any child in the school system that has a diagnosed condition by a professional (e.g. ADHD, learning disorder, anxiety/depression condition), but that nothing is available for those who have experienced domestic violence in the home. Even if removed from the home, with charges pending for the abuser, no support was available for children related to domestic violence or sexual abuse/violence. One mother commented that the only way she was able to secure any type of counselling for her child was to have her attend grief counselling that was available to children at school.

“I find there are a lot of services for children with ADHD and autism, but there are not a lot of services for children who have experienced trauma.”

“My daughter is eight. The only reason I feel she has the supports that she has is because she was diagnosed with Asperger’s and ADHD through this process. She now has those supports because of that. In the family, she was the one that was abused and she doesn’t have anyone to talk to, she won’t talk to me.[there is no supports for the abuse – just on her diagnosis]”

What Was Missing? *(cont'd)*

"It's hard to teach your children coping mechanisms when you don't have them [yourself]. I'm lacking the help in helping him get through."

"What I've noticed with school and these other resources, once you turn 16, you're forgotten about."

At a very minimum, it was felt that children need to understand what has happened and that certain behaviours are not acceptable.

"[For them] to know that this isn't right."

"Maybe someone just coming in and trying to explain to them that it's not ok."

It was felt that as a result of a lack of available counselling services, children do not know how to deal with their situation and often grow up unable to deal with aggression, stress or anxiety.

"If you can't get help for your kids, you're still tortured."

"Counselling for my kids. It's so much harder to access services for your children."

"My problem is that in every single situation, both parents have to sign off. My children do not get counselling because my ex does not believe in counselling and he's poisoned them against it."

Women underscored the need for various types of counselling services for children including play therapy (for younger children) and emotional counselling specifically related to domestic violence, unhealthy relationships and sexual violence or abuse.

"Play therapy and stuff like that, we don't have a lot people who are trained."

"There are no programs, education or supports around the fact that children are maintaining relations with the father. All these programs are set up on the basis that you've left your abusive relationship and the children do not have to go back into that. That's not the case for 99% of the people. Now we have the issue of the children having to learn and mitigate this back and forth. There's a lot of manipulation that happens there and we don't have the tools to help with that. They have no choice, they have to be there, that's the law, that's the court order."

"The children are abused as well. Even when there is no physical abuse to the child, there is abuse to the whole family yet services were only available to me, which was a huge struggle."

"We really needed crisis counselling and so did the children and it wasn't available."

What Was Missing? *(cont'd)*

Legal Services:

Although there were some exceptions, across discussions, participants generally expressed concern and frustration with inadequate legal service provision. For most, the key concern is that current legal services do not sufficiently meet their needs as they focus primarily on custody issues and do not assist with divorce proceedings. For many, assistance in legally ending a violent relationship and securing closure with shared properties with their spouse could go a long way to help secure some degree of financial security.

“Legal. They don’t touch anything other than custody for legal. We’re still married, his name is still on the house. He still has control over everything. He doesn’t pay any of the mortgage. Legal aid won’t help with that [a divorce].”

“Legal support, there’s no legal support.”

“I think that legal-aid needs to deal with divorce. I can’t get a divorce because I can’t afford it. We’ve been separated for two years, but we’re still married.”

In addition, participants expressed concern for an apparent lack of understanding of the legal system, and how their actions, unknowingly, could significantly impact key outcomes, particularly in relation to property ownership and securing custody of their children.

“Fear of losing your kids. There’s a problem, when you report to the police, they say, ‘we have to call Social Services. Child Protective Services is going to come. And can you give me a report? Has this happened before?’ Well, you just told me you’re going to call Child Protection, so no, I cannot tell you that this happened. I’m not willing to do that because they could say I’ve allowed my children to be in a dangerous situation. And then, later, when I was going the court, the lawyers just throw that out with, ‘oh, well you didn’t make that report the first time, so it’s not valid’. Accessing any of those services, there’s fear. Even with counselling. There’s privacy protection, but not in the case of endangering your children.”

“I had no idea what my rights were when I left.”

“I left everything behind. I was told that I abandoned everything and if I wanted it back, I’d have to hire a lawyer. It’s really frustrating that he has everything.”

What was Missing? *(cont'd)*

Financial Assistance/Services:

The importance of financial support was underscored across locations, both in terms of actual funds and in planning for the future. Many women left everything behind, including all their possessions, and household income. With little to no financial income, they were unable to make ends meet, and unable to establish any financial security for the future.

“Medications. When I left, I had no coverage. I had five different prescriptions that I was supposed to take, I didn’t have any money, I didn’t have any coverage, I came off them.”

“I left the first time and went back because I had no money.”

“I lost everything. I think that’s why a lot of people go back and why I stayed so long, because of the financial.”

“I was told by my social worker that if I get income assistance and then I start getting alimony, I have to pay all that back, so it’s really not worth it.”

“My biggest struggle ever since has been housing. You can always get the social assistance. If there’s enough financial help for housing or if there’s maybe a different program...maybe help these moms get a mortgage or subsidize rents.”

“In my situation, I’m not on income assistance, I’m not on unemployment and I don’t get childcare help because I’m choosing to put my son in preschool. I don’t get healthcare. I can’t save money for a mortgage. I can’t get low-income housing. It’s like I’m being punished for working.”

“Help in planning your future so you don’t have to be a welfare mom, help me look for a good career/option, so I can have options.”

Similarly, financial assistance with childcare was deemed essential – but lacking.

“There should be more daycares for infants.”

“The finance thing too, because a lot of times they expect you to pay for it all [daycare]. It gets really expensive.”

What Prevents Victims from Leaving?

Key barriers to leaving an abusive setting primarily include a lack of realization of the problem, lack of self-esteem, lack of available options and a fear of what might lie ahead.

Given that women who have experienced domestic violence often experience it over an extended period of time, participants were asked why it takes some women so long to get help and what might prevent them from getting assistance.

A number of key barriers were consistently identified as preventing those impacted by domestic violence from getting help. Most notably, participants felt that women are often unaware that their situation is not 'normal' and **do not realize that there is an issue**. For them, living in the environment, and potentially having grown up in an abusive home, means they are unable to identify the dangers of the setting they live in.

"You've been in the relationship so long you think it's normal."

"Denial is huge, that it can't happen to you; it tends to be sneaky; you don't recognize the signs; you think it's normal; A lot of behavior has been normalized that shouldn't be."

"I was married for 22 years and I didn't know what abuse was. That's the hardest part. You don't even know what abuse is."

"I had a hard time accepting I was being abused. There's always that thinking that maybe if they went and got help, there's still hope."

"I think there's also the aspect of not really truly understanding in the moment, when you're living it. I think you know there's abuse, but you don't understand the impact or how great it is until after you've left. Sometimes I think family sees that first."

For many, a **lack of self-esteem, self-confidence or self-worth** is a common occurrence, whereby they have been emotionally and mentally broken, believing they are useless and would be unable to survive on their own. Some reportedly had no friends or acquaintances outside the home and were unable to turn to anyone for advice or direction. They were completely dependent on the abuser.

"Your self-esteem tends to get in the way a lot... you get told you can't make it on your own, you'll never make it without me. Brainwashed."

"I found it easier to stay because I hate being alone."

"Women need to learn that if they gave themselves the ability to love themselves, rather than think they have to love someone else, you'll realize you don't have to have someone to be happy."

What Prevents Victims from Leaving? *(cont'd)*

A **fear of the unknown or a fear for their own safety** also keeps many women in their abusive situation for an extended period of time. Unaware of what options might exist, where they would go, what it would mean for their children, and where they might get assistance, resulted in them believing that there was no other option for them. Further, women are unaware of what services are available to help those impacted by domestic violence.

“You have nowhere to go. They think that nobody cares. I was isolated to the point where I wasn’t allowed to talk to anybody.”

“I kept putting it off because my daughter was graduating high school, I didn’t want to ruin her graduation year. Then she went into nursing, I didn’t want to ruin her studies. Then she finally graduated as an LPN this year, and I said now it’s time. I don’t want to let her know that I didn’t leave because of you. And then I used the dog as an excuse and the cat as excuse.”

Those impacted by domestic violence consistently reported that women often stay in an abusive situation **because of their children**. They believe that removing them from the house (or having to leave children behind as they get assistance) is an option that would be detrimental to their children.

“It’s a process. I think it’s easy for people to say, ‘why did you stay or why were you there so long?’, but you didn’t start a relationship with a monster, monsters are easy to see. It’s slow and it’s insidious and during that process, they are changing you. By the time things do get to crisis level, all of your energy is spent putting out fires in the moment. You can’t see any of the other factors. And you’re so needy, it’s easy for them to be nice for a moment, you need it so badly that it repairs it. It’s a cycle that people don’t understand. It usually takes a serious crossing of the line to make you understand. There’s also fear of Child Protection. If I admit this, if I make a report, then they’re going to take my children.”

“The threats. I tried to leave, I have left and then he threatens, ‘I’m going to have people come and get you and you’re never going to see [your child] again’. It was worse getting caught [trying to leave] than just to stay.”

Many women stay in an abusive situation because they are **fearful of losing everything** that they have. Indeed, leaving their home means leaving all possessions behind, a steady household income, pets, disrupting a family setting, neighbors and friends. The potential loss is given priority over forgoing abuse.

“You believe you have nothing to gain and everything to lose.”

Finally, many women chose to stay in an abusive relationship because they were simply embarrassed or ashamed of publicly admitting what they have endured. Keeping the situation secretive is considered less embarrassing for them and their family.

Domestic Violence's Impact on Children

Domestic violence is deemed to have long-lasting impacts on the children involved, with the extent not fully realized until they become adults.

Without question, participants felt domestic violence and their departure from their home has significantly impacted their children. While for infants and toddlers it is often difficult to tell what impact, if any, there might be, young children are not sheltered from impact.

"She was used to seeing what was going on in the house. It's an everyday norm for her, so it's like, 'why are you leaving?', 'because this isn't normal'".

Many discussed their children's inability to deal with aggression and anger management issues as they grew. Some with grown children described their inability to cope with stress and anxiety as an adult.

"My son developed a drinking problem – he was unable to cope."

"My oldest daughter is on meds now. She's very angry. She goes through counselling. It takes a toll on them too. He was never abusive towards the kids, just a horrible partner."

"You can't parent when you're not yourself. They live it all."

Dealing with a sense of loss was also hugely problematic for some children. One mother explained that her decision to leave her rural community home and an abusive setting meant her daughter lost everything.

"She lost everything - her brothers (they are older and couldn't come with us), her dad, her house, her school, and her dog. The dog was her greatest emotional support and we had to leave him behind. She has difficulty wrapping her head around what has happened and isn't coping well. There is no one to talk to but me."

What's Needed to Help Women Get Help Sooner?

Increased communication and public education are paramount to ensuring women who are impacted by domestic violence get help sooner.

When asked what is needed to ensure women get help sooner, participants offered clear direction, with all suggestions relating to communication and education. Indeed, across discussions, women agreed that they would likely have sought help sooner and left their dangerous situation if they had been aware of the supports available.

To ensure women are more aware of available services and able to access services sooner, suggestions included:

- **Better communicate/promote what services are available** to those impacted by domestic violence (posters, radio, television, bus ads, brochures).
- Ensure professionals (police, doctors, nurses, schools) **are well aware of what services are available**, and are equipped with information that can be easily shared with those in need.
- **Public education** is warranted to ensure youth and women understand what constitutes domestic violence, and what type of behaviours are not acceptable in a healthy relationship.

Executive Summary
& Considerations

Service Experiences & Needs

Ideal Supports

The Ideal Support System

The ideal support service would include a wide range of enhanced service provisions, supported by heightened public education and awareness.

When asked what the ideal support system would include, across discussions, women offered consistent suggestions for consideration, including key preventive measures and specific service provision enhancements.

Preventive Measures:

As previously mentioned, it was consistently felt that efforts are needed to **increase public awareness and education** on the topic of domestic violence to support any provided services. Participants talked openly how public perceptions and understanding have changed in recent years on such topics as drinking and driving and mental health. In multiple instances, women referenced the ‘Bell Let’s Talk’ promotion and the positive impact it has had on improving public acceptance, discussion and understanding of mental health. Unfortunately, the issue of domestic violence was considered one that continues to be ‘taboo’, hidden and unspoken. Change in this regard was considered fundamental to supporting any necessary support system.

“There are all kinds of ads about mental health, but they don’t talk about domestic abuse.”

“Public awareness on TV, on all the newest media outlets with the signs of domestic violence. Safety plans, where to go, numbers to call, websites, put it out there. They plaster everything else out there, but this is something that’s been silent too long.”

“Maybe prevention...we need to be educated. It’s so hard to get out [once you are in a domestically violent situation], but if you’re never in a situation like that in the first place, then you don’t have to get out.” [i.e., education could prevent a woman from being in such a situation]

“More awareness of what mental and physical abuse is.”

“Talk about it more, remove the stigma (Let’s Talk days). Let people know it’s ok to get help.”

It was felt that public education should encompass all mediums including traditional media (radio, TV, social media, posters, etc.) and more detailed information to health professionals and service providers.

The Ideal Support System

Similarly, **increased education within the school system** was considered necessary. Women openly recognized that often victims of domestic violence grew up in an unhealthy home setting, conducive to violence. Accordingly, many do not understand what a 'normal' or 'healthy' relationship includes. Ensuring that the school system (in middle and high school years) includes mandatory classes on what a healthy/unhealthy relationship includes, and what constitutes domestic violence, was seen as positively contributing to reducing the incidence of domestic violence.

"It should be taught in schools, for kids in middle school and high school that there's a place. And what's the signs. Not just physical, but mental."

"A lot of it boils down to advertising and education about what is healthy, what is unhealthy, the signs to look for. Even in school. If it happens in school, both genders would be aware. Both should be made aware, when young, of their self-worth, that they are important. That's one thing I'm realizing I needed to know before getting into a relationship. Where I wasn't able to express my needs, I was always doing things for him."

"Creating awareness, maybe when children are young in the school system, what is a healthy relationship and what's not. Just from boys and girls knowing what is good and what is not good."

"Teaching more warning signs of abuse. I was brainwashed. I think it should start in middle school when they do they sex-ed program. They could join it into what's healthy relationships and what's not."

"They should go to school and make them aware what abuse is."

The Ideal Support System

Enhanced Support Services:

As women created the ideal support system, a wide range of services were suggested, most notably enhanced and expansive housing services, which included necessary supports and services in one place to provide for easier access. Ideally, housing would provide safe and independent housing options for women which would also include a shared or common space where they could mix with other women/families, if desired. The ideal setting was described as a motel/hotel setting, whereby women would have their own space. Further, such a setting would allow for fewer restrictions in terms of allowing older children or male family members to visit.

“One of my three children is a boy, (25 years), he was home in September for the first time in three years; When your family member is here, he couldn’t stay with me; family considerations are important. Would have been nice to have been able to have him for dinner; family could be considered differently. Maybe a pet too; it helps you to create a normal setting; that would be nice.”

“Separate housing, but at least having the access to meet with others.”

“My ideal place would be a motel-like place, where you have your own room and there’s a main hall and a main kitchen.”

“If a person is totally isolated and wants to integrate into the community again, they should have programs in place where they can get back into living again. If there’s no outreach for people like me, you feel lost. You’re left in the dark.”

“Different types of housing for specific needs. When I was in Second Stage, they had support in the building and things we could do together, but we had our own space. Also, there needs to be somewhere where they can have a safe place to go right when it happens. It would be like First Steps, but you don’t have to be pregnant to go in. If you do have a kid, there’s restrictions at First Steps.”

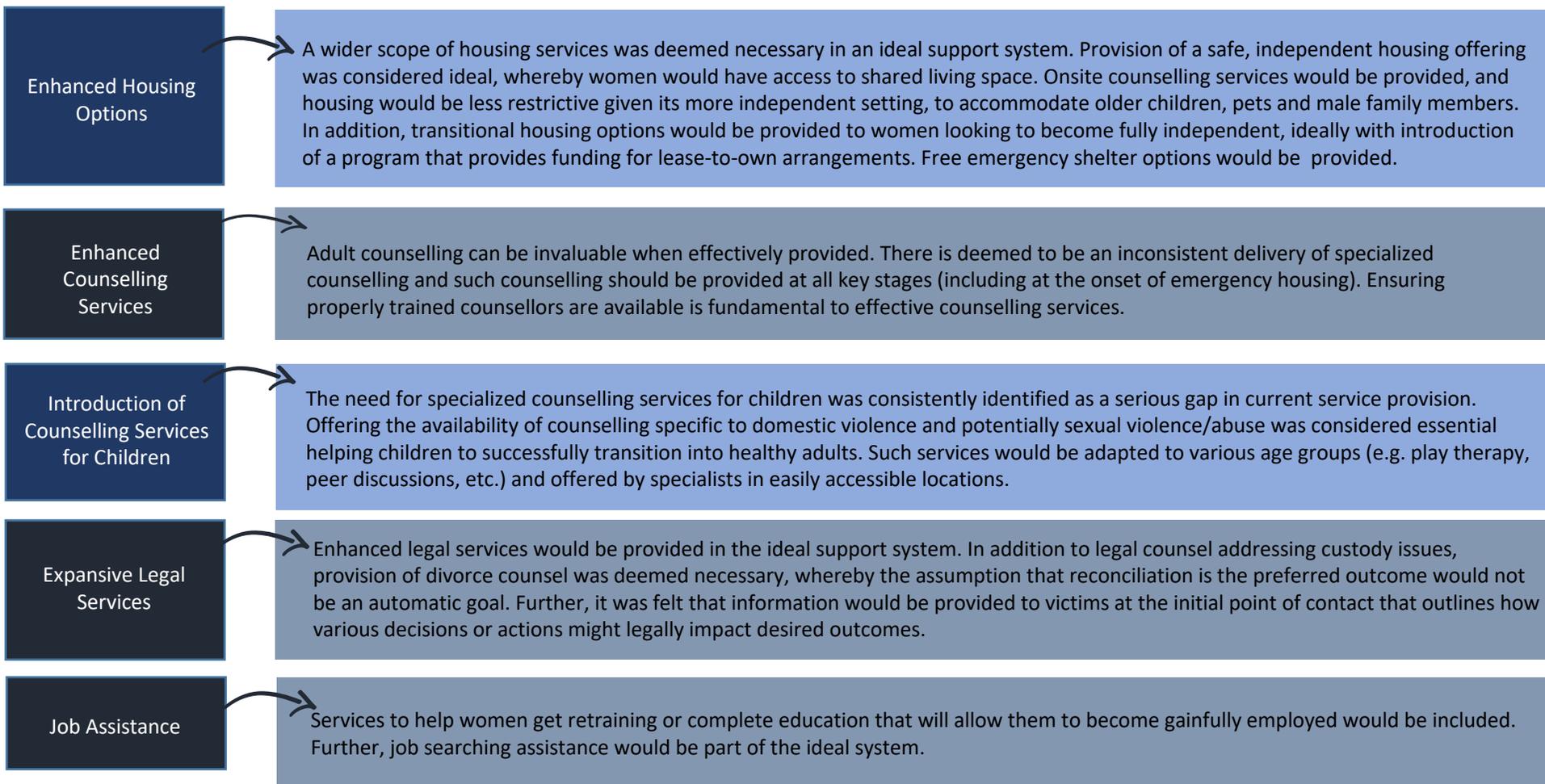
Increased financial supports were also suggested, whereby women could easily access basic needs support and increased counselling opportunities. In addition, ensuring the provision of child counselling services was deemed necessary.

“Some sort of financial resource for women. Those debts, you get to a point where you’re so far down that, whoa, I could end up homeless. What happens if I get kicked out because I can’t pay the rent? Or what if I lose my car? There’s no one out there to ask for help. Having some sort of egg of money that would help women so that they’re not sinking, so they’re able to focus on things like legal aid.”

“Federally fund a province-wide program.”

Ideal Support System

As mentioned, women offered consistent direction on what type of support services should be provided in an ideal system for those impacted by domestic violence. The following provides a brief overview of common recommendations for change going forward.



Ideal Support System

Improved Financial Assistance

The ideal system would provide greater financial assistance for women as they transition through the system. Increased financial support for such things as daycare, bus passes, emergency transportation (taxi chits) to cover initial transport to an emergency shelter, medical coverage, and some food provision were suggested. Provision of free or subsidized daycare services was also desired.

Development of a Mentor Program

In addition to counselling, development of a mentor program was considered an effective addition to current systems. This would provide victims with the ability to develop productive and helpful relationships with additional supports who have experienced domestic trauma themselves.

Specialized Training on Domestic Violence for Service Providers

Greater accountability and empathy is needed across existing domestic violence service providers. It was felt that authorities lacked specialized training on domestic violence, as did some health practitioners. Some also believed that consideration should be given to the development of specialized domestic violence units within police services.

Increased Collaboration Across Services

Victims criticized the existing service for not working in tandem with each other. The ideal support system should be one that is collaborative in its care provision, with various offerings and service providers working together to ensure victims needs are best met.

Counselling for Abusers

In addition to counselling for victims and their children, it was felt that counselling for the abusers should be required with a goal of increasing their understanding of what is unacceptable behaviour and ultimately reducing the incidence of domestic violence.

Introduction of Housing Services in Rural Communities

Rural communities were considered under-served or un-served for those impacted by domestic violence. Expansion of housing support services and counselling services in rural communities was considered essential.

International jurisdictional scan Thrive

March 2018



EY

Building a better
working world

Executive summary

From our international jurisdictional scan, we can see that many countries are significantly advancing in domestic violence prevention, supports and services and that Canada may have a lot of catching up to do if transformative change were to take place.

Violence against women is not a private problem, it is not just a New Brunswick problem, it is not just a Canadian problem. It is a deep-rooted societal problem arching from all areas of the world. However, it is not a problem that cannot be fixed. We are now entering a time where domestic violence awareness is increasing and people are demanding change.

EY and the Muriel McQueen Ferguson Centre came together and conducted research across the globe to draw upon the latest evidence-based, unique and effective practices taking place that are driving systematic change. To help identify key countries of interest, the Gender Equality Index and Domestic Violence Rates from the United Nations were compared, and the results are astonishing, showing that high gender equality does not necessarily correlate with low rates of domestic violence.

Our findings took us to each continent of the globe, in search of innovative initiatives that are making transformative changes in domestic violence. Australia, which is making domestic violence a top priority from the community level straight through to the national level, is leading the globe in its efforts to prevent domestic violence.

Executive summary (cont.)

When it comes to prevention and awareness, Australia has implemented a National Plan to Reduce Domestic Violence, which included such changes as prevention of domestic violence as a part of the Personal Development, Health and Physical Education class in New South Wales school curricula. They have also significantly enhanced services to women currently affected by domestic violence by creating seamless integrated service delivery through the new Support and Safety Hubs across the country where women are triaged based on their individual needs and navigated through the system through active case management to achieve their desired outcomes.

Other countries that were revealed to be combating domestic violence to make a change include the United States through innovative prevention programs using male role models, changing domestic violence shelters to empower women rather than suppress them and helping women achieve success with economic empowerment programs that help women gain stable employment and autonomy. Hungary is removing housing as a barrier completely where the victim can live in an apartment provided by the local government for 5 years, and France is intensively training police to handle domestic violence through brigades where designated intimate partner violence (IPV) police forces are assigned to families affected by domestic violence. Nicaragua created a campaign against domestic violence at the national level engaging youth through TV shows, radio and ads to create awareness of the services available to women affected by domestic violence.

All of these countries are making significant shifts in domestic violence in their countries through their powerful and unique initiatives to create change. The two things that these countries have in common are that accountability and governance is held at the national level and the changes are outcome driven.

Methodologies

Research methodology

- ▶ United Nations definition of domestic partner violence/intimate partner violence (DPV/IPV) used
- ▶ United Nations definition of gender equality (GE) used
- ▶ Secondary data sources (primarily 2013 /2014)
- ▶ Prioritized data from nations where GE is high and domestic violence (DV) is low
- ▶ Compared global best practices to NB/Canada
- ▶ Explored crisis, intermediate and long-term supports

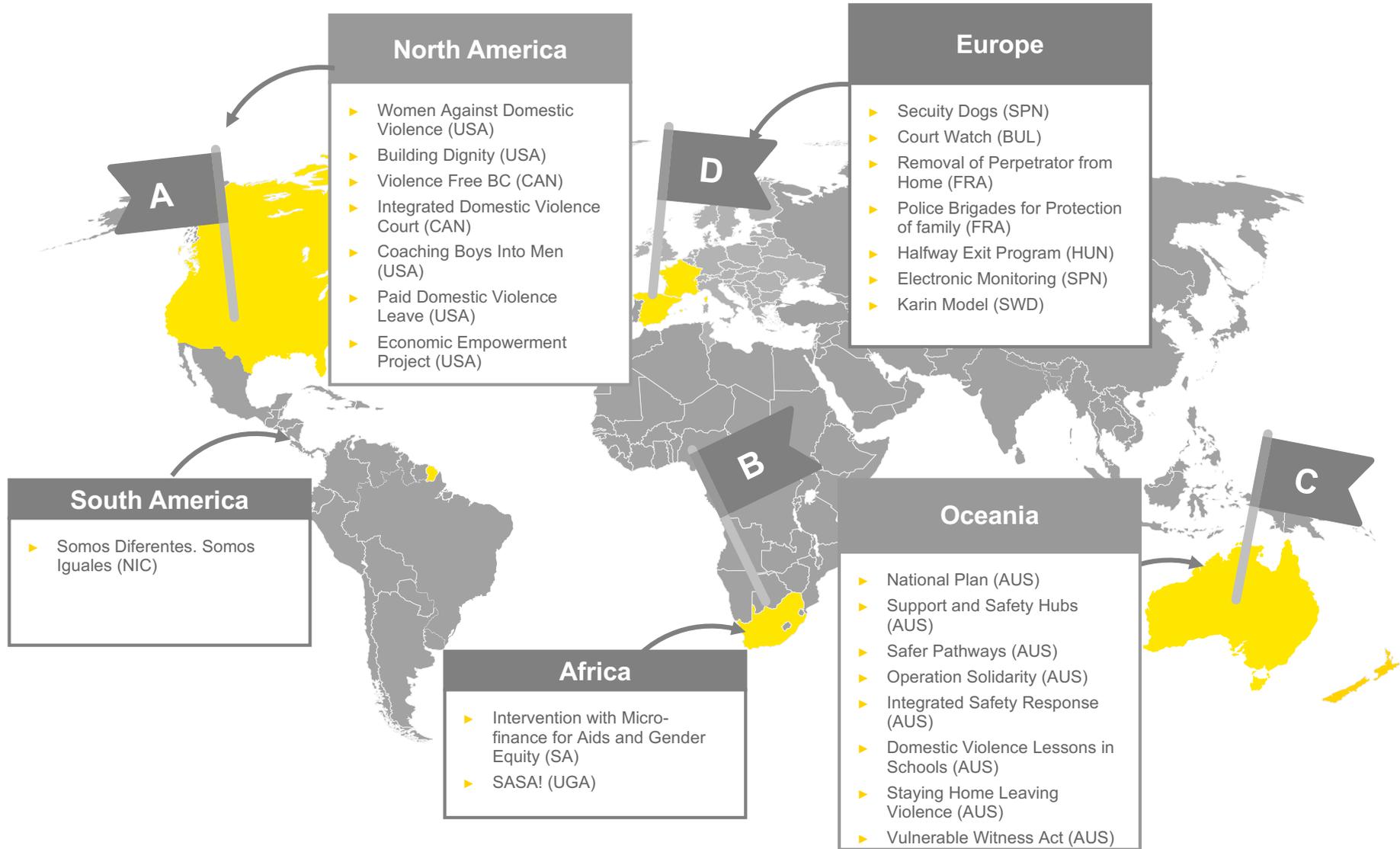
Findings methodology

- ▶ Based on expert opinions, there are six categories that are found to be prominent when it comes to DV reduction initiatives around the world. Our findings have been categorized by the following:
 1. Scaling promising prevention programs
 2. Changing the way courts handle domestic violence cases
 3. Making penalties for domestic violence consistent and firm
 4. Redefining and increasing funding for support services
 5. Creating an integrated community response
 6. Helping women to be economically independent

Interesting standout

- ▶ Slovenia is leading the world as one of only three nations that ranks high in GE **AND** has low rates of DV against women.
- ▶ Of all nations researched (Canada Included), Slovenia has the lowest allotted budget for DV-related social services and yet the amount and quality of resources does not appear to be compromised.

International jurisdictional scan – Areas investigated



See appendix B for details

1. Scaling promising prevention programs



National Plan to Reduce Violence Against Women and Children



Description

- The Commonwealth, state and territory governments worked with the community to develop a 12-year National Plan to Reduce Violence against Women and their Children 2010-2022 (the National Plan). The National Plan focuses on the two main types of violent crimes that have a major impact on women in Australia—domestic and family violence and sexual assault. Research shows there is a strong link between violence against women and their children and how people view the roles of women and men. The National Plan focuses on stopping violence before it happens in the first place, supporting women who have experienced violence, stopping men from committing violence, and building the evidence base so that we learn more about ‘what works’ in reducing domestic and family violence and sexual assault. Over the 12 years, a new action plan is created for 3 year periods and are designed to rigorously track progress and achievement of outcomes

Model

- The National Plan is built on Six National Outcomes: Communities are safe and free from violence, Relationships are respectful, Indigenous communities are strengthened, Services meet the needs of women and their children experiencing violence, Justice responses are effective, Perpetrators stop their violence and are held to account.
- Four action plans are developed to enable the achievement of these outcomes. Each action plan is supported by four “foundations for change”: 1. Strengthen workforce, 2. Integrated systems and share information, 3. Improve evidence base and 4. Track performance.
- The four action plans are based on the following: Building a strong foundation, Moving Ahead, Promising Results, Turning the corner
- Implementation plans are developed at the national and jurisdictional level, all working towards achieving a shared set of outcomes

Outcome

- There is a detailed National Plan Evaluation plan to track outcomes, as monitoring and reporting progress under the National Plan is vital to ensuring the prevalence of violence against women and their children is decreasing.
To know whether this target is being achieved, the following four high-level indicators of change will be used to show progress:
 - Reduced prevalence of domestic violence and sexual assault.
 - Increased proportion of women who feel safe in their communities.
 - Reduced deaths related to domestic violence and sexual assault.
 - Reduced proportion of children exposed to their mother’s or carer’s experience of domestic violence.

Change the Story: A national measure framework to prevent violence against women



Description

- The framework involves clear acknowledgement that gender inequality in society is one of the main reasons for D/IPV against women
- Change the Story brings together international best practices and national expertise on what drives violence against women and their children and what works to prevent it. It develops a consensus of the evidence and elements of effective prevention, and creates a coordinated multidisciplinary approach at the national, regional and local levels.
- The model includes constant monitoring and evaluation for assessing the national plan, its effectiveness and efficiency; main objective is attaining significant and sustainable decrease in D/IPV against women and their children by 2022

Model

Essential actions to address the gendered drivers of violence against women:

- Challenge condoning of violence against women.
- Promote women's independence and decision-making in public life and relationships.
- Foster positive personal identities and challenge gender stereotypes and roles.
- Strengthen positive, equal and respectful relations between and among women and men, girls and boys.
- Promote and normalise gender equality in public and private life.
- Challenge the normalisation of violence as an expression of masculinity or male dominance.
- Prevent exposure to violence and support those affected to reduce its consequences.
- Address the intersections between social norms relating to alcohol and gender.
- Reduce backlash by engaging men and boys in gender equality, building relationship skills and social connections.
- Promote broader social equality and address structural discrimination and disadvantage.

Outcome

- Evidence-based framework, mandatory measurement mechanisms to find out changes in D/IPV rates time bound annual output, success targets and end goal explicitly outlined out till 2022.

Coaching Boys Into Men – How positive male role models can shape culture and norms



Description

- Sports coaches can be the most influential role models for young men other than their fathers and extremely influential. Because of this unique relationship, coaches are in a position of power to positively influence how young men think and behave, both on and off the field.
- The program is called, “Coaching Boys Into Men,” which is an evidence-based prevention program that motivates and trains sports coaches to educate their young male athletes healthy relationship skills and that violence never equals power.

Model

- The values of Coaching Boys Into Men:
 - The strength of sports – Sports have extreme influence in our society and in the lives of young boys. The principles of teamwork and fair play make sports a great model to teach healthy relationship skills.
 - Coach as a model – As influencers and role models, coaches are uniquely positioned to educate and model healthy behavior.
 - Building leadership, changing norms – Athletes are considered leaders, they are given the tools and vocabulary they need to stand up for respect and have a positive influence over the culture at their school

Outcome

- In 2012, Coaching Boys Into Men went through a formal three-year evaluation. The study found that boys who were a part of the program were significantly more likely to intervene when witnessing abusive or disrespectful behaviors among their peers, and were also more likely to report abuse
- Coaching Boys into Men has been so successful with the nation, that it has been expanded internationally, hosting trainings, helping with adapting the program, and partnering with international organizations to expand the reach of the program around the world.

Somos diferentes, somos iguales – Nicaraguan campaign to encourage teenagers to discuss “taboo” topics such as IPV, HIV and sexual assault



Description

- *Somos diferentes, somos iguales* (SDSI) is a national mass communication strategy for social change as it relates to the prevention of HIV and domestic violence in the country. The strategy included entertainment-education (edutainment) programmes, local capacity building, and the development of links, coordination, and alliances within communities.

Model

- The campaign was delivered at the national level to the entire country and it included many methods in order to reach different types of audiences including national “social soap” TV series called *Sexto sentido*; a nightly youth talk call-in radio show; development and distribution of methodological materials for use by local groups; and various community-based activities such as training workshops for young people involved in communications work, youth leadership camp, and coordination with local non-profits/coalitions, health and social service providers, national and local journalists and media outlets, and youth organisations and leaders in other Central American countries.

Outcome

- There was a thorough evaluation completed in both longitudinal and cross-sectional analysis and it was found that increased exposure to the program was significantly associated with the following changes: 62% greater probability of having communicated with someone in the last six months about domestic violence, HIV, sexual assault and rights of young people and 33% greater chance in knowing the location of a centre that provides services in domestic violence cases.
- The impact evaluation shows that the mass communication strategy has made huge contributions in important areas of HIV prevention and domestic violence

SASA! – Changing community attitudes, norms and behaviours that result in domestic violence



Description

- SASA! is built off the idea that domestic violence is not a private problem that happens that just affects families, but a problem that affects communities and society.
- It divides domestic violence prevention work into manageable pieces to be done in a logical and simple manner.
- It is distinctively designed to address a core driver of domestic violence and HIV: the imbalance of power between women and men, girls and boys
- SASA! is based on the idea that rather than blaming victims or community members, they should be encouraged to think positively about positive effects gender equality can have for men and women in the community.

Model

- Sasa! involves four simple phases. These four phases ensure that organizations can more effectively and systematically facilitate a process of transformation in the community:
 - Start** – Community members are encouraged to begin thinking about violence against women and HIV/AIDS as interconnected issues and foster power within themselves to address these.
 - Awareness** – Aims to raise awareness about how our communities accept men's use of power over women.
 - Support** – How community members can support women experiencing violence, men committed to change, and activists speaking out.
 - Action** – Men and women take action using their power to prevent violence against women and HIV/AIDS.

Outcome

- SASA! is currently conducting an in-depth evaluation to understand the effectiveness in preventing domestic violence in the community through SASA!
- Due to the success of SASA! other communities in Africa and internationally (Haita, Mongolia) are adopting the program.

Educate our youth – Domestic violence prevention as part of school curriculum



Description

- Domestic violence is becoming a top priority for the New South Wales government in Australia. In response to the effort and support in the area of prevention, the school curriculum in New South Wales was changed last year to include specific material about domestic violence and building healthy relationships.
- The new material on Prevention of Domestic Violence will be a part of the Personal Development, Health and Physical Education class.

Model

- The new Prevention of Domestic Violence program includes several activities that teachers can leverage in their lessons. Teachers are provided with an 80-page toolkit that teachers can use when developing classed relating to domestic violence and healthy and respectful relationships. Teachers are taught that students need to learn consistent messages in a variety of manners and contexts and warn that one-off lessons will not be sufficient in allowing students to take in the material and support change in preventing domestic violence through our youth.

Outcome

- There has been a call upon on all state and territory leaders to commit to compulsory lessons on domestic violence prevention in Australia in order to support the transformative change nationwide.
- There was a follow-up two and a half years later with 1,722 students and the finding was that physical dating violence was about 2.5 times greater among students who did not participate in the program.

2. Changing the way courts handle domestic violence cases



Integrated Domestic Violence Court – Holistic approach to families involved in both criminal and family justice systems



Description

- The first Integrated Domestic Violence court in Canada opened in June of 2011 in Toronto with aspirations of providing better service and outcomes to families involved in both criminal and family justice systems. The courts will improve timeliness of issue resolution, reduce conflict with a one-case, one judge approach where one judge will handle both the criminal and family cases. With the way most courts are set up currently, families who have cases in both criminal and family courts due to domestic violence must navigate two different legal processes, with two different judges, going at different paces and with the possibility of conflicting orders. If one spouse is charged with domestic violence and the other is seeking custody of children, for example, the two courts could be giving conflicting orders.

Model

- Specialized staff and court time.
- Coordination and information sharing.
- Informed, consistent judicial decision making.
- Offender accountability through regular, mandatory monitoring of compliance, including completion of court ordered treatment programs.
- A comprehensive approach to safety planning.
- Expedite cases to ensure timeliness, including quick intake and screening processes.
- Intensive training for all professionals.

Outcome

- More efficient (less backlog, timelier decisions).
- More conviction rates.
- Victims are more willing to testify.
- Greater levels of victim satisfaction, particularly with an approach of early intervention.
- Improved effort to use alternate forms of evidence (e.g., KGB statements).
- Less dismissal or withdrawn charges.
- Reduction in time between filing of a charge and both first appearance and final disposition.

Electronic Monitoring Victim Protection



Description

- The Electronic Monitoring Victim Protection program was created in 2009 in Spain in order to better protect high-risk victims of domestic violence.
- The surveillance centre gets about 1,200 serious alerts a month (tag removal or safety perimeter intrusion), triggered by the 450 tags currently fitted in Spain, out of a total of 3,000 that the government purchased in 2009.

Model

- Electronic Monitoring is placed on the perpetrator to keep permanent track of them. The victim is given a device as well and it alerts them and the police if the battery goes flat, the assailant attempts to remove the tag or tries to enter the victim's safety perimeter.
- There are many other elements to be used as a response to domestic violence that should be considered and used before Electronic Monitoring is enforced. These elements include an efficient system for issuing and enforcing civil protection orders, robust enforcement of criminal laws against violent offenders and a well-functioning coordinated community response.
- This program would be a very effective add-on to those other elements when all else fails to protect the victim.

Outcome

- There was an evaluation that took place and it was found in Madrid that over 90 percent are in favour of using the program to monitor domestic violence perpetrators and approximately 70 percent see the program as a way to reduce gender-based violence in the community.
- This program is being exported to other European countries including France.

Vulnerable Witness Act

Description

- There are legislations (e.g., *Vulnerable Witness Act*) in place in Australia that protect victims of domestic violence during court proceedings to ensure emotional distress is reduced as much as possible. Before, women often had to face their abuser in the courtroom, on the stand and give their statements. This leads to the abuser having power over the woman, with him being able to stay calm and composed and creating an image of a non-abuser.

Model

- Evidence can be delivered through a closed circuit tv, video link or video recording.
- The victims contact with the perpetrator during the court process is very limited.
- Support is provided to the victims while they give evidence in order to reduce stress and emotional hardship.
- Special legal help is given to specific types of D/IPV survivors, such as victims of human trafficking, slavery and slavery-like practices.

Outcome

- The *Vulnerable Witness Act* results in a reduction of emotional distress on the victim and more fair court outcomes.

Karin – Cooperation model with focus on the crime victim



Description

- Karin involves the collaboration of multiple authorities in handling cases of domestic violence. Project Karin provides women with support and help they need from the beginning all the way through to the end of criminal proceedings, taking a look on how women experienced the situation by taking a holistic perspective, looking at the entire family's needs.
- The model was created in order to reduce the feelings of stress and shame on the victim when going to the police and increase the number of women who seek help by creating an environment in the police station where a woman can feel at ease at a one-stop shop.

Model

- The police station is adapted in order to create a section specifically for cases of domestic violence. It also includes municipality crisis centers for abused women, where support is provided.
- The authorities come together to support women which includes the police, prosecutors and social workers, and they make a coordinated plan in order to best benefit the woman. The program also involves the needs of the children and services for the perpetrator.
- Staff from Forensic Medicine help to document the physical evidence if needed.

Outcome

- Research was completed by Lund University and the results show that a whole new different type of victim sought help. There are many women who have previously not wanted to reach out to the police or other contacts because they experience the situation as stressful and degrading.
- Through Karin, a woman's situations can be experienced as less emotionally difficult since the police station and mentality of staff is different from a normal police station. It also shows that having authorities working together is important for the victims as opposed to having to contact different authorities and supports in different locations.

3. Making penalties for domestic violence consistent and firm



Bulgaria's Court Watch – Reducing discrimination and delays in the courts



Description

- The objective of the Court Watch is to gain information about the demographic traits of the victims and the perpetrators, the outcomes of the inflicted penalties, such as fines being paid, and the quantity and quality of the work the judges and their auxiliaries have carried out.
- This information gathered in court is then used to help improve the protection of victims of domestic violence, help ensure judges and prosecutors are more aware of the issue of victim protection, reduce discrimination, reduce delays in court and make the public more aware of how the courts handle domestic violence cases in order to keep the courts accountable.
- The watch is performed by four non-for-profit organizations: the Demetra Association in Burgas, the Youth Alliance Association in Varna, the NGO centre in Ragzrad and the Bulgarian Gender Research Centre Foundation in Sofia.

Model

- Court watching involves volunteers from not-for-profits attending court cases involving domestic violence, to write down a set of indicators such as the demographic traits of the women and perpetrators, if a protection order is issued or not and how many cases are retracted or postponed.
- Court watching is basically an independent, external monitoring system that keeps track of how court cases are handled and paints a picture of it for the public and the legal system. It provides empirical data on the implementation of the law, enhances public awareness on the effectiveness of the law, and supports legal reform.
- Scrutiny of judicial practices averts or at least reduces the effect of bias, prejudice and discrimination and makes the rule of law a little more predictable. It also improves the law's impact by communicating what is seen in court related to domestic violence cases via the media.

Outcome

- Court monitoring lowers the occurrence of bias and discrimination, and also enhances indicators such as the number of immediate protection orders, the span of measures as part of the final decisions and the average length of the lawsuit. The statistics show that during 2010 and 2011, the number of protection orders issued more than duplicated.
- The Court Watch program was so successful that it has been extended to four other towns in Bulgaria and is receiving additional funding.

Staying Home Leaving Violence – Perpetrators are held accountable and are removed from the home



Description

- The Staying Home Leaving Violence program's goal is to reduce homelessness by collaborating with Police to take the perpetrator from the family home in order that women and children can stay safely where they are with the use of an Exclusion Order. An Exclusion Order permits you to stay at home as part of an Apprehended Domestic Violence Order (ADVO), takes away the perpetrator and forbids them from living in the home.
- This program holds the man accountable for his actions. Women and children are not put in a situation of homelessness due to his behaviour and violence. This program also involves intensive case management to give the women all of the safety and support she needs to stay home.

Model

- The SHLV service model is based on long-term intensive case management, needs-based and integrated with key service providers. Through this program, women are able to achieve the following:
 - To remain separated from a violent partner by addressing common barriers to leaving violent relationships.
 - To have stable accommodation.
 - To maintain support networks.
 - To maintain security in employment/training for women.
 - To maintain security in education/childcare for their children.

Outcome

- An evaluation of the SHLV program in 2011 showed strong support for the program from women who had avoided homelessness, were living in good accommodation and said that they felt safe because of the services of the program.
- As a result of this program, women who are victims of domestic violence receive long-term stability in housing, income, education and healthy relationships.

Removal of the man from the family home at the first, slightest misdemeanor



Description

- This program works on the vision that the perpetrator should be removed immediately from the house and be in a place where they can have the chance to reflect on their behaviour.
- Previously, it was found that former attempts to remove the man from the home and place him with family members or a hotel were not having any effect.

Model

- This program does not wait for the man to be convicted of domestic violence, at the slightest violent misdemeanor, the perpetrator is removed from the home and first placed in police custody and then he is sent to an “Emmaus” type shelter, specifically “Le foyer des compagnons de l’espoir” where they are isolated from their family but also faced by other perpetrators facing similar circumstances.
- During their time there, the men are provided with psychological support.

Outcome

- The system in place is very efficient, with all players getting involved: justice, police, therapeutic support, etc.
- The main challenge with this program is finding shelter for the perpetrators, especially since the number of calls is rising. There used to be one call per month and now there is one each day.
- The outcomes of the program in Douai was a drop of recidivism from 30% to 6%.
- The system has served as a model in France and in Belgium.

4. Increasing funding for support services



Building dignity – Fighting domestic violence with architecture and design



Description

- Very little has changed when it comes to domestic violence shelters since the 70s. They are still buildings that are kept hidden. With all the secrecy with shelters in a day and age where access to anything is at our fingertips, this current status of shelters can be causing much more harm than good, creating more stress for women, by making them feel controlled and isolated. “You cannot keep a secret about anything anymore without being really oppressive.”
- Current emergency shelters are making women feel the opposite of what they should feel—empowered. Shelters are often housed in old or donated buildings, which are not designed to act as a domestic violence shelter. Shelters often have many rules and duties that the women must follow from when they take their medication, how they deal with their children, to how they communicate with the outside world.

Model

- Several domestic violence shelters in the United States have started to re-evaluate their current rules, remove ineffective rules, and create a more empowering framework for domestic violence shelters which include the following elements:
 - Safety and Security.
 - Reinforcing Identity Formation Within a Sense of Home.
 - Removing Rules/Restrictions and Encouraging Independence.
 - Creating a Community

Outcome

- Empowering shelter design can help in reducing resident stress, supporting the need for solitude, accommodating children and adolescents, and allowing for secure storage of personal possessions.
- Community involvement has also increased, with volunteers coming in to offer services such as financial counselling.

Violence Freed BC - British Columbia's Provincial Domestic Violence Plan



Description

- The Provincial Office of Domestic Violence (PODV) was created in 2012 by the B.C Government. PODV engaged with key anti-violence and government stakeholder as well as assessed best-practices in order to develop the **Provincial Domestic Violence Plan**.
- The plan involves safety in interpersonal relationships and on the key transformations that are deemed as required to address domestic violence which will achieve its results through: An integrated and coordinated response strategy, enhanced information sharing between service providers across the system to increase safety and improved direct services for survivors, children and perpetrators.

Model

- Public awareness and prevention.
- Supports and services for survivors.
- Justice system response to domestic violence.
- Framework for Domestic Violence courts in BC.
- Offender case management and compliance monitoring.
- Coordination, information sharing and referral.
- Research, training and evaluation.

Outcome

- A formal framework for Domestic Violence courts in BC was created. There are now four courts specifically for domestic violence cases.
- 24 Interagency Case Assessment Teams were implemented to respond to the highest risk domestic violence cases (police, victim services, child protection, health).
- Mandatory training was launched for police officers nurses and paramedics.

Security Dogs – Building resilience and self-confidence after violence



Description

- An anti-domestic violence not-for-profit was created in Spain to provide women with specially trained guard dogs to protect them from abusive partners and provide them with emotional support when moving on from abuse.
- However it has become more clear that the dogs are not physical protection for their owners, but they also empower and provide support the women.
- Having a protection dog gives the woman more self-confidence and she is able to get her life back on track faster than she would without that sense of security.

Model

- Both the animal and their new owner must go through 200 hours of training before that are allowed to leave together and women must first be assessed by a psychologist.

Outcome

- The head of psychiatry at a leading hospital said that “The dogs achieve in seven days what takes him seven years in terms of recovery therapy.”
- Mexico is hoping to adapt a similar scheme.
- An American woman with a security dog became visibly emotional when she tried to explain what Vero, her Canary mastiff, means to her. He’s a protection dog, but she says she has learned much from him, and that above all, she now feels free. She points to a tattoo on her arm of a dog’s paw print. Written underneath it is emblazoned: “You came into my life so I could be free again.”

Intervention centres



Description

- There are intervention centres spread across the country (80 in year 2013).
- Support for women victims of D/IPV at provincial and municipal levels.
- After police intervention, women victims are provided counselling about future processes, as well as accompanied by staff during further steps, like courts or hospitals.
- Workers of the centers proactively and regularly contact women victims, and provide psychosocial support as well as assist in making safety strategies.

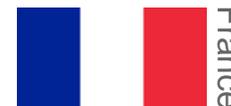
Model

- Centres are a vital link in the intervention chain of various processes and steps designed to counter D/IPV.
- Centres interconnect short-term police intervention with long-term protection measures.
- Provide first point of contact for victims.
- Provide triaging services based on degree of D/IPV and nature of victims' needs (so as to prevent saturating of long-term care centres).

Outcome

- Women are triaged and set up with the right services they need in their stage in experiencing domestic violence.

Police members assigned as family protection brigades



Description

- There are police forces specifically for domestic violence, and within these forces the members are assigned families.
- This brigade model is organized at the departmental and local level to ensure that victims of domestic violence and their families receive the support they need.
- These members of the police rely on other professionals such as psychologists, social workers and associations supporting victims. The goal is to protect the families and to provide the best possible service and support to victims of violence.

Model

- There are specific police forces responsible for the protection of the family and of particularly vulnerable victims of violence or abuse (minors, battered women, abused elders) in their family circle or usual living environment (nursing home, home, etc.).
- Police members assigned to these units receive specialised training including training on “violence against partner or ascendants.”

Outcome

- Around the country, there are 208 family protection brigades.

5. Creating an integrated community response



Women Against Abuse – A collective model to fight domestic violence



Description

- Women Against Abuse’s objective is to deliver a continuum of care—from telephone crisis counseling to long-term supportive housing—in a way that promotes victim safety, autonomy and dignity. The mission of Women Against Abuse is to “provide quality, compassionate, and non-judgmental services in a manner that fosters self-respect and independence in persons experiencing intimate partner violence and to lead the struggle to end domestic violence through advocacy and community education.”
- They prioritize going to where survivors are. Rather than waiting until they receive a call, they go out into the community. They focus on intervention, and regardless of where a woman comes into the system, she would be screened for domestic violence and there would be an intervention, not just a referral will be made.

Model

- **Safe Havens:** Up to **90** days of shelter, case management, children education services, behavioural health services.
- **Second Stage:** Family apartments, case management and life skill training for women and their children for up to 18 months.
- **Safe at Home Program:** Provides survivors with community-based case management services, housing and financial assistance.
- **Domestic Violence Hotline:** 24-hour, citywide hotline.
- **Policy and Prevention:** works to inform and intervene with the community-at-large around issues of intimate partner violence.
- **Public Policy and Advocacy:** participates in the legislative process at all levels of government.
- **Legal Center:** Among the first in the nation dedicated to victims of domestic violence.

Outcome

- Women Against Abuse earned the GuideStar Exchange Seal, demonstrating its commitment to transparency.
- Women Against Abuse becomes first Philadelphia-based non-profit to win Lipman Family Prize for Shared Safety!

Support & Safety Hubs – One access point of seamless service navigation from crisis to independence support



Description

- There is often not a one-stop-shop for women in crisis from domestic violence. They are handling their own safety, not knowing who to call or where to go.
- To fix this significant gap in the system, the Support and Safety Hubs were developed in 2017. The Hubs will be a new innovative way for women experiencing family violence in Victoria, Australia to access all of the help and the support they need in a coordinated way.
- These services can be accessed in person, telephone and online. The Hubs will bring together access points for victim services, family services and perpetrator/men's services. The Hubs focus on holding perpetrators accountable for their actions and changing their behaviour. It will help shift the focus of the whole system towards tackling the source of violence.

Model

- The Hubs are the main point of access for domestic violence victims, that offer support and services from immediate crisis through to long-term support.
- Immediate crisis support.
- Screening and multi-disciplinary triage.
- Specialist risk assessment and management, including safety planning and access to RAMPS.
- Multi-disciplinary needs assessment and management: Legal, housing, sexual assault, mental health, addiction and financial support.
- Navigation through the system to achieve outcomes.
- Making sure services are effective.
- Allocating in people to services and accommodation.

Outcome

- Women become empowered through being an active participant in their own support.
- Men are held accountable and kept in view of the system.
- Fast track, seamless service navigation through real-time sharing of information from crisis through to independence.
- The Hubs make warm referrals.
- A comprehensive evaluation framework will be developed for the Hubs with clear measures and targets to track progress.

Safer Pathways: A fundamental change to the response to domestic violence



Description

- Safer Pathway was developed as a governmental response to protect victims of domestic violence by providing accessible and supportive support to victims at serious threat.
- In Safer Pathway, police, legal, health, education, child protection and victim service agencies all work together to reduce threats to women and children victims of domestic violence. This is to ensure that an integrated, team response can meet the individual needs of victims and children, and service providers jointly manage threats of further violence.

Model

- A victim identified as at threat or at serious threat will be referred to the state-wide Central Referral Point.
- When the Central Referral Point receives the information, the case will be given to the nearest Local Coordination Point.
- A domestic and family violence worker from the Local Coordination Point will then contact the victim and focus on their safety. They will explain the process and refer them to any other services they may need.
- Victims viewed as being at serious threat will be referred to a Safety Action Meeting.
- A Safety Action Meeting will involve government and non-government service providers who will share the information needed to develop a plan to keep the victim and their children safe.

Outcome

- Victims are provided consistent and effective response without having to re-tell their story.
- There is better information sharing will help build a clear picture of the victims circumstances to increase their safety and access to services.
- Results show that there was a statistically significant reduction in the behaviours they had experienced from the perpetrator.
- Most victims reported no further violence after their involvement with intervention.
- Now offered at 34 sites.

Integrated Safety Response – An intensive case management approach



Description

- ISR is a multi-agency pilot to ensure the immediate protection of victims and children and to work with perpetrators to prevent further violence.
- The pilot is led by police and is part of the broader Family Violence and Sexual Violence Work Programme of New Zealand.
- Key features include: dedicated staff, funded specialist services for victims and perpetrators, and an intensive case management approach to collectively work with high risk families.

Model

- Based on international best practice and tailored to New Zealand's unique circumstances:
- An electronic case management system to improve information sharing.
- Daily triage meetings.
- A family violence specialist who will work one-to-one with victims who are at high risk.
- An enhanced method of identifying and managing risk.
- Guidelines for minimum safe standards.
- It will also include participation from the health sector to ensure issues such as mental health and additions are appropriately considered.

Outcome

- Reduction in family violence (crime surveys).
- Reduction in serious harm (hospital data, police serious crime data).
- Reduced reoffending and revictimization (NGO data, police data, crime surveys).

Operation Solidarity – Police communication with victims and perpetrators in rural communities



Description

- Bourke used to have the highest domestic violence rates in the state, but a collaboration between community members and police is changing that. Operation Solidarity is a pilot police program that allows police to regularly engage with domestic violence offenders and victims.

Model

- Personal regular follow up visits for both victims and perpetrators of domestic violence.
- Everyday they go out and check on somebody.
- Police around the country are going to learn about Operation Solidarity.

Outcome

- Despite Bourke having the highest domestic violence rates in the state, since the program was implemented rates have lowered 24.5% in just 2 years and that includes the most serious offenses. There were 7 domestic homicides in the last year and now there are none.

Halfway Exit Program



Description

- In order to prevent victims/survivors from becoming forced to return to a shared home with the perpetrator or becoming homeless, in 2008 the Ministry of Social Affairs and Labour implemented a model programme in three counties: the half-way exit program where the victim can live in an apartment provided by the local government for five years.

Model

- The program supports women to achieve autonomy and live in an apartment provided by the local government for five years.
- In addition to housing, the woman is provided with assistance job-seeking by experts in order to create conditions for financial independence and set them up to be able to purchase their own apartment or become entitled to apply for social housing from the local government in the course of the five years.
- In the pilot programme, the woman also has access to legal advice and a psychologist.
- All related costs are covered by the government.

Outcome

6. Helping women to be economically independent



Paid domestic violence leave – City of Chicago employees who are victims of domestic violence get 1 month paid leave



Description

- The paid leave, which will need City Council approval, would be available to people who qualify under a state law known as the *Victims' Economic Security and Safety Act*.
- The proposed policy was developed by city officials in coordination with Chicago Says No More, a coalition of 20 businesses and 25 not-for-profit organizations with a mission to serve those affected by domestic violence and sexual assault.

Model

- City employees who are the victims of domestic violence or sexual assault can take one month of paid leave under a new policy.
- In addition, employees who are victims of domestic violence or sexual assault are eligible for “reasonable work accommodations,” including a waiver from the city's requirement that employees live in the city.

Outcome

- Women who are victims of domestic violence will no longer have to choose between receiving care or a pay cheque.

Economic Empowerment Project – Helping domestic violence victims gain stable employment and independence



Description

- Gaining stable employment and independence are some of the most difficult achievements for a domestic violence survivor. Survivors may have gaps in their resumes that are hard to explain. Survivors may still be living in fear of their abusers and need help on seeking employment safely and effectively.
- ICADV began its Economic Empowerment Project in 2007 to help advocates address these issues. This project works to increase the safety of domestic violence survivors.
- It expands the economic options and financial knowledge survivors need to build a life without violence and gives local domestic violence program staff the tools needed to assist clients seeking financial independence.

Model

- Training: ICADV hosts economic empowerment curriculum training for advocates and case managers to help them deliver basic financial education and advocacy to survivors. Each curriculum was created specifically for survivors of domestic violence to address their unique situation and safety concerns combined with important basic financial information on budgeting, credit and banking.
- Technical assistance: The Project Manager provides intensive, individualized assistance and support.
- Career empowerment curriculum: To increase the confidence and skill levels of survivors in need of stable employment.
- Community partnerships: The Economic Empowerment Project forms new partnerships with national and local organizations to promote economic opportunities that benefit survivors, specifically low income survivors of domestic violence.

Outcome

- Survivors of domestic violence are given new information, options, and tools for economic freedom. They receive the personal help and support they need to pursue their economic goals.
- Domestic violence advocates learn ways to help survivors create and implement economic plans to overcome obstacles that impede their road to financial independence.
- Domestic violence programs continue to expand their capacity to help survivors increase their opportunities to live free from abuse.

Intervention with Microfinance for Aids and Gender Equity “IMAGE” – Empowering women and meeting their basic economic needs



Description

- South Africa’s IMAGE study targeted women living in the poorest households in rural areas and combined financial services with training and skills-building workshops on gender and cultural norms, communication, intimate partner violence, and HIV prevention. The program also encouraged the participation of boys and men.
- The aim is to provide women with small loans to start a business and gain greater financial independence. It empowers women to stand up against violence, stay safe from HIV and changes the way they are perceived by their families and communities.
- IMAGE believes that it was essential to meet women’s basic economic needs as part of health intervention by building on pre-existing poverty alleviation programs. If basic needs are not met, intimate partner violence is difficult to tackle.

Model

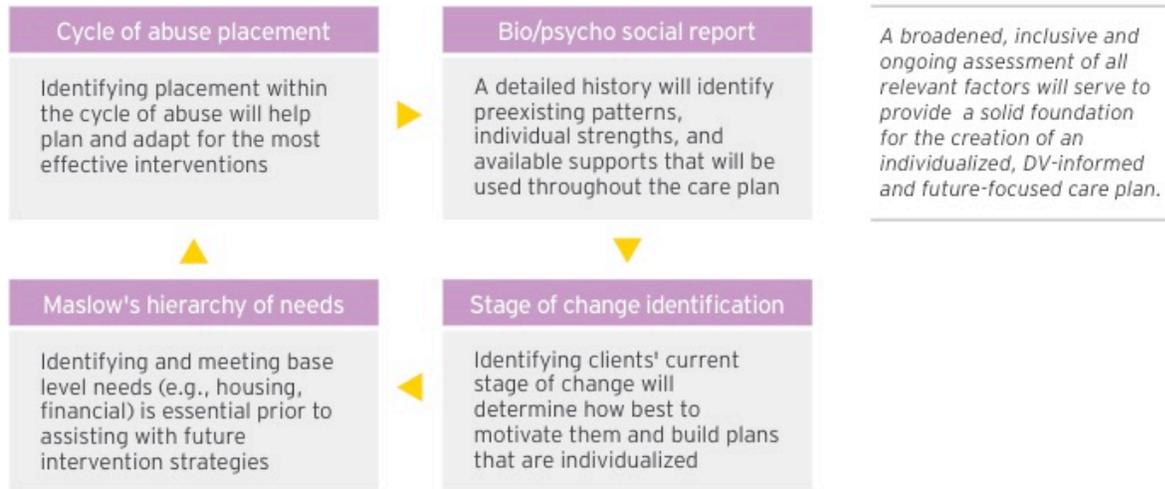
- IMAGE consists of a gender and HIV training curriculum called “Sisters-for-Life.” A microfinance program augments the curriculum, where groups of women receive loans to establish small businesses. These groups of women meet regularly to discuss business plans and to also complete the Sisters-for-Life curriculum. Sisters-for-Life consists of two phases. Phase I is a structured series of 10 one-hour participatory training sessions that are integrated into the Loan Center meetings. Phase II moves the participants toward collective action. “Natural Leaders” are elected by their peers to participate in a one-week training workshop on leadership and community mobilization. Taking these skills back to their respective loan centers, they are responsible for developing an Action Plan, with the goal of implementing what they regard as appropriate responses to priority issues.

Outcome

- Operating for nine years, the IMAGE program has grown from an initial pilot of 800 women to more than 12,000 women and 60,000 household members in 160 villages in the rural Limpopo Province.
- Women also felt more empowered to leave abusive relationships and among participants, there was a 55 percent reduction of physical and/or sexual partner violence in the past year.

Appendix E

Ongoing wellness assessment framework



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