

**Assessing the Complexities and Implications of
Anti-Violence Service Delivery in British Columbia**

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We dedicate this work to the women who work tirelessly with limited resources to serve, support, counsel, protect, and heal survivors of domestic and sexual violence.

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Executive Summary

The overwhelming majority of women who seek support from victim services and other anti-violence programs in Canada are survivors of domestic and sexual violence (Allen, 2014), and while the demand for anti-violence services has increased over the past 30 years, funding for anti-violence services has not kept pace, contributing to increased pressure on anti-violence workers, and unmet needs among survivors and their families. To assess the impact of the gap between funding and demands for service in the anti-violence sector, this study explored the complexities and implications of anti-violence service delivery in British Columbia. The researchers paid particular attention to the increasing complexities of working in this area due to legislation, policy, guidelines, and funding provided to anti-violence programs in BC over a 30-year period (1982 to 2013) (i.e., the formal development of the anti-violence sector in BC) and the impact of those shifts on anti-violence workers and the women they serve.

This study, funded by the Ending Violence Association of BC, and conducted by researchers at the FREDA Centre for Research on Violence Against Women and Children (Simon Fraser University), was designed to explore the complexities and time-related challenges associated with anti-violence service delivery in BC. The research involved interviews and focus groups with 22 participants: 9 key informants (e.g., program managers) and 13 front-line anti-violence workers with 10 or more years' experience in the sector. In addition, the researchers updated a chronology of significant events (e.g., new legislation, policy, guidelines, funding cuts) in the anti-violence sector during the 30-year study period to determine important shifts in legislation and policy that may have had an impact on practices within the sector.

The findings revealed that, over the last 30 years, policy and practice within the sector has become increasingly complex, and adding to the complexity and time-related challenges is the fact that collaboration both within the sector and across sectors has become an integral part of the work. However, cuts to funding that have occurred since 2002 (e.g., sexual assault centres, women's centres, training for victim services, legal aid) have created gaps in services and a growing demand for service.

Introduction

Violence against women is a serious public health and safety issue, a grave human rights violation, and an important criminal justice matter, and a pressing public health concern (García-Moreno, Pallitto, Devries, Stöckl, Watts & Abrahams, 2013; García-Moreno & Watts, 2011; Hankivsky & Varcoe, 2007). Gender-based violence, including sexual and domestic violence against women, may lead to death, physical and mental health problems for women and their children, poverty, and homelessness (Humphreys, 2007; Thurston, Roy, Clow, Este, Gordey, Haworth-Brockman, et al., 2013). Marginalized and minority women (e.g., Aboriginal women, immigrant and refugee women, women with disabilities, sex trade workers) may be at increased risk of experiencing violence or face unique barriers to support and protection. Violence against women is also associated with significant economic costs to victims, third parties, and the health care and criminal justice systems (McIntuff, 2013; Varcoe et al., 2011). A recent Canadian study estimated the cost of spousal violence in 2009 to be \$7.4 billion (Zhang, Hoddenbagh, McDonald, & Scrim, 2012).

Government and social responses to intimate partner violence have changed significantly over the past 30 years, with the development of new legislation, policies, procedures, and directives (e.g., pro-active arrest procedures, referral and information-sharing policies) and the emergence of (and subsequent cuts to some) anti-violence services (e.g., sexual assault centres). These changes have had a significant impact on anti-violence workers, child protection workers, police officers, and others working with survivors of gender-based violence. In BC, research in the area of policing has shown that changes in legislation, policy, practice, and funding over a period of several decades had a significant impact on the time and resources necessary for police to respond to cases of domestic violence (Malm, Pollard, Brantingham, Tinsley, Plecas, Brantingham, Cohen, & Kinney 2005a; 2005b). This research raises questions about the impact of new legislation and policy on service providers in other sectors, such as the anti-violence sector, and illustrates the importance of researching shifts in the response to social problems, such as sexual and domestic violence against women, and shortages of resources that may affect the demands on workers and the time it takes to provide

services to survivors. This research evidence can then be used to inform decision-making and resource allocation.

The present study was conducted by researchers at the FREDA Centre for Research on Violence Against Women and Children (FREDA Centre), in the School of Criminology at Simon Fraser University, in collaboration with the Ending Violence Association of British Columbia (EVA BC). The research project developed after EVA BC's Executive Director, Tracy Porteous, learned about the above-cited study (Malm et al., 2005a; 2005b) that examined the changes in costs and time associated with the delivery of police services in BC between 1970 and 2004 (herein referred to as the 'police study'). Malm et al. (2005a; 2005b) determined that changes in policy, legislation, practice, caseload, and funding within a 30-year timeframe had a significant impact on the time and resources necessary for police to handle cases from initial call to closure.

For example, those researchers found that the number of steps required for police to respond to a domestic assault increased by 61% (from 36 to 58 steps) over the past 30 years (Malm et al., 2005a; 2005b). The greater number of steps involved has had an impact on the time it takes to respond to such a call for service. So, while 30 years ago it took police officers up to 1 hour to respond to a domestic assault, by 2005, it took officers 10-12 hours to respond to a domestic assault (Malm et al., 2005a; 2005b). The authors concluded that:

“The amount of time needed to handle a case from call for service to acceptance by Crown has increased [...] almost 1,000% for 6domestic assault. There are clear legal rulings, legislative changes, and technological advancements that are forcing much of this increase (without providing for increased resources).” (Malm et al., 2005b, pp. 20-21)

They point to the *Violence Against Women in Relationships* (VAWIR) policy and pro-arrest policies as examples of policies that increased police workload; changes to police policy and practice regarding the number of officers sent to respond to a domestic call, and the number of forms to be completed following a call for service, also increased the time taken for police to respond to domestic violence cases (Malm et al., 2005a; 2005b). These findings illustrated the importance of examining shifts in policy, legislation, and practice that may

impact the time associated with providing services to the community and demands on service providers.

Intimate Partner Violence and Homicide in Canada and British Columbia

Statistics Canada has not always provided a full picture of the reality of domestic and sexual violence perpetrated against women. National statistics on domestic violence denote broad patterns of violence that exist within Canada, and include both self-reported and police-reported measures. Prior to 1999, however, only domestic violence-related homicide was tracked through the Homicide Survey. Measures of violence against women in Canada remain limited even today (McInturff, 2013). In part, this is because incidents of gender-based violence continue to be grossly under-reported by survivors due to fear, shame, or a perception that the incident is private or too minor to report to police (Brennan, 2011).

In 2009, 46,918 incidents of intimate partner violence were reported to police in Canada, representing 11% of all police-reported violent crime in Canada (Zhang et al., 2012). In 2010, the rate of intimate partner violence in BC was higher than the national average, and 16,259 victims reported incidents of intimate partner violence to police (Provincial Office of Domestic Violence, 2014). However, data from the General Social Survey (GSS) indicate that, nationally, the rate of reporting to police in domestic violence cases dropped from 28% in 2004 to 22% in 2009 (McInturff, 2013). Self-reported rates of intimate partner violence from the GSS appear to have remained stable in Canada between 2004 and 2009; however, Cowper (2012) indicated that the number of domestic violence charges has increased in BC from 9,000 in 2002/03 to 12,000, annually, over the past several years. Provincial police and court data, as well as service use data from the BC Ministry of Justice, thus suggest a possible increase in the incidence of domestic violence, which challenges the argument that there is stability in BC. The most recent statistics suggest that men and women experience intimate partner violence at approximately equal rates; however, research evidence continues to show that the severity and frequency of intimate partner violence against women is greater, that women sustain more injuries as a result of intimate partner violence, and that women are more likely than men to be killed by a current or former intimate partner (Brennan, 2011; Taylor-Butts & Porter, 2011).

Despite a decrease in spousal homicides over the past 30 years, the rates have remained steady in the past three years; however, the number of spousal homicides involving female victims has increased (BC Coroners Service, 2012; Sinha, 2013). At time of writing, BC has experienced a cluster of murders (and attempted murders) of women, which appear to have been committed by their current or former intimate partners (Woo & Hunter, 2014). Women are still 3-4 times more likely to be killed by their intimate partners than men (Rossiter, 2011; Taylor-Butts & Porter, 2011). Risk factors for intimate partner homicide include access to weapons (e.g., gun in the home), a history of domestic violence and death threats, substance abuse, a pattern of escalating physical violence, and sexual assault (Campbell et al., 2003). Research also shows that women are at greatest risk of being killed by an intimate partner following separation (Sinha, 2013). Given that most survivors do not access the criminal justice system, there is a critical need for community-based services that can assist women and children living in abusive relationships, and support them during and after separation from abusive partners.

Sexual Violence Against Women and Girls in Canada and British Columbia

The *Criminal Code of Canada* describes three forms of sexual assault: sexual assault (s. 271); sexual assault with a weapon, threats to a third party or causing bodily harm (s. 272); and aggravated sexual assault (s. 273), where the victim's life is endangered, or they are wounded, maimed, or disfigured as a result of the assault (Criminal Code of Canada, 1985). According to the 2009 GSS, 3.6% of the BC population report having experienced sexual assault (McInturff, 2013). This denotes a 1.5% increase in the reported incidence of sexual violence since the 2004 GSS. Across Canada, sexual assaults within intimate relationships increased for both men (by 5%) and women (by 13%) between 2009 and 2011 (Sinha, 2013). However, data on self-reported sexual assault paint a different picture than data on police-reported sexual assaults, with the number of police-reported incidents in BC declining from 3,466 in 2002 to 2,632 in 2011 (McInturff, 2013). It is conservatively estimated that only 10% of women who have been sexually assaulted report to police (Brennan & Taylor-Butts, 2008). The growing gap between

the level of police-reported and self-reported sexual assaults indicates that fewer cases of sexual assault are being reported to the police (McInturff, 2013).

Community-Based Anti-Violence Services in British Columbia

In BC, 35% of victim services are provided by community-based services, 3% are provided by sexual assault centres, and 54% are provided by police services (Allen, 2014). Victim services across Canada are provided primarily by community-based agencies (24%), sexual assault and rape crisis centres (14%), and police agencies (36%), with some victim services also provided through court-based programs and system-based services (Allen, 2014). However, it should be noted that these figures include victims of crime, generally, rather than survivors of domestic and sexual violence, specifically. The vast majority (75%) of survivors who accessed victim services in 2011/12 were women, almost all of whom were seeking support as survivors of domestic (61%) or sexual (30%) violence (Allen, 2014).

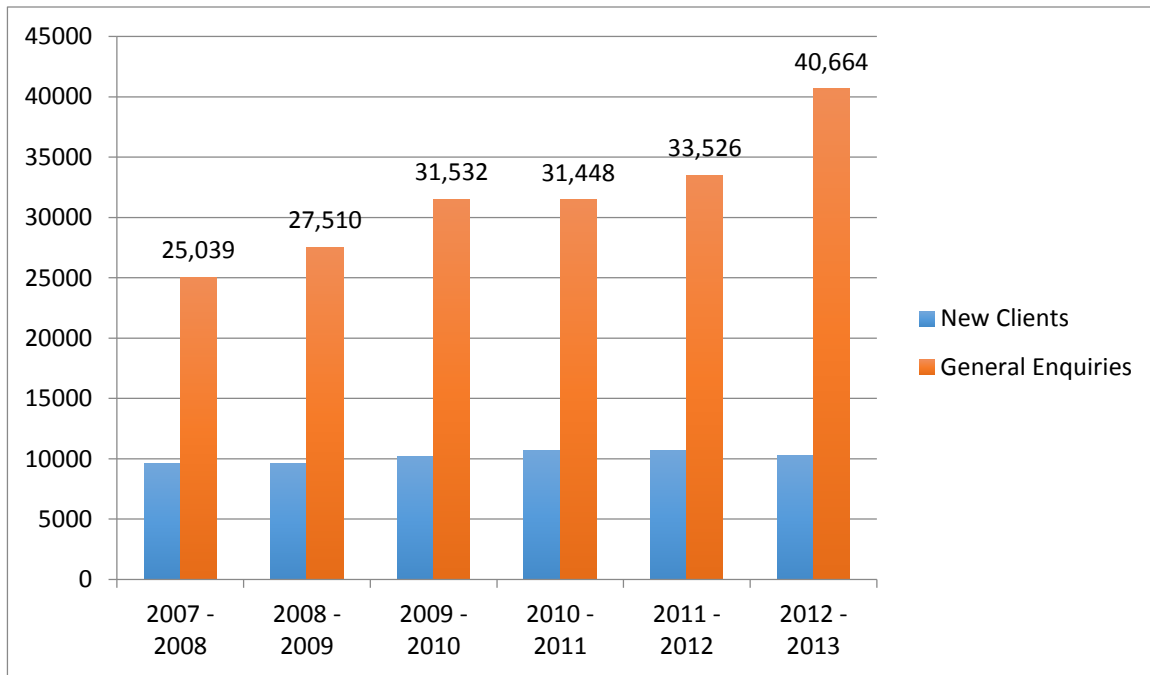
Since the vast majority of women who have experienced violence do not access the criminal justice system, community-based anti-violence services provide essential supports for women and girls who have experienced sexual and domestic violence. These services are especially important given the specialized knowledge and training of anti-violence workers in the area of interpersonal violence and trauma, and their unique role in supporting women in navigating multiple systems and processes. The Ending Violence Association of British Columbia (EVA BC) is an umbrella organization that supports over 220 community-based anti-violence programs in the province, and is a leader in public education and awareness concerning issues of sexual and domestic violence against women. The organization provides critical support to member agencies, trains and develops resources for anti-violence workers, and serves as a critical link between its membership and government, including policy makers and legislators. EVA BC is actively involved in leading cross-sector coordination efforts, for example, through the Community Coordination for Women's Safety (CCWS) program, and works closely with all relevant sectors and government to provide analysis that informs efforts to prevent and improve responses to sexual and domestic violence against women in BC. EVA BC oversees four types of anti-violence programs: (1) Community-Based Victim Services (CBVS) Programs, (2)

Stopping the Violence (STV) Counselling Programs, (3) STV Outreach Programs, and (4) Multicultural Outreach Programs. Central to EVA BC’s programs were also BC’s Sexual Assault/Woman Assault Centres, which they hope will be refunded in the future.

Community-Based Victim Services (CBVS) Programs

There are 69 Community-Based Victim Services Programs across BC that are funded by the Ministry of Justice that provide risk identification, safety planning, emotional support, information, referrals, and justice system support and liaison services for survivors of sexual and domestic violence, child abuse and criminal harassment. Data from the BC Ministry of Justice show a substantial 62% increase in general enquiries to CBVS programs over the past 5 years, from 25,039 in 2007/08 to 40,664 in 2012/13 (see Figure 1). As funding has remained static over this period with no new resources to hire more staff to meet the growing demands, the number of new clients these programs could take on increased only 8% – from 9,578 in 2007/08 to 10,289 in 2012/13.

Figure 1: General Enquiries and New Clients of Community-Based Victim Services



Of those new clients in 2012/13, 808 were seeking support due to adult/senior sexual assault, 773 were survivors of sexual assault, 5,683 were seeking support due to intimate

partner assault, and 241 were the targets of criminal harassment (see Table 1). These data suggest that while many more women are connecting with CBVS programs today, the programs are operating at capacity and therefore, unable to take on any more clients, resulting in unmet needs for survivors of domestic and sexual violence.

Table 1: Clients Assisted by Community-Based Victim Services Programs (2007/08 – 2012/13)

Program Name	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
New Clients	9,578	9,645	10,195	10,663	10,671	10,289
General Enquiries	25,039	27,510	31,532	31,448	33,526	40,664
Adult/Senior Sexual Assault	785	819	798	1,003	899	808
Survivors of Sexual Assault	626	735	773	738	763	773
Youth Sex Assault	426	464	446	522	548	510
Child Sex Assault	582	622	544	540	502	475
Partner Assault	5,055	4,685	5,618	5,845	5,869	5,683
Child Abuse	102	113	130	157	175	225
Senior Abuse	43	23	31	65	69	51
Other Family Abuse	212	282	314	382	391	355
Other Abuse	204	282	294	297	329	329
Criminal Harassment	377	366	264	171	197	241

Stopping the Violence (STV) Counselling Programs

There are 95 Stopping the Violence (STV) Counselling Programs in BC today, all of which are funded by the Ministry of Justice. These programs provide counselling and support to women who have experienced sexual and domestic violence, and to survivors of child abuse. STV Counselling programs were developed in 1992-93 “with the mandate of providing mid-range counselling to female survivors of childhood sexual abuse, sexual assault, and abuse and violence in intimate relationships” (McEvoy & Ziegler, 2013, p. 9). STV Counselling Programs (and other anti-violence programs, such as CBVS programs) serve both rural and urban

communities across BC. These programs act as both independent anti-violence services and as integrated services in multi-service anti-violence agencies. Due to the multi-faceted nature of these counselling programs, they also serve a multitude of diverse populations including First Nations and immigrant/refugee communities who may have unique needs and experiences due to historical and/or pre-migration trauma (as do CBVS programs).

There is a wide range of staff involved in STV Counselling Programs, “from one part-time staff working a few hours a week to programs with a multiple full-time staff and administrative support” (McEvoy & Ziegler, 2006, p. 10). The amount and type of staff differ based on factors such as the size and type of population served (i.e. rural or urban), the structure of the program (i.e. independent or integrated into other programs), and funding levels. As outlined in the *Best Practices Manual for Stopping the Violence Counselling Programs in British Columbia* (McEvoy & Ziegler, 2006), the educational and experience backgrounds of staff are also diverse, ranging from Master’s degrees in Counselling to the equivalent relevant life experience and pre- and post-employment training. Data from the BC Ministry of Justice show that the number of referrals to STV counselling programs has almost doubled since 2005, with approximately 10,500-12,500 referrals each year over the past 7 years (see Table 2). These data suggest that, like CBVS programs, STV counselling services may be operating at, or beyond, capacity.

Table 2: Referrals to STV Counselling Programs (April 2005 – December 2012)

	2005	2006	2007	2008	2009	2010	2011	2012
Referrals	6,935	10,490	11,301	10,327	11,170	12,508	12,177	11,535

Stopping the Violence (STV) Outreach Programs

The 55 Stopping the Violence (STV) Outreach Programs and 11 Multicultural Outreach Programs in BC, also funded by the Ministry of Justice, provide support to women and their children who are experiencing (or are at risk of experiencing) violence, and their children by providing information, short-term counselling, co-ordinating services in their communities, advocating for women where relevant, transporting them to various violence-related

appointments, referring them to appropriate community-based services, and helping them understand child protection services, family law and other systems. STV Outreach workers also raise awareness about violence against women and available services in communities across BC and support the development of coordinated responses. Data from the Ministry of Justice show that, over the past 7 years, the number of referrals to STV outreach programs has more than quadrupled, from 3,200 referrals in 2005 to 15,562 referrals in 2012 (see Table 3). This reflects a significant increase in demand for community-based anti-violence services.

Table 3: Women and Children Referred to STV Outreach Services (April 2005 – December 2012)

	2005	2006	2007	2008	2009	2010	2011	2012
Referrals	3,200	9,728	10,381	11,770	14,698	16,728	15,346	15,562

Sexual Assault / Woman Assault Centres

Sexual assault centres were established in the 1970s to fill a gap in crisis support, accompaniment, and counselling for women and girls who had experienced sexual assault or were coping with the impacts of childhood sexual abuse. Sexual assault centres in BC (e.g., Victoria Women’s Sexual Assault Centre; WAVAW Rape Crisis Centre) provide crisis support for women who have experienced sexual violence, advocate for survivors of sexual abuse and assault, and engage in prevention initiatives to reduce the incidence of sexual violence against women and girls. Despite early investments in sexual assault centres, funding was eventually cut and invested in a provincial telephone crisis support line for victims of crime more generally, thereby reducing specialized services and supports for survivors of sexual violence (Morrow, Hankivsky, & Varcoe, 2004).

Gaps in Evidence, Services, and Supports

Statistics Canada has been reporting annually on the nature and incidence of family violence since 1998 (Sinha, 2013). However, the statistics on reported incidents of domestic violence represented in the Statistics Canada Family Violence Profile do not accurately depict the need for services in BC, and national victim services data similarly do not reflect gaps in

services and unmet needs. Available data reflect a continued and steady increase in women seeking assistance and services in the anti-violence sector, both provincially and nationally. McInturff (2013) noted that ‘on any given day’ 348 women seek assistance or protection through anti-violence services in BC.

One of the only available data sources that quantifies unmet needs in the anti-violence sector in BC is collected and reported on by BC Society of Transition Houses (BCSTH). This provincial organization conducts an annual 24-hour census recording the number of women and children helped, safely sheltered, and turned away (or waitlisted) by transition houses, second stage houses, and safe homes each year. Between 2009 and 2012, the number of women and children helped and safely sheltered increased substantially; yet, between 600-700 women and children have been turned away or waitlisted each year for the past several years, due to limited staffing, space, program hours, and resources (BC Society of Transition Houses, 2013). These data suggest that, as the number of women seeking anti-violence services increases, community-based supports struggle to meet their needs in a timely fashion. Yet, little research has been conducted in BC on demands for service and unmet needs in this sector.

Surveys of community-based victim services – and anecdotal accounts from anti-violence advocates – identify consistent and long-standing unmet needs for support services (Ending Violence Association of British Columbia, 2012). However, there is limited longitudinal or snapshot quantitative data on the extent of unmet need for those programs subject to the focus of this report. Indeed, the paucity of quantitative information about the nature and extent of violence against women and the implications of this for resource allocation is frequently noted in literature on this topic (see, for example, McInturff, 2013). Data on waitlist numbers for Stopping The Violence counselling programs collected by the Victim Services & Crime Prevention Division of the Ministry of Justice provides some indication of the need for increased program capacity. Of clients on a waitlist with STV counselling programs, 80% receive individual counselling within three months and 88% receive group counselling within three months (Victim Services & Crime Prevention, Ministry of Justice, 2013). This means that a significant proportion may wait up to 90 days for the counselling services they need, with 12-20% waiting longer than that. While these figures indicate a concerning wait for service, they

are more conservative figures than the figure of over six months that is more frequently cited by anti-violence workers – particularly those in rural communities where a program may only have one counsellor (Ending Violence Association of British Columbia, 2012).

As pressures mount, and anti-violence workers are faced with larger caseloads and longer waitlists, their clients may be at increased risk of serious violence and the workers at risk of vicarious traumatization and burnout (Baines, 2004). Vicarious traumatization refers to an inevitable outcome associated with exposure to traumatic events and information, which affects the beliefs, values, perceptions, and worldview of individuals who work with trauma survivors (Salston & Figley, 2003; Tabor, 2011). Those at greatest risk for vicarious traumatization are those with less experience, a high caseload of trauma survivors, poorly developed boundaries, and a personal history of trauma (Buchanan, Anderson, Uhlemann, & Horwitz, 2006). Exposure to graphic descriptions of trauma may be especially troubling, placing workers at increased risk of vicarious traumatization and secondary traumatic stress (Buchanan et al., 2006). Protective factors include social support, ongoing training, supervision and case consultation, resolution of one's own trauma histories, and an awareness of the potential for vicarious traumatization (Conn & Butterfield, 2013; Michalopoulos & Aparicio, 2012). Given the nature of anti-violence work, where workers hear about and engage with the most heinous of crimes committed against women and children every day, having manageable caseloads, proper training and ongoing supervision is not only ethical practice, but critically important to the safety of women and children coming forward for help and the workers in processing emotionally challenging material and preventing vicarious traumatization (McBride, 2010).

Methodology

The researchers sought to conduct a study similar to the police study described in the introduction (see Malm et al., 2005a; 2005b), but focused on the anti-violence sector. However, different methods were required due to differences in how records are kept in police and anti-violence agencies, and the resulting information that is available in the anti-violence sector. For example, Malm et al. (2005a; 2005b) utilized a combination of activity-based timing (ABT), file reviews, focus groups, police officer log books, time use logs, data on calls for service, and a review of relevant case law. Some of these data sources (e.g., log books, time use logs) are not available in the anti-violence sector due to different record-keeping procedures and protocols. Additionally, many of the record-keeping procedures utilized in policing are not appropriate for the anti-violence sector. Finally, because of concerns related to confidentiality, a file review was not conducted as part of the present study.

On the other hand, some information available in the anti-violence sector (e.g., related to training) was considered in this study, though it was not included in the police study. To account for the lack of available time-related data (e.g., log books, time logs, files), the present study drew on the knowledge and expertise of experienced workers in the anti-violence sector to explore the impact and implications associated with shifts in legislation, policies, and procedures over the last 30 years, and looked at how these impacted the work of anti-violence programs. As well, whereas the police study examined shifts from 1970 to 2004, the present study examined shifts in legislation, policies, and procedures from 1982 to 2013. The year 1982 was selected because it marks the year of the first national directive for police to lay charges in cases of domestic violence, and the development of the first domestic violence policy in BC.

Research Purpose

The purpose of the present study was to explore the complexities and time-related challenges associated with anti-violence service delivery in BC from 1982 to 2013. In order to better understand the complexities associated with anti-violence work, we examined shifts in domestic and sexual violence policy, legislation, and procedures during the study period. We

then explored how these changes have impacted the complexities of anti-violence work and the time-related demands on anti-violence workers providing services to survivors of sexual and domestic violence. For example, in 1982, there were few policies in place to direct the anti-violence sector in responding to cases of sexual and domestic violence. Over the last 30 years, however, new legislation and policies (i.e. Violence Against Women in Relationships Policy, Victim Impact Statements, Referral Policy for Victims of Power Based Crimes, Family Law Act) have been developed that have impacted the delivery of anti-violence services in BC. Shifts in policy, legislation, and practice have increased the complexities associated with providing services and these changes have, in turn, affected survivors' ability to access resources and supports, the time it takes anti-violence workers to meet survivors' needs, and the overall quality of the services survivors receive. The present study sought to explore these shifts.

Chronology of Events

The first step in the research process was to develop a chronology of events that outlined, in detail, significant changes in the development of responses to violence against women in BC (e.g., legislation, policies, procedures, guidelines) during the study period.¹ A chronology of significant events in this sector was originally compiled in April 2000, and updated in May 2002, by Linda Light (with assistance from EVA BC), as part of a larger document for the then Ministry of Public Safety and Solicitor General. The chronology was updated again in April 2011 by Jane Coombe, and revised and updated by Linda Light in February 2013, again with assistance from EVA BC. In July 2013, a research assistant (L. Kim) with the FREDA Centre was tasked with the role of updating the chronology document for the purposes of this study. The chronology was then used to develop the interview and focus group guides (e.g., specific probes related to shifts in policy and legislation), and referenced during data analysis. Additional documents (e.g., program standards, occupational competencies, backgrounders, best practices manuals) were gathered from EVA BC and the Ministry of Justice, many of which were also referenced during data analysis.

¹ A detailed chronology of events can be found in Appendix A.

The Voice of Experience

The researchers employed qualitative interview methods to gather additional information about significant events in the development of responses to violence against women in BC, and to assess the implications of these shifts for anti-violence workers and the women they serve. Interviews and focus groups were conducted with key informants and anti-violence workers.² Key informants were individuals who had in-depth knowledge of policies and procedures related to responding to domestic and sexual violence in BC (e.g., anti-violence program managers, advocates). Anti-violence workers were front-line workers in community-based anti-violence agencies who had 10 or more years' experience providing services to survivors of sexual and domestic violence. These participant inclusion criteria ensured that participants could speak to the changing policy landscape and changes in demands associated with anti-violence service delivery over the past 10 to 30 years.

Participants were recruited using purposive and snowball sampling techniques. Invitations to participate in the study were sent via email to key contacts in the anti-violence sector. The scope of the study was limited to programs under the EVA BC umbrella, and did not include transition house workers, although many participants did speak about their experiences working in the sector more broadly. Those individuals who chose to participate in the study then shared information about the study with their colleagues and networks, and interested individuals were directed to contact one of the FREDA researchers. Interviews and focus groups were conducted between August and December 2013. The sample consisted of 22 participants in total: 9 key informants and 13 anti-violence workers (see Table 4). The vast majority of key informants had worked as front-line anti-violence workers before they took on positions as managers or decision-makers. Some front-line anti-violence workers who participated in the study had been working in the field for several decades, and held multiple positions throughout their careers in the sector.

² Ethics approval for the study was obtained from the Simon Fraser University Research Ethics Board.

Table 4: Research participants, by group and method

	Key Informants	Anti-Violence Workers	Total
Focus Group (8 in total)	6	13	19
Interview (3 in total)	3	0	3
Total	9	13	22

Two focus groups were conducted with key informants – one at the start of the data collection process and one at the end. The first focus group, the primary purpose of which was to review the chronology of events, was conducted in person and facilitated by a FREDA researcher (S. Yercich) and the Principal Investigator (M. Jackson). The final focus group with key informants was conducted via teleconference and co-facilitated by two FREDA researchers (S. Yercich and K. Rossiter). Three key informant interviews were also conducted in person by one of the FREDA researchers (S. Yercich or K. Rossiter), lasting approximately 1 hour each.

Between the initial and final key informant focus groups, 8 focus groups were conducted with 13 anti-violence workers from across the province. The majority of the focus groups were conducted with two or three anti-violence workers; however, due to scheduling conflicts and unanticipated circumstances, two focus groups were conducted with a single participant and therefore took the form of an individual interview. All focus groups with anti-violence workers were conducted via teleconference, and each lasted approximately 1.5 hours (ranging from 45 minutes to 2 hours). These focus groups were facilitated by a FREDA researcher (S. Yercich), with a second researcher (K. Rossiter) or research assistant (M. Gregg) served as co-facilitator and note-taker. The presence of two researchers during all focus groups maximized familiarity with the data and agreement about emerging themes during data analysis and interpretation.

The Making of Meaning

Interviews and focus groups were recorded with a digital voice recorder and transcribed verbatim by one of the FREDA researchers (S. Yercich or K. Rossiter). An initial coding of the transcripts was conducted by one of the FREDA researchers (S. Yercich) using NVivo (qualitative data analysis software). This researcher utilized the process of inductive coding to allow codes

and themes to emerge naturally from the data. As themes emerged, the codes were grouped into nodes to determine qualitative themes. From this point, each theme was analyzed individually to identify sub-themes (i.e., sub-nodes), and relationships between existing themes/nodes were identified. While all of the nodes (i.e., thematic categories) and sub-nodes identify the relationship between the broader category and each additional node grouped within it (i.e., sub-nodes), NVivo's relationships function was used to identify connections between the sub-nodes within each category, as well as sub-nodes in two or more different categories. This allowed the researchers to identify relationships between themes and sub-themes in the data.

To identify the relationship between the data and the existing chronology of events, the data were broken down into two separate categories: thematic (e.g., shifts in practice, experiences) and chronological (e.g., 5, 10, 20, and 30 years). This occurred during the second phase of coding. After the initial inductive coding was complete (i.e., the identification of themes and relationships between themes), the researcher conducted a second round of coding to address all codes that emerged during the first round. During this secondary coding, the thematic data were analyzed to determine their relationships to shifts in policy and practice, as well as their chronological order. After primary and secondary coding were completed, the data were triangulated with the chronology of events and additional materials were gathered to ensure that dates and details reported by the participants were accurate. The data that emerged through the secondary chronological coding and the thematic data were used to identify shifts that had relevance for the sector (see *A Shifting Landscape*), while the thematic data alone were used to explore the implications of those shifts for anti-violence workers, based on participants' perceptions and experiences (see *Navigating the Landscape*). The researchers (S. Yercich and K. Rossiter) both reviewed the coded transcripts to make meaning of the data, wrote sections of the findings, and reviewed each others' work to ensure agreement regarding identification of key themes and interpretation of the data.

Limitations of the Study

This study was limited by the availability of certain types of statistical data that were available in the police study (see Malm et al., 2005a; 2005b). Furthermore, anti-violence workers who participated in the study were able to identify major shifts in the legislative and policy landscape that impacted the sector, and the implications of these shifts; however, they did not often make reference to *specific* laws or policies (with the exception of the VAWIR policy and the new *Family Law Act*). Limited reference to specific laws or policies by anti-violence workers may have been the result of a number of factors, including the challenge of identifying any single law or policy that shifted practices in the sector, given the overwhelming number of laws, policies, and guidelines that impact their work and the limited funding and opportunities for training to stay current, limited preparation for the focus groups given that the questions were not circulated to participants in advance, or a lack of guidance from the researchers regarding the level of specificity sought.

The study's sample size was relatively small, due to the time-related demands on anti-violence workers. For example, several individuals who expressed interest in the study were unable to participate due to scheduling conflicts or other demands on their time. The study participants were drawn from a subset of agencies in the anti-violence sector, all of which were EVA BC members; as such, they are not reflective of the sector as a whole (e.g., multicultural outreach programs, transition houses). However, because participants were able to speak to – and reflect on – experiences in the sector more broadly from having liaised with workers in other agencies or having worked in other agencies and positions within the sectors themselves during their long careers, the findings do speak to the needs of the sector, more generally.

Research Findings

The findings of the study are divided into two sections. The first, *A Shifting Landscape*, provides evidence of the major shifts in legislation, policy, and guidelines that have impacted practice in the anti-violence sector, from the perspective of key informants and anti-violence workers. This section of the findings is organized chronologically in order to provide an overview of the major shifts to the sector over the past 30 years. The second, *Navigating the Landscape*, outlines the impacts of these shifts on anti-violence workers and the women they serve, from the perspectives of anti-violence workers and key informants, many of whom also had extensive front-line experience in the sector. This section is organized thematically to highlight the most significant impacts of the major shifts to the sector identified in the study.

A Shifting Landscape: The Changing Complexities of Anti-Violence Service Delivery

The landscape of anti-violence service delivery has shifted dramatically over the past 30 years, with changes to federal and provincial legislation (e.g., sexual assault law, family law), policies, procedures, and guidelines directing the practice of police officers, Crown prosecutors, child protection workers, and anti-violence workers alike. A full chronology of significant events in the development of responses to violence against women and children in BC is included as an Appendix to this report. However, it is worth highlighting the number and scope of laws, policies, and significant events that have impacted the work of the anti-violence sector during this time period:

- 1983 Bill C-127 reforms the Criminal Code to include ‘spousal rape’
- 1984 Wife Assault Policy in BC directs the initiation of police charges, encouraging the laying of charges by Crown and subsequent RCMP pro-charging policy
- 1987 Bill C-15 revises the Criminal Code to create new sexual offences against children and youth
- 1989 Bill C-89 introduces the victim fine surcharge and the presentation of victim impact statements at sentencing
- 1990 Wife Assault Coordination Committees are introduced
- 1990 out-of-court statements of child victims/witnesses are introduced
- 1991 Building Blocks: Framework for a National Strategy on Violence Against Women is adopted, including a plan for public education and safety practices

- 1991 Canadian Blue Ribbon Panel on Violence Against Women is established
- 1991 BC Task Force on Violence Against Women is established
- 1992 Bill C-49 restricts defence questioning victim about previous sexual activity and defines concept of consent
- 1992 O'Connor case results in activity in relation to the issue of release of records in sexual assault cases
- 1993 BC Violence Against Women in Relationships (VAWIR) policy is introduced and includes K-file flagging system
- 1993 Community Coordination to Stop Violence Against Women in Relationships: A Framework is introduced in BC
- 1993 Criminal Code is amended to include new offence of criminal harassment to address stalking
- 1993 Bill C-126 increases protection for child witnesses/victims, including the ability to prevent self-representing accused persons from cross-examining them and allowing a support person to be with a testifying child
- 1994 Victims of Crime Act is proclaimed in BC
- 1994 Criminal Injury Compensation Act is updated to include criminal harassment and uttering threats
- 1994 Immigration and Refugee Board of Canada Gender Guidelines recognize gender-based violence as grounds for refugee status
- 1995 Bill C-72 amends Criminal Code so that intoxication is no longer accepted as a defence in cases of assault and battery.
- 1995 Child, Family and Community Services Act is passed
- 1996 Bill C-41 removes discretion to consider victim impact information at sentencing
- 1999 The Supreme Court of Canada rules against concept of 'implied consent'
- 1999 RCMP Violence in Relationships/Violence Against Women policy is revised to include primary aggressor analysis
- 2000 VAWIR is revised to address Criminal Code amendments allowing police to set conditions upon release of accused
- 2002 BC Crime Victim Assistance Act replaces Criminal Injury Compensation Act – eliminating pain and suffering awards but enhancing counselling and other benefits
- 2005 Release on a Promise to Appear with an Undertaking in Violence Against Women Cases guidelines for police requires standardized risk assessment procedures and the provision of information to victims to enhance victim safety
- 2010 BC's Domestic Violence Action Plan is released
- 2010 Revised VAWIR to include Protocol for Highest Risk Domestic Violence Cases to enhance case coordination and information sharing
- 2013 Family Law Act comes into force, addressing family violence, prioritising the safety and best interests of the child and clarifying parental responsibilities in the context of separation and divorce

Even this condensed list indicates the magnitude of change over the last three decades. As each new or revised response has been introduced, the anti-violence sector has adjusted to new requirements and practices, communicated information about relevant changes to its client populations, educated other sectors about the significance of provisions and rights, and increased its collaborative work.

This section of the findings reports on participants' own perceptions of these shifts, and the specific laws and policies that have had the greatest impact on the sector. The findings in this section are based more heavily on key informant interviews and focus groups for two reasons: (1) these participants were found to be more knowledgeable about the introduction of new laws and policies in the field, and (2) discussion during the initial focus group with key informants focused more specifically on the chronology of significant events in the field.

“A Shoulder to Cry On”: The Development of the Anti-Violence Sector in BC

Prior to the 1960s, there was not an organized response to violence against women in BC (Leavitt, 2007). In the 1960s and 1970s, feminist activism initiated the organized response to violence against women, but this movement was met with resistance as the common response within the criminal justice system and society as a whole was that domestic and sexual violence against women were private matters. There were six sexual assault centres in BC in the 1970s. However, it was throughout the 1980s and 1990s that the organized response to sexual and domestic violence against women grew with the establishment of victim services, sexual assault / women assault centres, counselling programs to provide support and services to survivors of violence, and transition houses for women fleeing violence. During this period, the government supported the development of anti-violence services by funding programs and services. For example, as Judy, a key informant, explained, there was funding for the sector when the Ministry of Women's Equality was in place, but *“then the money seemed to plateau for some time.”* Funding was cut significantly in the early 2000s, and the Ministry of Women's Equality and the Women's Health Bureau were eliminated, following a change in power within the provincial legislature (Rossiter, 2011).

Peer Support Approach. During the initial phases of the establishment of anti-violence services in BC, most of the programs utilized feminist writings and approaches to inform their understanding of – and approaches to handling – violence against women (Leavitt, 2007). In the 1980s and 1990s the feminist approach also informed much of the anti-violence sector’s methods for service provision and advocacy. In addition to a feminist-based approach, early anti-violence programs and activism also drew on “anti-oppression theory, a wide range of counselling approaches, popular education techniques” (Leavitt, 2007, p. 245) and newly developed approaches to working with survivors of gender-based violence to inform their practices. During the formative years (i.e., late 1970s-1980s), anti-violence work was dominantly based on a peer counseling approach and had minimal government regulation or standardization. As Meera, a key informant, expressed, *“In many senses, I felt like the services were more of a peer counselling [...] It was more like a peer support [model]. A shoulder to cry on, and an advocate if the police didn’t believe the woman.”*

Growth Of Understanding About Diversity. In the early stages of the sector’s development, women who were referred to anti-violence services were not always able to

“The task force [on family violence] report in 1992 [was] [...] kind of a turning point. We developed a list of all those diversity groups which then just flowed off everyone’s tongue after that. Everybody then just kind of started including all of those groups in everything that we were writing. Which was great. Again, the right thing to do, but no extra money came along in order to do outreach to those groups.” (Louise, Key informant)

access those services. For example, women with mental health and substance use problems may have been turned away from programs because anti-violence workers did not have the

training to work with women who presented with these complex and challenging issues. At this time society as a whole was less attuned to women’s differing social locations and diverse needs, and as a result anti-violence workers were not expected to deal with complex issues in their clients’ lives, but rather, were focused on primarily dealing with issues of violence, with less focus on addressing other intersecting issues.

Few laws or policies were in place to guide anti-violence workers who were supporting women who had experienced violence. Similarly, there were few policies and procedures in

place for police in responding to calls involving violence against women (see Malm et al., 2005; 2005b). For example, in 1982 the Solicitor General of Canada issued a directive instructing the RCMP to recommend or to lay charges in cases of spouse assault where reasonable and probable grounds exist, and in 1983 the first Wife Assault Policy was enacted in BC (see Appendix A). However, aside from these developments, there were limited policies and procedures in place. This is reflected in a discussion among key informants during one focus group that, at the beginning of the grassroots movement, there was little to guide anti-violence workers' practice in the sector (e.g., privacy legislation, victims' rights legislation).

In the early years, the anti-violence sector was operating without program standards, best practices, core training, or guidelines concerning reporting or record-keeping in the sector. As Meera, a key informant, recounted, *"There was no guidance around record keeping whatsoever and so it was up to each and every agency to figure out whether they took records, and there were some agencies in the province that weren't even taking records at the time."*

"A Sea Change": From Grassroots to Standardized Practice

As noted in the previous section, initial responses to sexual and domestic violence in BC were based on grassroots feminist approaches to violence against women, which were reliant on listening to women's experiences and understanding and responding to women's needs on a case-by-case basis (Leavitt, 2007). Research on rape crisis centres in the United States found that, although many such programs still consider themselves 'feminist' today, "the idea of what constitutes a 'feminist' organization has changed since the 1970s" (Maier, 2008, p. 96) through the need for collaboration with mainstream organizations and the broadening of mandates to include male survivors.

Legislation And Policy. In the 1980s and 1990s, federal and provincial governments began implementing policies, legislation, and guidelines that governed the practices of the anti-violence sector (see Appendix A). Federal and provincial legislation and policy led to the regulation of anti-violence work sector-wide, which, as well as program-based internal policies and standards aimed to ensure a consistent response to sexual and domestic violence against women, and standardized practices throughout the province. In the 1980s, a directive from the

Government of Canada led law enforcement agencies to adopt pro-active arrest procedures in cases of domestic violence, which had previously been considered a private matter; today, all Canadian jurisdictions have pro-charging policies for cases of intimate partner violence (Sinha, 2013). In BC, formal responses to domestic violence were minimal until the first *Wife Assault Policy* was approved in 1983 and implemented in 1984 by the BC Ministry of Attorney General, directing law enforcement to initiate charges in instances of spousal abuse and encouraging Crown to lay charges. For example, Paola, an anti-violence worker, expressed, *“I think we really have to give credit to the original [Violence Against Women in Relationships] policy because I was doing this work in 1993 when it first came into being, and it really was just trend setting in terms of what we’ve already talked about, which is giving a place at the table to women’s advocates in with all of the other players in the criminal justice system.”*

Throughout the 1980s and early 1990s, governments enacted and amended federal laws (e.g., Victims of Crime Act, amendments to the Criminal Code to include criminal harassment) and developed policies (e.g., VAWIR policy) that redefined forms of - and responses to - violence against women. What makes the anti-violence sector specialized is that front-line workers work across systems, and thus need to be familiar with numerous laws and policies from a multitude of sectors that have implications for responding to domestic and sexual violence. This is reflected in Meera’s (key informant) statement that, *“Child protection is responsible for child protection. Police, Crown, they’re all responsible for their own areas. Whereas the community-based advocates are responsible for helping women navigate every single system. So they have to know all of the other policies and all of the legislation.”* For example, the Society Act, Victims of Crime Act, and Crime Victim Assistance Act required anti-violence workers to have knowledge about victims’ rights, criminal injuries compensation, and governing anti-violence agencies. In 1983, sexual assault laws were amended to include marital rape and

“...Things that wouldn’t have been considered sexual offenses before were. So, the touching of a breast, for example, or pinching a bum under the right circumstances could be considered a low-level sex assault. So that would create more work for agencies because before things that weren’t really on the radar as an offense are now offences.” (Tatiana, Key informant)

protect sexual assault survivors from having their sexual histories used against them in court. As legislation was amended (e.g., sexual assault laws), and behaviours that were previously not considered crimes were added to the Criminal Code, anti-violence workers were faced with new crimes and new survivors seeking support and assistance, as well as the need to educate the justice sector about the new laws and new rights of survivors to make complaints in these areas.

The Increasing Sophistication of the Anti-Violence Sector

Guidelines For Front-Line Workers. To assist anti-violence programs with responding to the developing standardization of the sector, the Justice Institute of BC (JIBC) for the BC Ministry of the Attorney General produced the *Wife Assault Victim Support Worker Handbook* (1987), the *Victim Support Worker Handbook: Sexual Assault* (1989), the *Child Sexual Abuse Victim Support Worker Handbook* (1989), and the *Crime Victim Support Worker Handbook* (1991) to guide agencies' and workers' responses to – and management of – cases. Representatives from the anti-violence sector were involved in the production of some of these resources; for example, representatives from the Ending Violence Association (previously named BC Association of Specialized Victim Assistance & Counselling Program) co-authored the *Victim Support Worker Handbook: Sexual Assault* handbook. At this time, however, there were no program standards or best practices within the sector, though these were developed in the late 1990s (BC Association of Specialized Victim Assistance & Counselling Programs, 1998; McEvoy & Ziegler, 2006).

Program standards and best practices documents outlined which services were mandatory according to the programs' funding contracts, and which were optional, expectations about service provision (e.g., that services are accessible to marginalized and minority women who face multiple barriers) and agency policies (e.g., codes of ethics and conduct), and outcome measurements. As Meera, a key informant, noted:

“The release of that [child abuse and neglect] handbook, impacted us as front-line workers. [...] We needed to pay attention to it. We needed to adhere to it. We needed to develop policies internally for our own agencies, so that took time. And we needed to train our staff internally, and there was no money for training, so we were all... I can

remember constantly doing in-service kind of sessions. I mean, there were only two of us, so we were briefing each other. But then we were briefing all of our volunteers, because we also had volunteers answering the crisis line at night and on the weekends.”

Training. As has been noted, the anti-violence sector has seen the introduction of much new legislation and many new policies. This has included changes to the Criminal Code, Family Law, Immigration law, the introduction of formal policies on violence against women, such as BC’s Wife Assault Policy and VAWIR Policy, and the expansion of victims’ rights to information and involvement in the criminal justice process through Victim Impact Statements. The work of anti-violence advocates has also been extended and enhanced with greater knowledge of the needs of children and youth, as well as the needs of groups of women with additional vulnerabilities. Guidelines and manuals have been developed for working with women with disabilities, younger and older women, Aboriginal women, sex workers, and immigrant, refugee and non-status women, and to increase cross-cultural awareness (please consult the Chronology in the Appendix to this document for further details). These developments have underscored the need for training of anti-violence workers. In the early days of the sector, there was very little to nothing offered at any university or college to help people prepare for work in the anti-violence sector. Therefore, few anti-violence workers had university degrees and agencies had little in the way of core training. One key informant explained that in 1982, when sexual assault centres were re-established after a funding cut in the late 1970s, they had a total budget of \$5,700 to come together once a year to share information and best practices. However, with the advancement of the issue, anti-violence sector workers and managers identified a need for core training for all programs. Another key informant, Judy, suggested that the lack of training was dangerous – for both workers and their clients – given the nature of anti-violence work: *“I think that the less training people have, the more dangerous it is. The work is incredibly dangerous.”* Each subsequent shift in the legislative and policy landscape created a need for additional training for anti-violence workers. A training fund was established for training of victim service workers that amounted to \$500,000 and another for training of STV Counselling programs, Transition Houses and Children Who Witness Abuse counselling that totalled \$400,000 per year. The former was cut altogether in 2008.

Management And Leadership. The growth of the anti-violence sector led to changes in the management of anti-violence agencies, and the hiring of Executive Directors who had training in management but did not have experience in the anti-violence sector. Key informants had divergent perspectives on this development in the sector, with some participants suggesting that front-line experience was crucial for managers to take a feminist, survivor-centred approach to this work, and another arguing that focusing on managerial experience as opposed to front-line experience had a positive impact on the efficiency and standardization of the sector. For example, Judy, a key informant, recalled:

“I would call it almost a sea change in terms of the approach to the work. [...] A lot of managers had not come up through the frontlines the way a number of us did, and [...] It’s not to say you have to be [a front-line worker] to know how to manage properly and run a good organization, but they didn’t have that piece.”

Records Management. In 1992, the Bishop O’Connor case, which dealt with the abuse of Aboriginal girls and had implications for access to third party records in sexual assault cases,

“What we did then [...] was worked on developing a set of records management guidelines for agencies, so that was a huge workload issue both in terms of the training and development of the guidelines themselves, but then also for agencies implementing them.” (Tatiana, Key informant)

was brought before the Supreme Court of Canada. Record-keeping thus became an increasingly important component of training and management in the anti-violence sector, as front-line workers and managers were keenly aware of how agencies’ records could be used against women. This shift is reflected in

Tatiana’s (key informant) statement, *“We started doing a lot of work [...] educating programs about their records and what needed to be in them, what didn’t need to be in them, how they could manage the records with the view that those records may be subpoenaed in a criminal prosecution.”*

Increasing Coordination And Collaboration. With the development of new laws, policies, and guidelines came the need to work more closely with other agencies and sectors. However, participants indicated that the individuals in other sectors with whom they were supposed to be working did not always have the specialized knowledge required to work with survivors of domestic and sexual violence, and that policies directing various agencies and

sectors to coordinate when dealing with domestic violence cases were not always followed in practice. Alice, an anti-violence worker, explained, *“The good news is there is a lot more awareness out there about violence against women and violence in relationships. The bad news is that it’s not always really well understood by other agencies and ministries, and so we’re kind of up against agencies and ministries that think they’ve got it and maybe don’t really.”*

“Twenty years ago when I first began the program they actually said that the policy was in place for any time the police were on the scene where there was domestic violence that the ministry had to be notified. And that was actually something that was in my training, but of course it wasn’t... it was never done for years and years and years, but now there does seem to be an immediate connection to the ministry. They do that more than they used to.” (Frances, Anti-violence worker)

“Doing More with Less”: Anti-violence Service Delivery Then and Now

One outcome of the women’s movement, and the introduction of new legislation and policies concerning domestic and sexual violence, was a growing public awareness of the issues related to violence against women. For example, the early development of knowledge about the impact of domestic violence on children emanated largely from women using anti-violence services and their advocates (Denham & Gillespie, 1998; Mullender et al., 2002). This led to enhanced understanding of the need to work with the whole family and to lobby for funds for specialized services for children and young people. This shift is exemplified through Ravi’s (anti-violence worker) experience, *“When I first started this work if you said children who witness abuse, people didn’t even want to hear that such a thing existed or was needed, and now it’s just a given. It is very accepted and acceptable. And so I see that as a huge shift.”* Furthermore, the naming of violence against women led to more women and girls coming forward and seeking support to deal with the impacts of violence in their lives, resulting in an increase in cases for anti-violence workers. For example, Meera, a key informant, expressed that:

“There was a great growing awareness of all the laws [that] changed, [and] there was a new spouse assault policy. So there is a growing awareness in communities across the province, and our agencies are getting requests from teachers and others asking us to come and do courses or teach something to high schools or speak to a town hall

meeting or do public education.”

However, anti-violence programs did not have the necessary funding or staffing to respond to the growing and increasingly complex needs of women survivors. All of the participants recounted the new challenges that resulted from the awareness and understanding of women’s increasingly complex needs. For example:

“There was a huge number of adult survivors of child sexual abuse that kind of rose up in the early 80s saying that this was a reality in their childhoods and they needed help. So the sexual assault centres weren’t just trying to meet the needs of women who had been recently sexually assaulted, they were trying to meet the needs of women who were sexually abused as children years ago. And, so, we didn’t have the capacity. We had two three-quarter time staff positions funded. That was it.” (Meera, Key informant)

“I guess with the increased demand, though, and the increased awareness, there’s a bigger issue. Because of the awareness, more people seek service which is kind of a double-edged sword. They seek service but it places a greater burden on the programs. [...] I can see over the last 20 or 25 years a lot harder time meeting the demands.” (Nina, Anti-violence worker)

Funding Cuts. In 2002-2003, the anti-violence sector, and other social services, faced massive funding cuts that significantly reduced their capacity to meet the needs of women

“The sexual assault centres had counselling in their contracts. That’s what disappeared when the liberal government got in and they cut all of the sexual assault centres; that is, they cut the counselling piece.” (Meera, Key informant)

experiencing domestic and sexual violence.

Funding to all Sexual Assault/Woman Assault centres was cut, as was Women’s Centre funding.

Ellin, a key informant, explained, *“I think the big shift was when the... they cut funding. I think that was huge. Because that really took away a lot of*

resources. I mean, it took away funding, it took away services...” The cuts also forced those programs that survived to broaden their mandates and – as one participant said – to “rebrand” or “repackage” anti-violence services to include male survivors as that became the mandate for all community-based victim assistance programs. Cuts to other services, such as the 50% cut to legal aid funding in BC, also had a significant impact on the anti-violence sector, as anti-violence workers then had to take on the work of supporting women who were survivors of violence

dealing with the family law systems. Morrow et al. (2004) suggested that these cuts to legal aid “further entrench pre-existing gender inequities in Canada” (p. 365), which is reflected in anti-violence workers’ experiences of taking on additional duties, roles, and responsibilities due to the cuts and many women survivors’ struggles related to accessing legal representation for family law proceedings.

Since the cuts in early 2003, anti-violence services have faced ongoing financial difficulties as they try to meet the demands on them, and the needs of survivors, without increases in funding to keep up with the basic costs of running programs and to hire, train, and support staff in the work they do. Meera, Ellin, and Marie addressed the impact of these cuts:

“Then in 2002 legal aid was cut in half, and so that force all of the anti-violence programs to become support people for women abuse, like, victims going through both systems, including family law. [...] Massive amounts of work. Massive. And that still exists today.” (Meera, Key informant)

“A closure of legal aid offices means that a lot more work will be picked up by the [anti-violence] workers themselves because somebody needs to help the woman to prepare an affidavit. Who’s there? Right?” (Ellin, Key informant)

“There used to be resources like a local crisis line and local sexual assault centres and things that existed kind of outside the 8:30-4:30 [...] and those services don’t exist in this community anymore. They’re gone.” (Marie, Anti-violence Worker)

Furthermore, according to a few participants, some agencies reported steady funding cuts over the past 5 to 10 years, whereas others indicated that their funding had not necessarily been cut, but they had seen no increases, despite the need for additional funds. Limited funds have required programs to be creative in order to meet the needs of their communities; for example, one key informant described a situation where one .FTE position is shared by four workers with different language capacities so that the agency can meet the needs of its culturally diverse community.

The Government of British Columbia spends \$70 million annually funding “prevention and intervention services and programs to better protect B.C. families involved in domestic violence and other crimes” (as cited in McInturff, 2013, p. 15). This portion of government funding includes \$18.4 million for CBVS programs, STV Counselling programs, Multicultural

Outreach and Outreach programs, and \$16.5 million for violence against women counselling and outreach programs (Victim Services Division, Ministry of Justice 2014). Furthermore, although BC Ministry of Justice data show an overall increase in anti-violence service use in the province since 2007, these funding levels have remained static since 2007 (Victim Services Division, Ministry of Justice 2014). British Columbia's new Provincial Domestic Violence Plan (Provincial Office of Domestic Violence, 2014) announced that the provincial government would be investing an additional \$5.5 million dollars into direct services for domestic violence survivors over the next three years; however, it is not expected that this funding will increase capacity among community-based anti-violence agencies (Provincial Office of Domestic Violence, 2014).

Since their development and original mandate in 1992/1993, STV Counselling Programs and other anti-violence services have experienced increased pressure due to cuts in funding across other social service sectors in 2002. According to McEvoy and Ziegler (2006) "there have been cuts to social assistance and legal aid, cuts to sexual assault centres and women's centres, cuts to sexual assault centres and local women's crisis lines, and increased pressures on remaining (and often reduced) services such as mental health and addictions" (p. 11). As a result of cuts to other social services, women are being referred to anti-violence services, which has increased caseloads in the sector. For example, cuts to legal aid have required STV counsellors to learn more about the law and the legal process to assist women who are representing themselves in court. These cuts led to the elimination of legal aid in family law proceedings, "with the exception of applications for restraining orders, child custody and access orders where there is violence involved, and non-removal orders which specify that a child (or children) cannot be taken out of the province" (Morrow et al., 2004, p. 365). However, these services through legal aid are also limited, and women survivors might be barred from access to legal aid representation through an eligibility assessment (Morrow et al., 2004). This leaves many anti-violence workers and women without the resources and supports required to navigate the intricacies of the family law process. In addition, increased levels of poverty among women seeking services, shelter, and safety, have increased STV counselors' advocacy work with regard to "food, transportation, child care, legal issues, housing and accessing community

services” (p. 12). There is also an increased need for STV counsellors to assist with disability and legal forms in addition to changes in the needs and complexities of the populations served by STV Counselling Programs (e.g., due to mental health and substance use problems). The increases in complexities of cases and populations, as well as the increase in workload through meeting the needs of survivors that had previously been addressed by other agencies has transformed the structure of STV counselling programs, and the role of STV counsellors, as well as the overall nature of the work (e.g., high-stress, under-resourcing, potential lethality). These impacts were also felt in CBVS programs. Morrow et al. (2004) contends that these “cuts and changes have been targeted in such a way as to seriously erode women’s organizations” (p. 360), and the impact of this is exemplified through the participants’ testimonies.

Funding Structures. One significant change that has taken place in the anti-violence sector relates to the way in which programs are funded. Whereas funding used to be more stable, anti-violence programs are now required to apply for renewed funding and compete with other agencies in the sector for the limited funds available. Meera, a key informant, explained:

“Programs were just automatically re-contracted every year, and then government started saying, ‘well, you have to apply,’ so even if you’ve been providing community-based victim service for 17 years, everybody in town loves you, there’s been no complaints, now all of a sudden you’re having to spend 20 hours developing a proposal to submit to the Ministry to say why...”

Training Cuts And Shifts In Training

Delivery. Funding cuts to services were accompanied by cuts to core training. Core training comprises the foundations of knowledge and skills to do anti-violence advocacy work, which training in emerging issues and new approaches can build upon.

“The opportunity for us to stay on top of current training and make sure staff are engaging in ongoing professional development and being able to respond to the increasing needs and complexities that we’ve been mentioning requires time and money, and there’s little of both.” (Laura, anti-violence worker)

The occupational competencies required for anti-violence work are not currently matched by any post-secondary institution and there is, at present, no pre-employment training in BC to become skilled, competent or marketable to work in this specific sector. The impact of cuts on

core post-employment training are therefore particularly concerning and have left anti-violence workers with few opportunities for education and professional development. In addition to providing the vital information and skills training for front-line anti-violence work, core training gave anti-violence workers an opportunity to come together and build connections and a network of support to help sustain their work and daily exposure to accounts of violence. Anita, a key informant, discussed the value of training, the development of relationships, and the significance of their loss:

“In the early years when we had trainings across the sector, we would come together in a central location... and we made such a connection with each other. It was very intense training. It was very cutting edge ideas, like looking at domestic violence through a feminist lens. It was pretty new for a lot of the people in the training, and we built really strong relationships. I am still in contact with some of those women that I trained with over 20 years ago, and that really provided a cohesiveness in the sector that isn't there anymore.”

Furthermore, training is now delivered less often and using different modes (i.e., online). This has led to isolation in the sector because anti-violence workers are less connected to their colleagues and are unable to share information and support one another.

Training today is more often delivered online and on-the-job, and provincial organizations, like EVA BC, devote significant time and resources to securing funds to provide annual training and other training on pertinent topics for anti-violence workers. For example, Cathy, an anti-violence worker, recounted: *“The Ministry or the government who implements the changes doesn't take any responsibility for training. The agencies have to take that on themselves and use their own resources, which are so scarce anyways, in order to cobble together some sort of training or information sharing, which isn't ideal.”*

Without ongoing, in-person training regarding new laws, policies, and best practices, anti-violence workers may feel ill equipped and unable to provide quality services to women. Natasha, an anti-violence worker, explained, *“We don't get any kind of training [on new policy and legislation]. We get a bulletin sent out.”* While bulletins may play an important role in sharing information about changes to policy and practice, they do not replace the need for training. Many key informants and anti-violence workers stressed the importance of in-depth

training that was delivered in person. For example, as Alice, an anti-violence worker, discussed her experiences: *“I think that we have good support here, but we are always, always, always playing catch up and trying to get on board with the latest changes to family law, to who qualifies for legal representation, to what the Ministry is up to in terms of [domestic violence] training and whether they are or are not using their protocols. We always seem to be trying to get caught up.”*

This research highlights the breadth of the policy landscape that anti-violence workers must work with. Their work intersects with Police, Crown, Ministry of Children and Family

Development, Family Law and immigration, for example. The nature and scale of this intricate, changing, cross-sectoral terrain requires extensive and up-to-date knowledge about a plethora of policy and legislative issues. In this context, some front-line anti-violence workers felt they had limited familiarity with legislation and policies that might impact on their work, and were

“For example, with the recent changes to the Family Law Act. Lots of people who are working front-line are completely confused and they haven’t had any information, or much information, passed down to them in the form of training. Whereas in the past I’m sure there would have been provincial-wide training making sure all of the front-line service delivery people are fully aware of really important changes for women and kids, and there would have been resources put into that. Now maybe people might get some online training if they are lucky, and they have to fit that into their work day.” (Cathy, Anti-violence worker)

concerned that there could be gaps in the knowledge advocates needed to effectively provide services to women. Cathy, an anti-violence worker, explained: *“I know it makes it really stressful for the front-line workers, and then if there are changes that are made that benefit women and kids it doesn’t trickle down to them because the staff don’t know.”*

Navigating the Landscape: Implications for Anti-Violence Workers and Survivors

The shifting landscape of anti-violence work in British Columbia has had significant implications for anti-violence workers, and the women they serve. The introduction of new laws and policies, the development of program standards and best practices guidelines, and amendments to existing laws, policies, and guidelines, have not only required anti-violence

workers to adjust their practice to comply with new requirements, but also significantly increased their workload and the time it takes to meet the diverse and complex needs of the women they serve. According to Meera, a key informant: *“every single policy increased the workload.”* The findings in this section report on the perspectives of anti-violence workers and key informants, and reveal that the implications for front-line workers of shifts to the legislative and policy landscape are complex and often compounding.

The implications that will be discussed in depth in this section include the increased amount and complexity of anti-violence work (e.g., complex client issues, the broadening scope of anti-violence work, technological advances); larger caseloads, longer waitlists, and increased workloads that have resulted in shifts to the amount and type of services provided; low wages, limited benefits, and overdue pension plans; limited training funds and opportunities for further knowledge development; high turnover in the sector; adverse working conditions; and limited support for self-care to protect against vicarious traumatization. The need for connectedness and collaboration, as well as a “provincial voice” were key themes that emerged and provide some suggestions for what is needed to support anti-violence workers, given increasing demands on their time and energy as they navigate the shifting legislative and policy landscape.

Increased Complexity of the Work

Interviews and focus groups began by asking participants to describe a typical, straightforward case of domestic violence or sexual violence. Participants’ responses were resoundingly similar: there are no typical, straightforward cases of violence, as reflected in Anne’s (anti-violence worker) statement: *“I’m not sure what a typical, straight forward incidence of violence against a woman would be. It seems to me that all of the situations are so darn complex.”* All of the participants indicated that the work has become more complex over the past few decades. Not only are they serving a more diverse population (i.e., mental health, alcohol and substance abuse/dependence, immigration issues, poverty), they are also assuming roles and responsibilities (e.g., legal support) that once belonged to other agencies.

Increasingly Diverse Populations. All of the participants expressed that one of the key

changes in the nature of anti-violence work has been dealing with a victim population with increasingly complex needs. From the grassroots days when women were more likely to be a homogenous group, to contemporary times when each survivor presents with a myriad of issues that intersect with their experiences of violence, the time it takes workers to address each case of violence has increased substantially. The participants identified mental health, substance abuse, immigration, poverty, homelessness, historical abuse, disabilities, age (i.e., elderly, youth), gang affiliation, and race/ethnicity and cultural needs as the primary complexities associated with the populations that they serve. While each of these intersections denote important progress in the sector's ability to meet the distinctive needs of each survivor who seeks assistance, it also increases the complexities and time-related challenges involved in each case of violence when workers must address the unique, and frequently multi-layered, needs of each survivor who is referred, or self-refers, to their programs. For example, as Laura, an anti-violence worker, noted, *"It's the nature of the work has changed, in my perspective. You know, women are walking through the door with extreme instances of violence, also living in poverty and experiencing racism. We've had far more women walking in the door who have some sort of connection with a gang in our community. So the nature of the work for us in responding to her needs is quite complex."* Ultimately, with each intersection between a survivor's unique needs (e.g., mental health, substance abuse, poverty) and an experience of violence, the time and resources required to respond to and effectively assist each survivor increases (e.g., longer service required, number of referrals, more interagency collaboration, additional safety concerns, housing issues).

Although all of the workers identified numerous complexities within the populations that they serve, the complexities that were addressed most frequently were those of mental health and substance use. The workers noted that an increase in the intersection between anti-violence work and mental health and substance use is not only due to the growing awareness among anti-violence workers and health professionals, leading to an increase in diagnoses, but also to an increasing awareness on the part of survivors. While this challenge is not unique to the anti-violence sector, the experience within the sector has been compounded by cuts to other services and outlets for support when working with these complex cases.

Providing Practical Support. Advancements to the sector and developments in policy (see A Shifting Landscape) have brought about additional systems to navigate when serving each survivor of violence. These policies and additional services altered how anti-violence workers assist survivors of violence. The original mandate of the sector, as outlined in the contracts for community-based victim services, for example, was to provide emotional support and assistance through the justice system. This approach was inclusive, as solely providing crisis support could often be addressed through services offered in-house. However, by acknowledging the intersections of violence and other concerns (e.g., mental illness, substance abuse, immigrant status, poverty, homelessness), the mandate for these agencies shifted to include providing practical assistance in addition to the crisis support services that were already available. For example, Ellin, a key informant, expressed, *“You’re working across sectors, [and] you’re also trying to manage a couple of different things at the same time. It used to be that the contracts for community-based victim assistance programs used to say they provide crisis support. That was changed and reframed and said that you provide emotional support and practical assistance.”*

The mandate to provide practical assistance and emotional support allows anti-violence workers to provide greater assistance to each survivor, which denotes progress in the sector, but it also increases the complexities and demands of the work by requiring workers to move past providing support in crisis situations to becoming a multi-sector advocate for each survivor. This includes, but is not limited to, providing legal advice and support during separation/divorce and custody matters, locating safe housing, acting as a liaison with income assistance, and navigating immigration processes, child protection, court, corrections, and many other systems. While these added complexities and the shift in the role of the anti-violence worker (i.e., from crisis support to emotional support and practical assistance) is valuable for the survivors and allows each worker to assist in increasing safety measures, this approach also requires substantially more time on behalf of each anti-violence worker by requiring increased support and learning how to navigate each of these unique systems. Meera, a key informant, explained:

“[Over the years I saw a change in] the myriad of responsibilities that these programs have in relation to providing services to basic victims [of violence]... [learning] how to address and respond to Aboriginal women, immigrant women, women with disabilities, women who live in rural and isolated communities, older women, younger women, lesbians and trans woman, sex workers, women who use substances, and mental health. That’s a massive area [of responsibility], learning how to work with somebody who comes to her appointments drunk or high, like without just saying ‘we don’t do that.’ Because in the early days we would say ‘we have a policy here that you can’t be high when you come here, and you need to go to a drug and alcohol program before you’re ready work on your sexual abuse issues.’ Well, we realized that was dumb and we needed to work in coordination with other service providers, like psychiatry and drug and alcohol, and help her manage, and help her move to a harm reduction place so that she was making decisions about using and not just being kicked out of the anti-violence agencies. [Then there are] women with developmental disabilities, the whole area of residential schools impacts on First Nations and Métis. Learning about and having some competencies around racism. Working with deaf and hard of hearing women. The onset, which is pretty much the last the last 5 years of domestic violence lethality and doing safety planning based on that evidence and understanding about that level of risk assessment planning, safety planning, records management, coordination, making effective referrals, [and] responding to homicide.”

Technology. Over the last 5 to 10 years, advances in technology have changed the types of victimization experienced by the adults and youth who seek assistance from anti-violence services and how anti-violence workers respond to survivors, as well as points of access between workers and survivors. Mariam, a key informant, discussed the impact of these new technologies. She noted, *“[Social] media technology has introduced new complexities as far as the different ways people are victimized, [and] how it impacts the actual survivor of violence.”* Furthermore, many of the front-line workers noted that the internet has altered survivors’ experiences with violence by increasing opportunities for victimization (e.g., cyberbullying, child pornography, continued contact/harassment post-separation), which in turn has increased the complexity of responding to – and aiding – survivors of violence. For example, as Liza, an anti-violence worker, expressed, *“[social] media technology seems to get more complicated and more invasive every single day. I don’t even know half of the [platforms], like Tumblr and Foursquare. Every day there is a new way to exploit people.”* This complexity is compounded by the ever-changing nature of technology, which poses continual challenges for workers to keep up with changes in the forms of technology-based victimization. Furthermore, technology has

advanced communication between workers and survivors (i.e., e-mail, cell phone use). Many of the front-line workers recounted their experiences of receiving text messages and calls from survivors throughout the day and night, which positively impacts their ability to quickly and effectively respond to survivors. However, these technological advances have also led some workers to soften the boundaries between work time and personal time. This has led to additional, and often unpaid, work, which one anti-violence worker referred to as “volunteer time.”

Record-Keeping Requirements. Through the process of standardization and the overall shift toward consistent practice in the sector, the requirements for record-keeping (i.e., documentation and file maintenance) and the submission of statistics have changed dramatically. Some of the participants noted that in the grassroots beginning of the sector, the requirements for record-keeping were minimal and inconsistent. However, through stipulations with funding, changes to policy, and the development of contracts, standardized record-keeping and the submission of statistics became a required practice. Marie, an anti-violence worker, explained, *“I know in this program what started out 20 years ago as volunteer women supporting other women, the expectation has dramatically changed because we are an accredited agency now and how I keep my files and that involves a whole lot more time than just speaking with someone.”* While this adds value to the work in terms of standardization across the sector, all of the participants indicated that the record-keeping requirements and monthly submission of statistics was time-consuming and reduced the amount of time they are able to spend doing direct service. In addition to new record-keeping requirements, specialized knowledge has been required in order for anti-violence advocates to respond to changes to privacy law, information-sharing provisions for high-risk cases of domestic violence, and the increased use of subpoenas. Three editions of *Records Management Guidelines: Protecting Privacy for Survivors of Violence* have been produced by EVA BC and the BC Society for Transition Houses to respond to the demand for this expertise.

Intersectoral Roles And Responsibilities. One of the biggest changes to the complexities and demands of anti-violence work occurred with the cuts to legal aid in 2002. Through the cuts to legal aid, anti-violence workers found themselves not only working as crisis support, but also

as a resource for women who were struggling through the family court process without legal

“In 2002 legal aid was cut in half, and so that forced all of the anti-violence programs to become support people for victims going through both systems, including family law. [It created] massive, massive amounts of work. Massive. And that still exists today.” (Meera, Key informant)

representation. This shift required anti-violence workers to become familiar with the processes of family law, and assume the role of advocates in a new system (e.g., dealing with custody and access/“shared parenting” proceedings, applications to the

court, and helping women navigate the complex systems of family law). With the cuts to legal aid and limited access to government-funded lawyers, survivors are now left with much of the work and responsibilities that once belonged to lawyers through legal aid, and supporting survivors through the legal system is now part of the common duties for anti-violence workers. Combined with the amendments to the family law structure these new responsibilities, which used to belong to other agencies, have been “downloaded” onto front-line workers. This shift has caused anti-violence workers to, as Meera, a key informant, characterized it, “become paralegals almost.” All of the front-line workers identified the cuts to legal aid, and their new role of providing legal assistance, as one of the primary complexities they encounter on a regular basis, which contributes significantly to the time it takes them to do their work.

Increasingly Complex Work Takes More Time. The increased demands involved in anti-violence work have drastically altered the time it takes to do this work. As this research has indicated, this includes (but is not limited to) addressing the intersecting vulnerabilities of each survivor and navigating a complex, multi-sectoral landscape comprising the criminal justice and family law systems, immigration, mental health, child protection and social security benefits systems, as well as increased reporting requirements and compliance with privacy legislation. Practice which responds to this cross-sectoral complexity, while valuable to the individuals seeking support, increases the time it takes anti-violence workers to do their jobs. Every increase in complexity and additional task increases the steps each worker must take to work through each case. For example, Judy, a key informant, expressed:

“I think the work takes longer. You know, when I think about the time that’s really needed for workers [...] to connect with each other and work through some of the

details of how they can best support this woman and that woman. That takes time. [...] The increasing level of complexity and the higher level of service and all the complicating pieces that are at play there for all these cases that are more complex, I think it takes more time.”

Similarly, all of the participants, key informants and front-line workers alike, recounted ways in which their work had become more complex and time-consuming since they entered the field. However, most of the participants expressed that these increased complexities and demands did not lead to an increase in allotted hours or funding for their programs, which indicates that funding and support within the sector is not keeping pace with the demands of the work (see *Larger Caseloads, Longer Waitlists, and Increased Workloads; Low Wages, Limited Benefits, and Overdue Pension Plans*).

While talking through the increases in complexities and demands of anti-violence work, each participant also discussed the impact the changes in the nature of the work have on survivors and workers alike. Mariam, a key informant, addressed this concern. She said, *“I guess it impacts the worker because of the stress, right? So the fact that they have to do a lot of advocacy with different systems of service to get services for the client, that is stressful.”* All of the participants expressed that the changes in complexity and demands increased the levels of stress they experience at work, which leads to higher levels of burnout and turnover (see *Vicarious Traumatization and Self-Care; Turnover*). However, the workers voiced more concern about the impact these changes have on survivors, because the increased complexity and multi-system approach could compound survivors’ experiences of stress and/or potentially deter survivors from seeking support services. For example, Ellin, a key informant, discussed her experiences:

“I think [about] the complexity of what the clients are dealing with, so they’re coming in with multiple issues. They might be referred to multiple agencies. They might get turned down for family court, but they still have a criminal matter going on. Then they’re referred to a community-based victim assistance program, but they also have immigration matters going on, and nobody’s going to touch that! Then they get referred somewhere else. Then at the same time she’s trying to get a job, so [there is involvement with] settlement agencies. Then she’s got her child, and custody [matters] going on. [Then there is] legal aid cutting back. Like no duty counsel. A lot of people are self-[representing], and that’s a fact, a stat, that a lot of women are self-representing.

And how dangerous is that. Right? They are doing it because they have nowhere else to go to. A lot of things [are] being used against them. Women being arrested, partners having assets under their names when they've got no access to assets. Language capacity – she doesn't understand her rights or where she can go. There's sort of a lack of a mapping thing that happens because it's so complex. It's hard enough for workers to keep track of what's going on. Can you imagine for the woman! Yet she's trying to provide for her child [and] she's just been cut off from income, so [she's] being kicked into poverty. She might not have safe housing, [and] she might not have enough for food. She's trying to look after her children, [but there is a] lack of access to child care. And then in between that, she's expected to go to different services to get services. And the services aren't in the same block."

Larger Caseloads, Longer Waitlists, and Increased Workloads

The majority of participants indicated that their caseloads, waitlists, and workloads have increased over the last decade, but that funding for their agencies and programs has not increased. Despite increases in the demands on anti-violence workers, anti-violence workers and key informants reported not seeing increases, and in some cases witnessing decreases, in funds for staff, programs, and resources, as well as external supports. Furthermore, many participants discussed increases in their waitlists and caseloads over the last decade that have hindered their ability to meet survivors' wide range of needs in a timely manner. Baines (2004) suggests that this is common within anti-violence work, because downsizing and restructuring of public sectors has created heavier workloads and increased workers' experiences of work-related stress within victim-serving agencies.

Caseloads And Waitlists. The participants reported a range of caseloads and waitlists in agencies across the sector. The caseload for each agency ranged from 100 to 475 open files, and waitlists from two months to over a year. Only two participants indicated that they did not have a waitlist, which they classified as women waiting two weeks

"I think when I first came into this position the caseload was 348 or something. Which was ridiculous to me and not manageable. I couldn't step into a position of 348 cases and know what was going on or what would be needed in those cases." (Marie, Anti-violence worker)

"We have over 475 open files right now. When I first started, we had 100." (Natasha, Anti-violence worker)

or less for an appointment, and only one of the participants indicated that they perceived the amount of open files to be manageable. The agencies with smaller caseloads and shorter waitlists had more front-line workers on staff. However, the agencies facing upwards of 300 active files and lengthy waitlists generally had only one to two workers on staff. The referral structure also impacted the amount of open cases and waitlists within each agency. Agencies that accepted referrals from external agencies and provided assistance to walk-ins tended to have the largest caseloads and longest waitlists, as well as the fewest staff.

Staffing And Hours. In addition to the large caseloads and lengthy waitlists, most of the participants were allotted half-time hours or less. A majority of the participants reported working between 9 and 22.5 hours per week, and seeing between 5 and 18 clients each week in individual and group sessions. In addition to direct service, their weeks consisted of travel between locations in rural communities, responding to crisis calls, and record-keeping. All of the workers reported increases in demands and complexities of the work, as well as in caseloads and waitlists, since they first began doing this work (i.e., 10-30 years ago). However, none of the participants reported an increase in staff or hours to meet the increasing demands associated with this work.

The Impact Of Large Caseloads And Waitlists. In response to the large caseloads and long waitlists, many participants reported limiting the amount of work they do with each client (i.e., fewer sessions) in order to provide service to as many clients as possible. Many participants also indicated that they work overtime (i.e., coming in early, staying late, working

“[When] there’s increasing waitlists or there’s an increasing caseload, you reduce the amount of work you do with women, which impacts you because you know that you’re doing a disservice but you can do nothing. So I think it’s a feeling of helplessness, too, sometimes. You know, because you feel that you cannot meet the needs of people who really need this [service].”
(Ellin, Key informant)

through lunch, not taking breaks, taking work home at night) and/or accrue flextime that they rarely utilize in order to meet the increasing demands of the work. Su, an anti-violence worker, discussed her experience: “*In our office if you were to sit down and try to read a policy or a manual you would not get a full crack at it, so a lot*

of time I just bring it home because you've got a half an hour of quality time as opposed to fractured time trying to absorb [the] information." This experience was not consistent across participants in the study. Many workers indicated that they did not work overtime, either through choice or because of agency policy, in an effort to set healthy boundaries and work-life balance. However, some of these participants still reported working through lunch or taking training manuals home at night, which they did not classify as official 'overtime hours' though they were not compensated for these hours.

The Loss Of Violence Prevention Work. The increase in complexities, demands, and time-related challenges, as well as larger caseloads and longer waitlists without an increase in staff or hours, has contributed to the loss of violence prevention work in the sector. Many of the front-line workers indicated that the work had become reactive, because they do not have the time or resources to do prevention within their communities. For example, Natasha, an anti-violence worker, noted that their practice has become "narrow." She stated, "*Our practice has gotten very narrow. So we do less family court. We used to do group with the STV counsellor. We did groups when the outreach counsellors when they would come in. We did presentations at schools. We did presentations for community service groups. We don't do any of that stuff anymore. We don't do any prevention anymore.*" Some of the key informants also discussed similar experiences in the sector, and suggested that since prevention work does not have immediate results, it is undervalued and underfunded.

Low Wages, Limited Benefits, and Overdue Pension Plans

Wages and health benefits and pensions for workers are limited or do not exist at all. Most of the participants indicated they belonged to unions and have pension plans, but these supports came into effect too late in their careers to assist them in retirement. Additionally, many participants discussed the issue of inadequate wages for front-line workers in the sector, reflecting on their own wages and knowledge of other workers' wages.

Wages. All of the key informants and front-line workers discussed wages in the anti-violence sector, and all of their accounts indicated that anti-violence workers are underpaid

across the sector. Most of the participants did not disclose their hourly or net wages, but made reference to relying on other sources of income (i.e., second or third jobs, a second earner in the household), and some acknowledged living close to their means with little money left for savings or retirement. They also reflected on how low wages across the sector made it difficult to hire or retain employees (i.e., turnover). For example, Alice, an anti-violence worker, addressed the issue of low wages within the sector when she described overhearing a colleague state *“I have worked here for 20 years and I still am not making \$20 an hour.”*

While wages differed between agencies, and some workers made more than others, the consensus was that wages within the sector are substandard in comparison with other victim-serving organizations (e.g., police). This speaks to the under-funding and under-valuing of anti-violence work in the province of British Columbia. Baines (2004) suggests that this is a result of gendered assumptions about the role of women as caregivers. This assumption is reflected in the devaluing of this type of work, which leads to treating women as a caring workforce who will work harder for less pay (Baines, 2004).

Benefits. The participants discussed health benefits in the sector, but noted great disparities among anti-violence workers as to whether or not agencies offered health benefits. For example, front-line workers reported having extended health benefits approximately a decade ago, and seeing significant decreases in their benefits packages over the last 10 years. Some workers are able to use their sick days as mental health days when they experience burnout, while other workers find themselves taking sick days without pay.

“There’s no sick time. There’s no health benefits.”

[interviewer inquires about where sick days would come from (e.g., vacation days)]

“If you were lucky enough to have some vacation days left. If not it would be no pay.”

Union Involvement And Pension Plans. Over last 10-15 years, most of the agencies became unionized, and as a result the workers now receive pension benefits. Only two of the participants did not belong to a union, and subsequently do not have pension plans in place. Many of the participants characterized unionization as a positive development in the sector,

and have seen annual, but sometimes marginal (i.e., “few pennies or something”), increases in pay. However, one worker noted that, since her agency became unionized, for every raise she receives her hours are subsequently cut, leading to a higher hourly wage but the same net income. Furthermore, the participants indicated that the hourly wage at unionized organizations, while above minimum wage, is still substandard. Cathy, an anti-violence worker, addressed this concern: *“I think that the starting wage [...] is atrocious.”* This led a few participants to question the role of their unions, since they have seen some increases in pay, but these increases have been marginal.

The implementation of pension benefits is, overdue in the sector. For the few who have access, the workers characterized the emergence of pension benefits as progress within the sector, they also acknowledged that the pension benefits were put in place too late to be of benefit to long-time workers in the sector (i.e., 20-30 years). The participants indicated that since the pension plans were only made available a few years ago, it would be of little to no benefit to them post-retirement. For example, Alice, an anti-violence worker, expressed:

“I’m really happy for the younger women in the sector because it is really important, and we were the last part of the provincially-funded public sector to get a pension plan. But something that I’m really aware of is that there’s a whole generation of women who got the transition houses up and running, got these programs up and running, made government do the right thing, made them pay attention to violence against women and fund programs, and this whole generation of women is going to retire into poverty. And that’s just a reality.”

A Point For Comparison.

Participants in the study often drew comparisons between the anti-violence sector and other services and sectors with respect to wages, benefits, and pensions. They expressed frustration about doing work similar to workers in other sectors, but not receiving

“I worked in corrections with male offenders, and the difference in support packages for employees, the training, the pension. All of that. It’s absolutely stark by contrast.”

What kind of differences did you see?

“Wage, training, support, pension, days off. Everything. Really. It’s outstanding. I left my position [working in corrections with male offenders] and I make about the same amount of money and I have an additional degree now.” (Liza, Anti-violence worker)

equal pay and benefits, or being rewarded for working overtime hours.

Need for Additional Training Funds and Learning Opportunities

A primary theme that emerged from the research was gaps in training. Anti-violence workers and key informants alike indicated that their training budgets were cut between 2002 and 2008, and that these cuts have impacted their ability to provide a response that is coordinated and reflective of changes to policy. Many noted that they only receive 1-2 training sessions a year, which does not provide adequate opportunities for workers to become familiar with new and revised policies, provide the necessary training for new anti-violence workers (given high turn-over in the field), and/or provide adequate support to workers who are struggling to assist clients with increasingly complex needs.

Existing Supports. All of the front-line workers identified EVA BC as one of the key supports in place that assisted them with training and advice, as well as providing general support for their workers and programs. According to the participants, one of the most important supports EVA BC provides

“What I find helpful in terms of both my own dealing with the impact of the work, and just my own feelings around, is [acknowledging] that I can’t do it all. I can do the front-line work, but I can’t do it all. I can’t do the big picture. I can’t do the lobbying. And I don’t have a big provincial voice, so I feel like [EVA is] my big provincial voice and they’re the ones who will speak out on issues that need to be talked about, and that really helps.” (Anne, *Anti-violence worker*)

for them on a continual basis is knowledge, education, and training. For example, Mayra, an anti-violence worker, stated, “*I get e-mails from EVA almost every day. They keep me up-to-date with almost everything that is going on, so I don’t have to go looking or searching. They’re constantly keeping me informed.*” From the frequent newsletters and information available on EVA BC’s website to their annual training forum, the participants identified EVA BC as their primary source of knowledge and a key educational resource. The annual training forum brings workers from across the province together to address and educate workers on new needs, changes, and challenges in the sector, but it also functions as a networking event to foster new relationships and an overall sense of connectedness within the sector. Anne an anti-violence worker, explained her experiences with EVA BC:

“What I find helpful in terms of both my own dealing with the impact of the work, and just my own feelings around, is [acknowledging] that I can’t do it all. I can do the front-line work, but I can’t do it all. I can’t do the big picture. I can’t do the lobbying. And I don’t have a big provincial voice, so I feel like [EVA is] my big provincial voice and they’re the ones who will speak out on issues that need to be talked about, and that really helps.” (Anne, Anti-violence worker)

Cuts To Training Budgets. Based on the workers’ testimonies, the cuts to training had one of the largest impacts on their work and ability to meet survivors’ needs. All of the anti-violence workers and many of the key informants expressed frustration about the complexities of the populations and work increasing, while the training opportunities have decreased. Prior to the cuts in 2002 and 2008, the workers recounted being able to attend more than one training per year, and now their budgets generally only allow for one training annually per employee, if that. For example, Liza, an anti-violence worker, discussed the experience at her

“[Training] really impacts our confidence in the work that we do, and our ability to advance our skills and stay on top of any kind of trends or new issues, or long-standing issues even. And new staff that come in, they don’t have the funding to go to the modules of training that we went to 10 years ago. Those were great... We don’t have funding to do training for staff, so that’s a huge issue.”

(Abigail, Anti-violence worker)

agency. She stated, *“I think we have a pretty limited training budget. I think it is around \$250 a counsellor. I’m not 100% sure, but that is sort of what it feels like to me. So that is basically one workshop or one training per year.”* Some workers even seek out training at a personal cost, through unpaid time (i.e., taking training manuals home at night, doing online training sessions during their personal

time) or paying for training out of pocket (i.e., buying new texts and training manuals, paying to attend training sessions).

Needs And Gaps. The workers identified three primary impacts of the cuts to training funds and limited opportunities for training. First, all of the workers expressed concerns about the lack of training impacting their ability to meet survivors’ needs, either through insufficient training regarding how to assist populations with complex needs (e.g., mental health, substance use, housing needs, precarious immigration status) or a potential disconnect between new policies and existing practices. Similarly, Zeman (2004) suggested that with increased training

victim service workers will improve their ability to identify – and provide assistance to – survivors with more complex experiences of violence, which enables workers to provide long-term and effective care. Second, the long-term workers recounted experiences with how the lack of training is impacting new workers entering the field, and how having new, undertrained workers could impact survivors’ experiences and safety. Comparably, Baird and Jenkins (2003) contend that less experienced and younger workers are more susceptible to vicarious traumatization and burnout, which could be reduced through increased opportunities for training. Third, all of the participants identified ties between training and feelings of security and confidence in their work, and how the cuts have undermined workers’ confidence and contributed to experiences of burnout. For most workers, training and self-care went hand-in-hand.

Turnover in the Sector

Most of the participants recounted high turnover rates within their own agencies, and all of the participants expressed high rates of turnover in the sector overall. All workplaces experience changes to their staffing profile and regular renewal can be a positive feature, as is discussed below. However, some participants in this research pointed to high turnover rates which they considered to be reflective of the increasing demands and complexities of the work, as well as low wages, understaffing, large caseloads and waitlists, and limited training opportunities. Meera, a key informant, explained:

“They are supposed to be the specialists, and they don’t have any training. They are pressed beyond reason, and they have waiting lists for service. What’s going to happen is that the client at the end of the day is going to pay. Now, what’s happening on an everyday basis is that there’s huge staff turnover. People will get a job at an anti-violence program and not stay for very long because they get burnt out very quickly, and part of what happens with training is that with training you provide people with the confidence because you are providing them with the competencies in order to do their jobs.”

For the most part, participants characterized the high turnover rate as a negative aspect of working in the sector, not only because it adds to the workload of other staff, but also because it impacts the quality of services provided to survivors due to understaffing within

agencies and/or new staff with limited specialized training. However, one participant indicated that from her perspective there was not enough “healthy turnover” in the sector. This was thought to be a problem where there was a lack of support for workers responding to violence on a daily basis and experiencing vicarious trauma. For example, Mariam, a key informant, discussed this trend within the sector:

“I think one problems in the sector is lack of healthy turnover. Combine that with lack of services for trauma and vicarious trauma, and you can have a pretty big group of workers who are burnout but have to do the work because they don’t have any other option. [For example], I think in other fields of work usually people do not stay with the same job for 10, 15 years. They don’t stay with the same position for 15 years. I think in some anti-violence organizations, you have workers who have been there for 20 years. There is lot of value in that because you have all of that historical information and a lot of experience, but then combine that with lack of any program to address the vicarious trauma [and] you have a problem. So I find that [there is] not enough movement within the organization. When you have that movement you have fresh ideas. You have fresh perspectives. You learn from each other. That is very rare.”

This speaks to the immobility of anti-violence work, as there may not be enough opportunities for advancement.

Adverse Working Conditions

Many participants indicated that underfunding in their agencies led to adverse working conditions, such as not having enough money to pay staff an adequate wage, or to purchase basic office supplies or equipment that would reduce the time it takes to complete certain tasks (e.g., monthly funding reports). Some front-line workers expressed not having enough funding to purchase the most basic office supplies, like pens. Mayra, a front-line worker recounted her experience of not having a formal office space, which has resulted in holding counseling sessions in a workspace shared with the maintenance worker. Mayra explained, *“I don’t have an office. The organization doesn’t have funding to provide a counseling office, so I find that I have to do the work in a board room in one location and in another location I’m sharing an office with a maintenance man, which is not conducive to an atmosphere I would prefer. Maybe in time it will improve, but right now it’s bare and it’s got folding chairs in it.”*

Another worker expressed her frustration with her agency being unable to afford the

database management system necessary to track files and collect the monthly statistics, resulting in a group of workers completing the report by hand each month. Not only is this time-consuming (i.e., approximately 20 hours a month), but it is time that is taken away from providing direct service to survivors and the community. While the struggles and working conditions differed from agency to agency, every front-line worker expressed unmet, and usually basic, needs within their agency, which led to adverse working conditions.

Can you identify any specific needs of your program? Like things that are missing or that you would need more of?

“Yes. A database management system. At the moment we are still on hand-written notes and pulling all the stats from those every month is prehistoric. It’s just a very painful process, and takes time that could be better spent. That’s a day we could have a group or something, but instead we’re having to slog through paperwork to get stats.” (Su, Anti-violence worker)

Above and Beyond the Call of Duty

The data revealed that many agencies and programs are in a position that requires them to supplement their budgets through donation-based storefronts and other fundraising efforts. For example, Liza, an anti-violence worker, explained the experiences at her agency: *“We opened the thrift store out of desperation because we knew we had to develop a different stream of funding... It always feels like we are doing more with less.”* The majority of the anti-violence workers discussed the use of fundraising efforts and storefronts to subsidize their programs. They noted that without the use of donation-based supports and social enterprise they would have to cut many of their existing programs, as well as reduce their capacity to take on new cases and continue to meet the needs of existing clients. The revenue from these efforts is used to fund programs, purchase office supplies, subsidize salaries, allot additional hours to workers, and supplement other items in their budgets. This speaks to the great measures taken by anti-violence workers to ensure that they can meet survivors’ needs; however, using these resourceful measures to generate additional revenue depend on the size of – and resources available in – each community, and may only be feasible in larger towns.

Furthermore, some anti-violence workers noted that other agencies working with survivors (e.g., police) are not required to utilize the same resourceful measures to supplement their budgets.

Staying Strong and Learning From Experience

Even though all of the participants spoke to the challenges created by the increased complexities involved in working in the anti-violence sector, as well as the personal struggles they faced, every participant also spoke with great pride and passion about the work that they do. While it is important to acknowledge the struggles and challenges in the sector, each worker's passion and dedication to their work speaks to their resilience and the inspiring work they do every day. Amidst all of the struggles, their passion is what truly characterizes the sector. For example, Anne and Liza described their experiences:

"I think the really interesting thing for me is that it's not doing the work with women and kids [that wears me down]. Doing that work is a beautiful and inspiring thing, and I feel incredibly fortunate and blessed to have met and worked with the incredibly strong and brave women that I have worked with. It's the systems. That's the thing that wears me down." (Anne, Anti-violence worker)

"I do feel extremely proud of the work that I do and the agency that I work for. I wouldn't be there if I didn't feel like I have a lot of integrity in my work. And I've really we have become bit of a training place, and we've had a lot of practicum students come through now. And I really see that as an essential part of what we're doing, too. We're not only helping the clients, we are also working with other counselors and other professionals to help them understand what this experience is like and how to best provide support for women who've gone through this. I also think that in our community our particular agency is really well respected, and we've worked hard to build that and create a really responsible work environment and give these women the professional services that they deserve. So yeah, I really do feel quite proud about that work. And yeah, we're still here." (Liza, Anti-violence worker)

Vicarious Traumatization and Self-Care

As described in the introduction (see Gaps in Evidence, Services, and Supports), vicarious traumatization is associated with indirect exposure to traumatic events and information, and can affect the beliefs, values, perceptions, and worldview of individuals who work with victims of crime and trauma survivors (Salston & Figley, 2003; Tabor, 2011). Burnout,

on the other hand, is a form of job-related stress that develops gradually over time, and leads to emotional, mental, and physical exhaustion (Babin, Palazzolo, & Rivera, 2012). Anti-violence workers are especially vulnerable because of the nature of the work, though research suggests that training and social support can serve to protect workers against burnout (Babin et al., 2012). If not addressed, however, burnout can lead to lower productivity, work performance, and job satisfaction, and thus it has strong implications for the anti-violence sector and the communities they serve (Maslach, Schaufeli, & Leiter, 2001).

Most of the participants addressed the issues of the impact of doing this work on their own mental health and vicarious traumatization, as well as how their ability to find opportunities for self-care at work has decreased substantially. They indicated that vicarious trauma and limited opportunities for self-care, contribute to high rates of staff turn-over, burnout, and impacted their reactions to, and experiences with, clients. Most of the key

“When I first started this work 19 years ago, I was probably pretty naive about this stuff. I would come home from work and immediately walk into a shower and feel like I was washing everything that I’d heard away so that I could get back to my normal life for the evening. I don’t feel that way so much anymore, but I sometimes still get that feeling. [The other day,] I was sharing [this experience] with another worker and she was saying she felt the same way doing this work for a long time. You feel like you’ve immersed yourself in something that you don’t want to cling to you. You want to remember that there’s a world outside of that, because if you spend a whole day hour after hour after hour hearing women’s stories [of abuse] you have to let them go. You can’t hold onto them because your own life is not that way. And the women that do have trauma in their own life, I don’t know how they do the work. I don’t know how you could be involved in it all day and go home and deal with it at night.” (Mayra, *Anti-violence worker*)

informants and anti-violence workers noted that although more opportunities for self-care through their agencies would have positive impacts on their experiences at work, they remain dedicated to helping women in need and see great value in their work regardless of the potentially negative personal impacts (see *Staying Strong and Learning from Experience*).

Vicarious Traumatization.

Throughout workers’ discussion of their experiences, a dominant theme was that of vicarious trauma and the personal impact of doing this work. Anne, an anti-violence worker,

described her experience: *“This work has changed me tremendously. I have been doing this work now for over 30 years [and], I have become much more sensitized to violence of any sort. It is like you become aware of things in the world and you can’t become unaware. And sometimes it would be really nice to have a day or a week where I wasn’t aware, but that just doesn’t seem to happen of course. So, yeah, it’s changed me.”* Similarly, the participants recounted experiences similar to PTSD, like jumping when the phone rings because they assume it is a woman calling in crisis, being unable to watch violent television shows or movies, and exercising caution when forming new relationships, especially with men. They also indicated that vicarious trauma impacts their work, because at times they have become too sensitized to the violence.

Burnout. All of the participants discussed high rates of burnout in the sector, and most recounted personal experiences with burnout during their careers. Each participant had experienced and/or watched their fellow workers go through, or leave the sector because of, burnout. They attributed the burnout to many of the complexities involved in anti-violence work, such as the stress related to doing more work with less support (e.g., insufficient funding and under-resourcing), fewer hours and heavier caseloads, the pressure of long waitlists, and assuming roles and responsibilities that once belonged to other agencies. For example, Cathy, an anti-violence worker, recounted her experiences with burnout in the sector. She noted, *“[Burnout occurs] so often because of the trauma and because of the under-resourcing and the lack of organizational support and the lack of training.”* These complexities that contribute to burnout are compounded by fewer training opportunities, leading to decreased educational outlets and skills to manage the ever-increasing responsibilities, and experiences of vicarious trauma. Stevens (2008) identified a similar trend, and suggested that there is a relationship between heavy workloads and burnout, as well as turnover, in social service and anti-violence work. However, workload alone does not account for high rates of burnout. Several authors have related turnover rates within anti-violence and social service agencies to workers’ experiences and frustration with limited supports, insufficient funding, limited access to counseling, under-resourcing, and overall job dissatisfaction within their agencies (Crain & Koehn, 2012; Friend, Shlonsky, & Lambert, 2008; Stalker et al., 2007). Turnover is also a

function of the difficult nature of anti-violence work; that is, the constant exposure to experiences of violence and trauma, and ongoing safety issues.

Self-Care. An additional factor that contributed to many of the workers' experiences of vicarious trauma and burnout were decreases in opportunities for self-care provided by – and available within – agencies (e.g., that promote health and wellness), which they recalled having

“I seek clinical supervision externally, which I pay for myself because I think it’s really important for me to have that. I do have a clinical supervisor on my worksite. However, she is also my line supervisor. That creates a different kind of dynamic, so I have sought clinical supervision all along. We used to have clinical supervision externally, but now the funding got cut and we have it internally.” (Liza, *Anti-violence worker*)

occurred over the last 10 years. Some workers still have self-care options available (e.g., clinical supervision, counseling sessions, the use of sick days as “mental health days,” discretionary funds), but all of the participants expressed that many of the self-care options that they once relied on, which were provided and funded by their agencies, are no longer available to them. However, the reported decreases to self-care options were inconsistent between agencies, and workers were unable to identify the source of – or reason for – these decreases. Many workers also equated training with self-care, because it provided them with the opportunity to stay current and feel supported and confident in their work.

Impact On The Survivors. In addition to expressing concern for their fellow workers and themselves, many of the participants linked their concerns about vicarious trauma, burnout, and decreasing opportunities for self-care to how it impacts their ability to provide adequate support to survivors who seek their services. While the regard for themselves and their fellow workers was made clear, they noted that experiences of vicarious trauma and burnout hinder their ability to support women when they are in need. Furthermore, many workers were committed to remaining compassionately engaged in their work with survivors, and expressed concern that experiences of vicarious trauma and burnout may impact their ability to provide continued support. For example, Marie and Anne recounted their experiences:

“If I’m not feeling well and able to do my job and, you know, feel supported and feel

taken care of, then obviously I'm not going to be as effective in doing my job.” (Marie, Anti-violence worker)

“Part of my job is working with a woman who is feeling hopeless and discouraged. Sometimes I need to carry that hope for her for a while, and so I need to find that inside myself. That’s one of the reasons that that self-care is such an important piece.” (Anne, Anti-violence worker)

Need for Connectedness and Collaboration

Through their accounts of the changes to policy, practice, and funding that have occurred over the past 10-30 years, the participants spoke highly of an increased sense of connectedness and collaboration with other agencies within the anti-violence sector, as well as agencies and programs that are external to the sector (e.g., police, legal aid). Participants with 15 or more years of experience recounted the isolation that existed in the anti-violence sector from the 1980s to the early 2000s. They indicated that during this time it was a struggle to establish connectedness and collaborate in the sector itself, let alone with services that were external to the sector. However, through the late 1990s to date all of the participants discussed increased connectedness within the sector, as well as collaboration with external agencies (e.g., police, RCMP, Crown). Some of these changes occurred through struggles to build relationships within individual communities, but this shift also occurred in part because anti-violence advocates are being included in decision-making and community committee (e.g., VAWIR, ICAT, strategic planning) processes. This reflects not only the increased legitimacy of anti-violence work, but also a shift in attitudes toward embracing and valuing women-serving organizations. This change has increased cross-sectoral collaboration and decreased some workers’ feelings of isolation. EVA BC was identified as a critical resource that led the development of

“[When] I started [...] we were sort of this crunchy, grassroots outlier that worked with battered women, but we weren’t part of the System with a capital S. There’s lots and lots that came in-between, but I think 20 or 30 years later women advocates in general, whether they’re shelter workers, victims’ service workers, STV advocates, or women’s service workers in general, are really included as a part of that system. Not just even criminal justice wise, but just in terms of we’re an important player at the table. I think that’s probably the biggest thing that’s changed and the best change that I’ve seen in all this the time.” (Paola, Anti-violence worker)

coordination and collaboration between the sectors and provided anti-violence workers with training and advocacy in addition to a sense of support and connectedness.

Discussion

This study assessed the complexities and implications of anti-violence service delivery in British Columbia, with particular attention to shifts in legislation, policy, guidelines, and funding over a 30-year period (1982 to 2013) and the impact of those shifts on anti-violence workers and the women they serve. These changes have taken place in criminal, family, child protection, immigration and social assistance law. They have impacted on the operation of every aspect of the criminal justice system. While the demand for anti-violence services has increased over the past 30 years, funding for anti-violence services has not kept pace. The tension between increasing demands and relatively stagnant funding has contributed to increased pressure on anti-violence workers, and unmet needs among survivors.

Changes to legislation and policy in every sector involved the development of guidelines for workers, and increasing collaboration and coordination across sectors reflect the continually shifting landscape of anti-violence work over the past 30 years, since the grassroots origins of the sector in the 1960s and 1970s. Organizations that emerged during this time were rooted in feminist activism and based on a peer support model. Increased awareness of the needs of women with additional and intersecting vulnerabilities means that anti-violence workers regularly support women who use drugs and alcohol and/or who have mental health issues. Guidelines and manuals developed to enhance work with younger and older women, Aboriginal women, women with disabilities, sex workers, and immigrant, refugee and non-status women now characterise the environment in which anti-violence advocates do their work.

It was not until the 1980s and 1990s that governments began to establish laws, implement policies, and develop programs and guidelines to address violence against women. This period, characterized by changes to sexual assault laws, the implementation of pro-active arrest and pro-charging policies, and the development of BC's first wife assault policy, was described by study participants as a 'sea change' with significant implications for the anti-violence sector. These shifts were accompanied by the development of guidelines for front-line workers, program standards, best practices, and training programs, which contributed to the increased sophistication of anti-violence work. Despite growing public awareness of the issue of

violence against women, and an increasing need for coordination and collaboration across sectors, the anti-violence sector has faced significant funding cuts, which have reduced training opportunities and support for workers. The impact of these cuts, and limited funding increases, is denoted in participants' testimonies about the struggles they face within the sector, and how these struggles negatively impact workers and survivors alike. The problematic impacts of these cuts were identified a decade ago (Morrow et al., 2004). However, this study demonstrates that these cuts, and lack of funding increases to keep pace, are still negatively impacting anti-violence workers and survivors who seek support and services, as well as the sector overall.

Anti-violence workers in BC struggle to navigate the continually shifting landscape of the sector, to stay current on new laws, policies, and best practices guidelines, and meet the increasingly complex needs of survivors as the demand for service continues to rise. As our understanding of women's differing social locations and diverse needs grows, anti-violence workers are required to navigate more systems (e.g., criminal justice, child protection, mental health, family law, immigration law, income assistance), which results in more time spent with survivors before their files are closed. Many anti-violence agencies have few full-time staff, due to limited funding, and these workers are stretched to the limit as they try to meet the complex needs of clients who face multiple barriers. Advances in technology (e.g., smart phones, texting) mean that work hours often extend into personal time – time that anti-violence workers may not be compensated for due to the inability to bill for overtime hours, unlike other services such as policing where overtime hours are fully compensated.

Anti-violence workers today have larger caseloads, longer waitlists, and increasing workloads, often leaving little time to do their jobs, let alone prevention work. Given the significant costs of violence against women to society, investing in prevention programs delivered by anti-violence workers who have specialized knowledge of sexual and domestic violence would reduce costs in the long-term. However, prevention and intervention are “interdependent and mutually reinforcing” (Rossiter, 2011, p. 17), and prevention efforts should not divert resources from intervention efforts that support women and children impacted by domestic and sexual violence. The current reactive approach detailed through the participants' experiences demonstrates under-resourcing in the sector, and is

counterproductive in nature. As Morrow et al. (2004) note, “although the government’s rationale for cutting programmes has been cost-saving, because the cuts create barriers and obstacles for women who attempt to leave their violent situations, they actually increase economic costs for the state that far exceed any initial savings realized from their introduction” (pp. 367-368).

Workers in the anti-violence sector report low wages, limited benefits, overdue pension plans, and little support for self-care, which result in low retention of trained and experienced workers, and a high turnover in the sector. There is a need for core training for new anti-violence workers, but also for ongoing emerging issues training for experienced workers. Unfortunately, cuts to training budgets in the sector have had a significant impact on the ability of workers to stay current on changes to law, policy, and practice that directly impact their work.

Funding for victim services today is not only allocated to community-based anti-violence services, but also to services for victims of other crimes (i.e., crimes that are not power-based), and to criminal justice agencies (e.g., police). While it cannot be denied that training is needed in the justice system, funding must also be allocated for training of anti-violence workers. This is imperative given that most women experiencing sexual and domestic violence do not access the criminal justice system, but they are accessing community-based anti-violence programs at an increasing rate. Funding that is allocated for anti-violence services often now takes the form of one-time grants for new projects (e.g., pilot programs, community workshops), which means agencies that are already stretched financially are required to develop new programs and projects, rather than using the funding to support existing programs and training needs, or increase wages for agency staff. As a result, new staff may not receive the necessary core training, and agencies are often forced to spend time fundraising or operating thrift stores to fund existing services.

It is clear, from the findings of this study, that shifts in the legislative and policy landscape over the past 30 years have had a significant impact on anti-violence service delivery in BC. The findings illustrate a clear need for increased funding for the anti-violence sector to

support existing community-based services. There is also a need for more and better data on unmet needs in the sector, while recognizing that the gathering of statistics by anti-violence agencies themselves takes time away from providing direct service. As such, additional funding needs to be invested in the sector to compensate staff for undertaking work of this nature, without taking away from the time available to support women experiencing sexual and domestic violence.

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Appendix

A. Significant Events in the Development of Responses to Violence Against Women in British Columbia (1982-2014)

This document was originally compiled in April 2000 and updated in May 2002, by Linda Light as part of a larger document for the Ministry of Public Safety and Solicitor General. It was updated in April 2011 by Jane Coombe and revised and updated by Linda Light in February 2013. This version of the chronology was updated by Lynn Kim on behalf of The FREDA Centre in July 2013.

- 1982** Solicitor General of Canada issues a directive instructing the RCMP to recommend or to lay charges in cases of spouse assault where reasonable and probable grounds exist.
- Canadian Advisory Council on the Status of Women prepares a *Brief on Wife Battering with Proposals for Federal Action*.
- 1983** The BC Ministry of Attorney General approves the first *Wife Assault Policy*, which directs police to initiate a charge where there is evidence that a spouse or partner has been assaulted and to strongly encourage Crown counsel to lay charges.
- The Canadian Human Rights Act is amended to prohibit sexual harassment and to ban discrimination on the basis of pregnancy and family or marital status.
- The federal government adopts Bill C-127, which acknowledges the notion of “spousal rape”.
- Federal-Provincial Task Force on Justice for Victims of Crime Report is published:
<http://www.lareau-legal.ca/Victims1983.pdf>
- RCMP enacts pro-charging policy.
- 1984** BC’s Ministry of Attorney General implements the *Wife Assault Policy*.
- Federal RCMP introduces Operational Statistical Reporting (OSR) survey codes to record spousal assaults by a male offender (DK85) and by a female offender (DK86).
- Solicitor General Canada releases funds to selected police agencies across Canada to establish victim assistance programs, resulting in federal funding of programs in Vancouver and New Westminster.
- 1985** *Violence Against Immigrant Women and Children: An Overview for Community Workers* is produced by Vancouver Women Against Violence Against Women (WAWAW).

Federal-Provincial Working Group on Justice for Victims of Crime Implementation Report is published: <https://www.ncjrs.gov/app/abstractdb/AbstractDBDetails.aspx?id=143507>

- 1986** The Solicitor General of Canada provides funding to select police agencies across Canada for police-based victim assistance programs. Vancouver and New Westminster receive funding.
- BC Ministry of Attorney General *Wife Assault Policy Implementation Study* recommends increased use of arrest; police/Crown counsel/corrections networking; efforts to address reluctant witnesses through victim support workers; RCMP/municipal police joint training; municipal police record-keeping to parallel that of RCMP; and Crown record-keeping to compare statistics on RCCs recommending charges and charges approved.
- BC Ministry of Attorney General does first revisions of *Wife Assault Policy*, based on findings of its *Wife Assault Policy Implementation Study*.
- BC Ministry of Attorney General produces the *Wife Assault Information Kit*, in conjunction with Women's Programs and the Justice Institute of BC.
- BC Ministry of Attorney General produces the first version of public information pamphlet, *Wife Assault – Information on Your Rights*.
- BC Ministry of Attorney General authorizes the use of Victim Impact Statements.
- BC School Trustees' *Task Force on Child Abuse. A Comprehensive and Coordinated Approach for the School System in British Columbia* is published.
- 1987** Canadian Advisory Council on the Status of Women publishes *Battered But Not Beaten: Preventing Wife Battering in Canada* by Linda MacLeod.
- Bill C-15 is passed, radically changing sexual offences against children and youth to more effectively address circumstances of sexual abuse.
- BC Ministry of Attorney General establishes the consolidated Victim Assistance Program and existing programs are brought under its umbrella.
- First edition of *Wife Assault Victim Support Worker Handbook* is produced by the Justice Institute of BC for Ministry of Attorney General and Women's Programs, Ministry of Advanced Education and Job Training.
- 1988** *After Sexual Assault: Your Guide to the Criminal Justice System* is published by Department of Justice, Canada.
- 1989** Federal Bill C-89 is proclaimed, allowing a victim fine surcharge to be imposed on persons found guilty of offences under the *Criminal Code* and allowing victims to present victim impact statements at time of sentencing.

First edition of *Wife Assault: A Guide for Medical Personnel* is produced by BC Ministry of Attorney General in conjunction with BC Medical Association. The name is later changed to *Violence Against Women in Relationships – A Guide for Medical and Health Care Personnel*.

First edition of Child Sexual Abuse Victim Support Worker Handbook is produced by the Justice Institute of BC for BC Ministry of Attorney General. The name is later changed to *Victim Service Worker Handbook*.

1990 Wife assault coordination committees are funded in seven BC communities.

Out-of-court statements of children are allowed in Canadian courts to lessen the trauma of child victim/witness testifying in child sexual abuse cases.

Three aboriginal victim assistance programs are established and funded in BC.

Sexual Abuse Interventions Program Guidelines on Standards are produced by the BC Ministry of Health.

Sexual Abuse Interventions Program (SAIP) is implemented by BC Ministry of Health.

Advocacy Resource Centre for the Handicapped (ARCH) publishes *Responding to the Abuse of People with Disabilities*, a booklet outlining legal rights and procedures.

1991 Federal Sub-committee on the Status of Women presents its findings in a report, *The War Against Women*.

Building Blocks: Framework for a National Strategy on Violence Against Women is adopted by Federal/Provincial/Territorial Ministers Responsible for the Status of Women.

Canadian Blue Ribbon Panel on Violence Against Women is established at a cost of \$11M.

BC Task Force on Family Violence is established by Women's Programs.

Meeting our Needs: Access Manual for Transition Houses by Shirley Masuda and Jillian Ridington, providing information on how to make services more accessible to women with disabilities, is produced by DAWN Canada.

BC Victim Assistance Program's funding is increased by the Law and Order Initiative, resulting in significant expansion of programs.

First edition of *Victims of Crime Victim Support Worker Handbook* is produced by the Justice Institution of BC for BC Ministry of Attorney General. The name is later changed to *Victim Service Worker Handbook*.

First community-based victim support program for multi-cultural victims of crime is established and funded by BC Ministry of Attorney General.

Vancouver and Lower Mainland Multicultural Family Support Services is established.

Children and Youth at Risk: Towards a Mental health Plan for Metropolitan Vancouver is published by the City of Vancouver Social Planning Department.

1992 BC Women's Programs launches the first media campaign and public information pamphlet against violence against women, *It's a Crime*.

BC Ministry of Women's Equality, Canada's first stand-alone women's ministry, is established.

The BC Task Force on Family Violence releases its report, *Is Anyone Listening?* The report leads to \$10M Stopping the Violence Program, which includes funding for Sexual Assault/Woman Assault programs, Stopping the Violence Counselling programs, and Children Who Witness Abuse programs.

Law Society of BC Gender Bias Committee publishes its report.

Ministry of Attorney General's *Wife Assault Victim Support Worker Handbook* is updated by the Cross-Cultural Wife Assault Project to include new material on cross-cultural awareness. Name is changed to *Working Together to End Wife Assault: A Handbook for Victim Support Workers*.

BC Association of Specialized Victim Assistance and Counselling Programs is established as a province-wide umbrella group for community-based victim support programs. Its name was later changed to Ending Violence Association of BC (EVA BC).

The concept of consent is legally defined for the first time in amendments to the *Criminal Code* provisions on sexual assault.

Seaboyer case results in Bill C-49, which restricts defence questioning a victim about her previous sexual activity and codifies the law around consent to sexual activity.

Bishop O'Connor case sets in motion intense activity country-wide to address the issue of the release of victims' personal records in sexual assault cases.

Corrections and Conditional Release Act is passed which includes sections relating to a victim's right, on request, to receive information about offenders, attend parole hearings and present written impact information to the national and provincial Parole Boards.

Residential Historical Abuse Program (RHAP) is established to provide counselling for individuals who were sexually abused as children while living in provincially funded or operated residential facilities.

Victoria Child Sexual Abuse Society (later the Child Abuse Prevention and Counselling Society) develops an assessment package, clinical treatment protocols and a workshop package related to sexual abuse of children with disabilities.

1993 The BC *Wife Assault Policy* is revised and updated as the *Violence Against Women in Relationships Policy*, including the "K" files flagging system to facilitate tracking of VAWIR cases by police and Crown.

BC Ministry of Attorney General produces *Community Coordination to Stop Violence Against Women in Relationships: A Framework*.

The *Criminal Code* is amended to include a new offence of criminal harassment to address stalking.

Bill C-126 provides further protection for child witnesses, including the ability to prevent accused persons who represent themselves from cross-examining a child witness and allowing support person to be with a child when the child testifies.

Child Witness Preparation Manual for: Crown Counsel, Victim Service Workers, Police and Social Workers is produced by the Justice Institute of BC for BC Ministry of Attorney General.

BC Ministry of Attorney General establishes the Victim Services Division.

1994 The *Victims of Crime Act* is proclaimed in BC and the *Criminal Injury Compensation Act* is updated to include criminal harassment, uttering threats, criminal injuries at work, and support for immediate families of deceased victims.

Criminal Code is changed to delete the requirement for corroboration of the testimony of child witnesses.

Immigration and Refugee Board of Canada Gender Guidelines recognize gender-based violence as grounds for refugee status.

Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults is produced for Health Canada.

Work begins on the BC Ministry of Attorney General sexual assault policy.

First BC programs are funded to provide victim services to male survivors of childhood sexual abuse.

Change of Seasons Society produces *Change of Seasons: A training manual for counsellors working with aboriginal men who abuse their partners*.

1994-5 The Protection Order Registry is introduced in BC.

1995 *Setting the Stage for the Next Century: The Federal Plan for Gender Equality* is published. The Plan constitutes a framework for federal government action to advance women's equality in Canada.

The federal government adopts a policy requiring federal departments and agencies to conduct gender-based analysis of future policies, programs and legislation, where appropriate.

Bill C-72 changes the Criminal Code so that intoxication is no longer accepted as a defense in cases of sexual assault and battery.

Office of the Child, Youth and Family Advocate is established in BC, backed up by an *Advocacy Act*.

Victims of Crime Act (VOCA), *Criminal Inquiry Compensation (CIC) Amendment Act* and the *Protection Order Registry (POR)* are introduced. CIC schedule is expanded to include criminal harassment and uttering threats and benefits are expanded to include those criminally injured at work and immediate family members of deceased victims.

1996 BC *Violence Against Women in Relationships Policy* is amended.

Bill C-41 is passed, removing the discretion of the court to consider victim impact information at time of sentencing.

BC Victims of Crime Act is proclaimed, resulting in the doubling of Crown Victim/Witness Services staffing levels.

New BC child protection act, the Child, Family and Community Service Act, is passed.

BC Children's Commission is established, subsequent to the Child and Youth Secretariat.

Guidelines on *Working with Aboriginal Child Victim Witnesses* is published by BC Ministry of Attorney General.

1996-7 New Westminster and Vancouver police establish Domestic Violence and Criminal Harassment Units, with police and social workers working together from the same location to support victim domestic violence and their children.

The *Canadian Human Rights Act* is amended to include sexual orientation as a prohibited ground of discrimination.

1997 Criminal Code is amended to allow the prosecution in Canada of certain sexual offense against children that take place outside the country.

Criminal Code is amended to restrict the production of personal records in sexual assault cases.

Criminal Code is amended to allow police to release alleged offenders with certain restrictive conditions.

Department of Justice (Canada) policy on *Alternative Measures (Diversion)* states that the following circumstances, among others, preclude diversion: where the offence involved the use of, or threatened use of, violence reasonably likely to result in harm that is more than merely transient or trifling in nature; where a weapon was used or threatened to be used in the commission of the offence; where the offence affected the sexual integrity of a person; or where the offence had a serious impact upon the victim (physical, psychological or financial).

VOCA Victim Smtax Special Account makes funds available for implementation of the Act.

BC Ministry of Attorney General provides funds for legal representation for victims and victim services agencies facing defence applications for personal records.

BC Ministry for Children and Families produces two Learning Guides: *Express Yourself! Acknowledging and Respecting the Sexual Rights and Freedoms of People with Developmental Disabilities* and *Making a Difference. Preventing and Responding to Abuse of People with Developmental Disabilities*.

1998 RCMP “E” Division revises its *Violence in Relationships Policy*.

BC Criminal Justice Branch’s *Interim Policy on Alternative Measures for Adult Offenders* allows the use of alternative measures in cases of violence against women in relationships, sexual assault and child abuse in “exceptional circumstances”.

Criminal Harassment Interdisciplinary training is offered province-wide for police, victim service workers, probation, and transition houses.

Priority Response Partnerships for women at high risk of violence are established to encourage police, community and private sector coordination in keeping women safe.

Records Management Guidelines prepared by Gisela Ruebsaat are published by the BC Association of Specialized Victim Assistance and Counselling Programs (now EVA BC) and the BC/Yukon Society of Transition Houses, to guide community-based victim support programs in the management of victims’ personal records.

The proclamation of Bill C-41 and resultant changes to the Criminal Code authorizes alternative measures and Crown counsel’s ability to bring before the court any adult who fail to complete the conditions of an Alternative Measures Agreement.

BC Attorney General announces a more coordinated approach to new identities for high-risk victims of abuse.

BC Ministry for Children and Families, in collaboration with the Ministries of Attorney General; Education, Skills and Training; Health; and Women’s Equality, publishes *The BC Handbook for Action on Child Abuse and Neglect*, a substantially revised version of the *Inter-Ministry Child Abuse Handbook*.

1999 Bill C-79 introduces *Criminal Code* amendments to strengthen the voice of victims and enhance protections for victims and witnesses.

BC Ministry of Attorney General prepares *Violence Against Women in Relationships Policy Advisory* to address *Criminal Code* police release provisions in Bill C-46.

The Supreme Court upholds Bill C-46 which restricts access to medical and psychiatric files of victims of sexual abuse. The federal law, adopted two years earlier, limits the rights of the accused in this type of situation.

The Supreme Court of Canada unanimously affirms that “no means no” (R. v. Ewanchuck). The Court held that the idea of “implied consent” to sexual assault does not exist in

Canadian law. The decision sent a strong message that consent to sexual activity must be voluntary and communicated. It cannot be given by a third party or motivated by fear or abuse of authority.

Managing Safety by Knowing the Risks, Current Dilemmas in Improving Women's Safety is distributed to encourage discussion on the need for consistency in the management of risk between all justice sectors.

RCMP revises its operational policy *Violence in Relationships/Violence Against Women in Relationships/Criminal Harassment*. A primary aggressor analysis is included and is introduced into all police training.

Protection Order Registry is enhanced to introduce proactive notifications to victims regarding the release of offenders who are subject to a protection order and victim access to a toll-free number 24 hours a day to confirm registration of their order.

BC Child Abuse and Neglect policy draft is expanded to include violence against young women in relationships and sexual assault of young persons under 19 and is renamed Violence Against Children and Youth Policy.

BC Ministry of Attorney General establishes the High Risk offender-Community Notification Advisory Program to assist justice agencies to determine if an offender's presence in the community merits application for court restrictions on the offender's behaviour or public notification regarding the offender's presence in the community.

2000 *Violence Against Women In Relationships Policy* is revised to address *Criminal Code* amendments allowing police to set conditions upon release of the accused in certain circumstances.

The High Risk Offender Community Notification Advisory Program is established to assist justice agencies to determine whether an offender's presence in the community merits restrictions on his behaviour or public notification.

Violence Against Women: Improving the Health Care Response (Women's Health Bureau, BC Ministry of Health).

2001 EVA BC establishes its Community Coordination for Women's Safety (CCWS) Program, which provides assistance to BC communities to develop new models or improve existing models of cross-sector coordination on violence against women, with an emphasis on rural and isolated communities.

2002 BC *Crime Victim Assistance Act* is passed to replace the *Criminal Injury Compensation Act*, eliminating pain and suffering awards but enhancing counselling and other benefits.

BC's Victim Services Division is moved from Community Justice Branch to Policing and Community Safety Branch. The Victim Notification Unit and the Crime Victim Assistance Program are moved into Victim Services Division.

BC Crown Victim/Witness Services are eliminated.

A 40% cut is announced for BC's Legal Services Society, resulting in huge cuts to services.

Silent and Invisible: What's Age Got To Do With It? (A Handbook for service providers on working with abused older women in British Columbia and Yukon) by Jill Hightower and Greta Smith is released by BC/Yukon Society of Transition Houses.

Spousal Assault Policy Discussion Paper, BC Ministry of Attorney General.

- 2003** Amendments are made to BC Crown counsel charging policy in violence against women cases.

Final Report of the Ad Hoc Federal/Provincial/Territorial Working Group Reviewing Spousal Abuse Policies and Legislation is released.

VictimLINK launched.

Crown Counsel Policy Manual—Spousal Assault SPO 1.

- 2004** Revised edition of *Criminal Harassment: A Handbook for Police and Crown Prosecutors* is published by the Department of Justice Canada.

Best Practice Approaches: Child Protection and Violence Against Women.

VAWIR Policy update.

Core funding for Women's Centres eliminated (\$2 million annually).

- 2005** *Police Release on a Promise to Appear with an Undertaking in Violence Against Women in Relationships Cases* guidelines are released and BC chiefs of police are directed to amend operational policies to be consistent with these guidelines.

B-SAFER is adopted by the BC Chiefs of Police as the standardized risk assessment tool for use in the province.

Interventions with Children exposed to Domestic Violence: A Guide for Professionals.

- 2005-6** *Aid for Safety Assessment Manual* is pilot tested in communities and interdisciplinary orientation sessions are provided on risk assessment and victim safety planning.

ASAP Protective Measures for Women's Safety: An Operational Framework for Interveners (A Companion Guide to Aid for Safety Assessment and Planning) is released as a draft document to guide actions that can be taken by front-line workers, justice system

personnel, health care personnel and other interveners to help protect women from further harm.

- 2006** Ministry of Public Safety and Solicitor General in conjunction with RCMP prepares a response to a Coroner's Inquest into two domestic violence deaths. The Nanaimo Action Plan identifies actions the Ministry will take in response to violence against women in relationships, including collaboration with police and provincial victim service associations.

BC Children and Youth Review—An Independent Review of BC's Child Protection System (Honourable Ted Hughes).

- 2007** Revised *Violence Against Women in Relationships Victim Service Worker Handbook* is released by the Ministry of Public Safety and Solicitor General.

Referral Policy for Victims of Power based Crimes: Family Violence, Sexual assault, and Criminal Harassment is issued to remind police and Victim Service programs of legislation, policy and contractual requirements regarding referrals for power-based crimes.

BC Premier's Forum on Violence Against Women is held. EVA BC, in partnership with BC/Yukon Society of Transition Houses and BC Institute Against Family Violence, produces a series of 16 briefing documents, *Critical Elements of an Effective Response to Violence Against Women*, to brief government officials prior to the event.

Aid for Safety Assessment and Planning Manual is distributed to all Victim Service workers, Transition House workers and Stopping the Violence counsellors.

Ministry of Public Safety and Solicitor General and RCMP create a Domestic Violence Unit Best Practices Advisory Committee to guide the development of emerging Domestic Violence Units in BC to ensure consistent standards and best practices.

Ministry of Attorney General, Criminal Justice Branch hosts a Crown Counsel Domestic Violence Seminar on Complex Post Traumatic Stress Disorder and on Domestic Violence Risk Assessment and Management.

Sexual Assault Policy initiative for BC (<http://www.endingviolence.org/node/496>)

Family Relations Act Review: Family Violence Discussion Paper.

SHE Framework: Safety and health enhancement for women experiencing abuse was published (http://www.bcwomens.ca/nr/rdonlyres/8d65cade-8541-4398-b264-7c28ced7d208/37000/she_framework_may20091.pdf).

Coroners Act was proclaimed (<http://www.rcybc.ca/Content/Publications/Legislation.asp>)

- 2008** *Keeping Women Safe: Eight Critical Components of An Effective Justice System Response to Domestic Violence*, prepared by the Critical Components Project Team, is released. This

paper outlines a framework for a comprehensive approach to domestic violence. The paper was submitted by EVA BC to the Coroner's jury in the Lee/Park Inquest.

Domestic Violence Response Assessment Funds are made available to communities to conduct needs assessments and design pilot initiatives for specialized responses to domestic violence.

Elements of a Best Practice Violence Prevention Program for BC Healthcare.

Vancouver Coastal health DV policies for Employees and Patients.

- 2009** Ministry of Public Safety and Solicitor General releases an exploratory study *Police Reported Spousal Violence Incidents In BC In Which Both Partners Are Suspects /Accused* by Linda Light, in response to concerns expressed by victim service programs about the perceived high levels of police-reported incidents where both partners are named as suspects.

A comprehensive review of research on risk and safety, coroner's reports, and innovative models of risk and safety management practices is announced by Ministry of Public Safety and Solicitor General to help ensure that safety assessment and risk management are integrated into interventions by justice personnel and contracted victim services.

A Domestic Violence Cross-System Monitoring and Data Collection Feasibility Project is announced as a collaboration among the Ministry of Public Safety and Solicitor General, Ministry of Attorney General and FREDA at Simon Fraser University.

Ministry of Public Safety and Solicitor General releases a *Community Framework for Maximizing Women's Safety* to assist communities in assessing progress and gaps in coordinated responses at the local level in cases of domestic violence.

Family Relations Act Review: Report of Public Consultations.

Legal Services Society (LSS) cuts to Legal Aid.

Transition House Program transferred from BC Ministry of Housing and Social Development to BC Housing.

Evidence-based, Risk-focused Domestic Violence Investigations police training course launched.

- 2010** A BC *Domestic Violence Action Plan* is released in response to recommendations from the Lee/Park coroner's inquest and the Representative for Children and Youth's report on the death of Christian Lee.

Ministries of Public Safety and Solicitor General, Attorney General, and Children and Family Development release a revised *Violence Against Women in Relationships Policy*, fulfilling a commitment under the province's *Domestic Violence Action Plan*.

Protocol for Highest Risk Domestic Violence Cases is released as part of the revised *Violence Against Women in Relationships Policy* to enhance case coordination and information sharing among justice and child welfare partners.

Domestic Violence Response: A Community Framework for Maximizing Women's Safety (BC Ministry of Public Safety and Solicitor General).

Model Core Program Paper: Prevention of Violence, Abuse, & Neglect.

Evidence Review: prevention of Violence, Abuse & Neglect.

DV Death Review Panel Report.

White Paper on Family Relations Act Reform.

Best Practice Approaches: Child protection and Violence Against Women.

VAWIR Policy update.

- 2011** A new web-based training on safety planning is developed by Open School BC for the Ministry of Public Safety and Solicitor General in partnership with EVA BC and BC Society of Transition Houses.

Immigrant Women's Project: Safety of Immigrant, Refugee, and Non-Status Women and The Role of Canadian Immigration Laws and Policies in Relation to Women's Safety: A Lawyer's Compendium are published by EVA BC in partnership with Vancouver and Lower Mainland Multicultural Society and MOSAIC. These publications contain 14 federal and provincial briefing documents addressing key issues related to the safety of immigrant, refugee and non-status women.

Crown Counsel Policy Manual—Spousal Assault SPO 1.

Stopping Violence Against Aboriginal Women (BC Ministry of Aboriginal Relations & Reconciliation).

"E" Division published the revised violence in Relationships (VIR) policy and new Domestic Violence Unit policy (<http://vir-ba.bc-cb.rcmp-grc.gc.ca/ViewPage.action?siteNodId=1213&languageId=1&contentId=-1>).

The Violence Against Women in Relationships Policy (VAWIR policy) updated (<http://elan.lss.bc.ca/2011/02/22/the-violence-against-women-in-relationships-policy-%E2%80%94updated/>)

- 2012** EVA BC releases a report *Violence Against Women and Their Children in BC: 33 Years of Recommendations*, prepared by Linda Light.

Taking Action on Domestic Violence in British Columbia released (http://www.mcf.gov.bc.ca/podv/pdf/domestic_violence_response_booklet.pdf)

Assistance for single parents without citizenship status who are fleeing abuse (BC policy change) (<http://www.sd.gov.bc.ca/clientinfo/2012-10-update.htm#13>)

Forsaken: The report of Missing Women Commissioner of Inquiry was released (<http://www.missingwomeninquiry.ca/obtain-report/>)

Vancouver Police Department declares Sex Worker Enforcement Guidelines, mandating police to prioritize safety of sex workers rather than enforcement of prostitution laws when responding to sex work-related calls: <http://vancouver.ca/police/assets/pdf/reports-policies/sex-enforcement-guidelines.pdf>

2013 BC takes one step forward on protecting women and children with the introduction of the new Family Law Act (FLA) (<http://www.ag.gov.bc.ca/legislation/family-law/>), defining family violence. However they also undermined the progress of the FLA through Bill-8, Child, Family and Community Services Act (CFCSA).

2014 Provincial Office of Domestic Violence (PODV) releases *British Columbia's Provincial Domestic Violence Plan*