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# How Public Policy and Legislation Can Support the Prevention of Domestic Violence in Alberta

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2012 Shift: The Project to End Domestic Violence

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## Introduction

Shift: The Project to End Domestic Violence was initiated by the Brenda Strafford Chair in the Prevention of Domestic Violence, in the Faculty of Social Work, at the University of Calgary. Shift is aimed at significantly reducing domestic violence in Alberta using a primary prevention approach to stop first-time victimization and perpetration. In short, primary prevention means taking action to build resilience and prevent problems before they occur.

The purpose of Shift is to enhance the capacity of policy makers, systems leaders, clinicians, service providers and the community at large, to significantly reduce the rates of domestic violence in Alberta. We are committed to making our research accessible and working collaboratively with a diverse range of stakeholders, to inform and influence current and future domestic violence prevention efforts, through the perspective of primary prevention. This research paper was conducted to ground us in policy and legislation that is evidence-informed and has demonstrated a reduction in domestic violence and family violence and the building of healthy relationship skills across populations.

Over the past two decades, Alberta has led the way in efforts to address domestic violence, introducing legislation that is at the forefront of violence protection measures both nationally and internationally. As part of a suite of anti-violence policy and program initiatives, two ground-breaking acts—the *Protection Against Family Violence Act* (PAFVA) and the *Children, Youth, and Families Enhancement Act* (CYFEA)—send strong messages that abuse will not be tolerated in this province. These acts provide victims with tools to protect family members—including children, adults and seniors—from further harm. The *Protection Against Family Violence Act* and its amendments has dramatically improved victims' access to protection orders in emergency situations, while revisions to the *Children, Youth, and Families Enhancement Act* has helped to address children's exposure to domestic violence.<sup>1</sup> These and other legislative and policy changes have improved police and judicial responses to all aspects of domestic violence. Building on its successful protection measures, Alberta is now poised to take the lead in implementing measures that will *prevent* domestic violence *before* it occurs. Primary prevention of domestic violence is challenging, but not impossible. Advances in prevention science have helped to identify the factors that place people at risk of perpetrating and/or experiencing domestic violence, and have highlighted promising approaches to mitigate or eliminate those risk factors.

The research points to two broad areas as key levers for primary prevention of domestic violence. The first is children, youth and young adults. Studies unequivocally show that most of the precursors of domestic violence occur in childhood and adolescence. Children and youth learn relationship skills and social behaviours from their parents and other family members.<sup>2</sup> A high proportion of children who witness or experience violent relationships in childhood go on to perpetuate these patterns in adulthood with their own children and

partners.<sup>3</sup> Primary prevention of domestic violence<sup>i</sup> must therefore focus on children, youth and at-risk young adults, especially those who are or may soon become parents.<sup>4</sup> The second focus for prevention of domestic violence is socio-cultural norms and environments. Social and cultural norms determine our sense of appropriate and inappropriate behaviours,<sup>5</sup> and research has shown a strong association between sociocultural acceptance of violence and increased risk for all types of interpersonal violence.<sup>6</sup> This paper focuses on both of these levers for primary prevention, outlining ways in which they can be enhanced through provincial policy, legislation, leadership and resource allocation.

Domestic violence prevention requires the long-term commitment of resources, people and leadership across *all* sectors; no one sector can create change of this scale on its own. However, within a broader framework of multi-sectoral engagement, the Government of Alberta has a key role to play in making violence prevention a priority in this province. This paper proposes specific, evidence-informed program and policy amendments and initiatives to enhance the province's existing family violence strategy.<sup>ii</sup> By including an increased focus on primary prevention in policy, legislation and resource allocation, the Government of Alberta can play a pivotal role in significantly reducing and ultimately ending domestic violence, thereby laying the foundation for a safer, healthier and thriving Alberta.

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<sup>i</sup> For definitions of primary prevention, domestic violence, please refer to the Glossary on page 45.

<sup>ii</sup> Note: Subsequent papers will outline strategies for other sectors.

## Methods

The contents of this paper reflect a comprehensive and detailed review of the research on: 1) domestic violence and its etiology; 2) intervention points in the life cycle; and 3) policies and programs that have been demonstrated to be effective in stopping the development of characteristics that predispose some individuals to become perpetrators or victims of violence.

The research and recommendations included here reflect peer-reviewed, published literature obtained through searches of academic databases including Sociological Abstracts, Social Work Abstracts, Social Services Abstracts, Psychology Abstracts, PubMed, SocINDEX and CINAHL for articles from 2000 to the present, along with government and academic best practice violence prevention websites, including: Blueprints for Violence Prevention, Colorado Prevention Resource Database, Center for the Study and Prevention of Violence, Colorado University; Adults and Children Together Against Violence, American Psychological Association; Centres for Disease Control and Prevention (CDC) Violence Prevention; the Aspen Institute; the Promising Practices Network, RAND Corporation; and the Substance Abuse & Mental Health Services Administration (SAMHSA)'s National Registry of Evidenced-based Programs and Practices (NREPP), U.S. Department of Health and Human Services. Non-academic findings were obtained through reviews of international, national, and provincial legislation and public policy think tanks with expertise in the area of violence prevention.

In addition to the information sources listed above, the search for relevant policy and legislation in countries other than Canada included the following sources: Amnesty International, United Nations Division for the Advancement of Women; and, where information was available in English or French, the relevant government websites of all signatories to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and supporters of the Declaration on the Elimination of Violence against Women (DEVAW) and, among the 70 countries for which information is provided on the United Nations Secretary-General's coordinated database on violence against women, those which are not signatories to CEDAW or supporters of DEVAW.

Early drafts of this paper were vetted by a range of expert reviewers, including policy analysts, primary prevention specialists, government stakeholders, academics and practitioners (Appendix A). Changes were made based on their feedback.

## Scope of research

The scope of this paper is targeted in the following ways:

- The focus of this paper is *primary* prevention, and all recommendations reflect research on how domestic violence can be prevented from occurring at all. The

discussion and recommendations do not include ways of intervening when domestic violence has already occurred, i.e., preventing *further* violence. Although secondary and tertiary prevention efforts sometimes affect primary prevention, they are not included in this discussion.

- The recommendations offered in this paper address gaps or shortcomings in Alberta’s efforts to prevent domestic violence. Where no change is required, no recommendation is offered. In addition, all recommendations reflect current research on the etiology and prevention of domestic violence. If no high-quality research supports a particular intervention, the intervention is not recommended in this report.
- In this paper, the focus is on the primary prevention of violence against *intimate partners within or outside of marriage*, rather than all family members. This is because effective primary prevention efforts tackle a problem’s root causes, and the etiology of intimate partner violence often differs from that of other kinds of family violence. “Intimate Partners” may be current or former dating partners. (For a definition of Intimate Partners, please refer to the glossary on page 45).
- Primary prevention of sexual violence is not included in this paper. While sexual violence is a common component of domestic violence, it also occurs outside the scope of intimate relationships and often has a different etiology than other forms of domestic violence. Following the example of other provinces (e.g., Ontario), we encourage the Government of Alberta to undertake a study of evidence-informed policy and practices relating to sexual violence, and design a Sexual Violence Action Plan.
- Myriad studies have identified contextual factors related to housing, poverty and employment as key issues preventing victims of domestic violence from leaving or returning to their abusive partners.<sup>7</sup> Helping parents who are victims of domestic violence to become independent from their abusive partners is an important strategy in preventing children’s exposure to domestic violence and its consequences. Shift will continue to work with poverty reduction groups and affordable housing advocates to ensure that domestic violence prevention is a key element of policy development in these areas. However, the complexity of social policy related to poverty reduction and affordable housing was not within the scope of this paper.
- Surveillance data show that Aboriginal peoples experience significantly higher rates of domestic violence than the rest of the population.<sup>8</sup> It must be stressed from the outset that the unique situation of Aboriginal peoples is not fully reflected in this paper. Because domestic violence experienced by Aboriginal peoples is shaped by a

distinct web of cultural and historical factors, the Government of Alberta should consider: 1) undertaking a study of evidence-based policy and practices to prevent domestic violence in Aboriginal communities; and 2) working with Aboriginal leaders to design a strategy that is reflective of the strengths and needs of Aboriginal communities.

- Lesbian, Gay, Bisexual, Transgendered, Two-Spirited and Questioning (LGBT2SQ) populations are important to consider in any domestic violence prevention strategy. Shift is currently exploring promising practices and legislation for these populations through a separate research study.
- This paper is intended for use by the Government of Alberta. For this reason, the strategies and recommendations outlined herein focus solely on what can be achieved through policy, legislation, research and resource allocation at a provincial level. Strategies for other community stakeholders (e.g., organizations, service providers, faith groups, municipalities, etc.) are not within the scope of this report.



## Findings and Implications

The six strategies and corresponding recommendations presented in this document are as follows:

1. Strengthen strategies to prevent childhood exposure to violence in the home
  - Prohibit corporal punishment
  - Prevent unplanned and teenaged pregnancy
  - Improve the parenting skills of at-risk parents
2. Improve young people's healthy relationship skills
  - Introduce evidence-based anti-bullying and healthy relationships programming in all Alberta schools, including post-secondary
  - Introduce trauma-informed/trauma-sensitive practices and principles into mental health, health, education and child welfare systems
3. Support the development of healthy community norms
  - Engage men and boys in violence prevention
  - Support immigrant, refugee and temporary foreign workers to enhance healthy family and community norms
4. Support healthy, non-violent environments
  - Foster healthy, non-violent workplaces
  - Limit access to alcohol to reduce rates of violence
5. Include prevention measures in legislation and policy
  - Include primary prevention in domestic violence-related legislation and policy frameworks
  - Expand the definition of family violence in legislation to include dating relationships, as well as emotional and financial abuse
6. Establish a comprehensive system for collecting data and monitoring domestic violence in Alberta
  - Develop a robust data collection system to more accurately track the prevalence of domestic violence across Alberta
  - Develop an integrated and outcomes-based management and accountability framework that supports research, evaluation and continuous improvement.

Each of these strategies is outlined in the sections that follow, together with a brief overview of promising practices from other jurisdictions throughout the world.

## **1.0 Strengthen strategies to prevent childhood exposure to violence in the home**

### **The issue:**

Children who are abused and children who witness the abuse of a parent (which often occur in tandem)<sup>9</sup> are at risk of significant, long-term emotional problems, along with a range of behavioural problems including violence toward others in childhood and adolescence,<sup>10</sup> abusive behaviours toward their own children in adulthood,<sup>11</sup> and abuse of and/or victimization by dating and marriage partners.<sup>12</sup> Of course, not all children who experience or witness violence develop these propensities, but the risk is high: One of the largest, clearest and most compelling studies conducted to date found that any one of three childhood experiences—physical abuse, sexual abuse or growing up with a battered mother—doubled the risk of domestic violence victimization or perpetration in adulthood. Having all three experiences increased the risk by three-and-a-half times for women and even more for men.<sup>13</sup>

While the chance of becoming a perpetrator or victim of violence in adolescence and adulthood is greatest for children who have suffered severe and ongoing maltreatment, for some individuals, even less severe forms of abuse can increase the risk of later violence.<sup>14</sup> In fact, the research is clear that even mild to moderate corporal punishment that causes no physical harm is associated with increased aggression in adulthood.<sup>15</sup>

How does this happen? Experiences of violence in the home teach children that violence is an acceptable, even normal, part of parenting<sup>16</sup> and intimate relationships. In fact, some research has found a direct relationship between the level of abuse experienced by mothers and the beliefs of elementary school-aged children about the intrinsic dominance of men.<sup>17</sup> Research also suggests that, by adolescence, children who have experienced or witnessed violence often have trouble trusting others and forming healthy intimate relationships with peers,<sup>18</sup> leading some to question whether they would be able to control their aggression and become non-violent partners.<sup>19</sup>

### **What more can be done:**

Research suggests that the following strategies could help to prevent violence against children in the home:

- Prohibit corporal punishment
- Prevent unplanned and teenaged pregnancy

- Improve the parenting skills of at-risk parents

Each of these is discussed further below.

### **1.1 Prohibit corporal punishment**

Corporal punishment is defined as “the use of physical force with the intention of causing a child to experience pain, but not injury, for purposes of correction or control of the child’s behaviour.”<sup>20</sup> Despite the commonly-held belief in North America that corporal punishment used by loving parents in a positive context is a positive (or at least harmless) discipline technique, evidence suggests otherwise. An overwhelming body of research now shows that even mild and moderate corporal punishment has harmful side effects that can endure into adulthood.<sup>21</sup> These negative effects include, but are not limited to: antisocial behaviour in children;<sup>22</sup> adult emotional problems and depression<sup>23</sup> (even controlling for socioeconomic status, gender, spousal violence, alcohol consumption and witnessing violence);<sup>24</sup> adult aggression and criminal behaviour;<sup>25</sup> and increased verbal and physical aggression with marriage and dating partners.<sup>26</sup> Some studies in the United States have found that a majority of child abuse cases arise in situations where the abuser intended to discipline the child, and two-thirds of abusive parents admit that their abuse began as an attempt to discipline their child.<sup>27</sup>

Determining the prevalence of corporal punishment is extremely challenging as estimates are usually based on parental self-report, which are subject to deliberate omissions and errors of recall.<sup>28</sup> However, Canadian surveys over the last decade have shown rates as high as 50 per cent.<sup>29</sup>

#### **What others are doing:**

- A total of 24 countries have banned corporal punishment in the past 30 years, including New Zealand in 2007, when the government was swayed by growing public concern over domestic violence and the strong research evidence discrediting the use of physical punishment of children. A systematic review of changes in public attitudes and behaviours following the introduction of “anti-spanking” legislation revealed that legal bans on corporal punishment are closely associated with large decreases in support for, and use of, corporal punishment as a child- discipline technique. It is unclear whether the legislation has directly reduced physical child abuse because decreases in support for corporal punishment are also associated with increases in reporting of abuse.<sup>30</sup>
- In 2004, a Canadian coalition of health-related organizations issued a joint statement calling for: 1) “delivery of public awareness messages to inform all Canadians that physical punishment is harmful to children’s development and is ineffective as discipline; 2) development of universal parenting education; and 3) provision of the same protection of children from physical assault as is given to Canadian adults and to children in a growing number of countries.”<sup>31</sup>

- The Institute for Safe Families has developed a number of train-the-trainer resources designed to inform parents of the negative impact of corporal punishment on brain development, and support for families in implementing positive, developmentally-appropriate discipline strategies.<sup>32</sup>

### Recommendations:

- Amend Alberta's *Protection Against Family Violence Act*, RSA 2000, c. P-27, section 1(1)(e) to revise the definition of "family violence," which currently allows parents and persons standing in the place of parents to use reasonable force by way of correction.
- Amend the *Child, Youth and Family Enhancement Act*, RSA 2000, c. C-12 to include a provision explicitly stating that "[c]hildren are entitled to care, security and a good upbringing. Children are to be treated with respect for their person and individuality and may not be subjected to corporal punishment or any other humiliating treatment."<sup>33</sup>
- Lobby the Government of Canada to repeal section 43 of the Criminal Code, RSC 1985, c. C-46, which currently allows the use of reasonable force by schoolteachers, parents and persons standing in the place of a parent to correct children's behaviour. Once repealed, develop a policy for police and prosecutors in Alberta that outlines the proper enforcement of the assault provisions of the Criminal Code in cases of corporal punishment.
- Fund awareness initiatives directed at parents and professionals who work with children around the negative impact of corporal punishment on brain development.

### 1.2 Prevent unplanned and teenaged pregnancies

Babies born to teenage mothers are at increased risk for abuse due to a constellation of maternal risk factors that can include lower income, lower education, limited caregiving skills<sup>34</sup> and issues related to the normal developmental challenges of adolescence.<sup>35</sup> Research shows that the risk of child abuse is especially high when the mother is aged 17 or younger.<sup>36</sup> In addition, most teen pregnancies are unplanned, and some research has found an association between unintended pregnancy and child abuse, even among adult mothers. For example, in the largest population-based study to date, researchers in the United Kingdom found that children who were registered with a child protection agency by the age of six were nearly three times more likely than others to have been the result of an unintended pregnancy.<sup>37</sup> In Alberta, the teen (age 15-19) pregnancy rate is 4.1 per cent, considerably higher than the national rate of 2.9 per cent.<sup>38</sup>

Research shows that sexual education is associated with lower teen pregnancy rates. For example, in a large U.S. study of 15-19 year-olds, youth who received comprehensive sex

education were significantly less likely to report teen pregnancy than those who received no formal sex education or those who received abstinence-only education.<sup>39</sup>

Alberta's human sexuality education curriculum includes instruction in elementary school (puberty and the human reproductive system, within the health curriculum taught by teachers); junior high school (sexually transmitted infections, abuse, contraception, safer sex practices, preventing sexual risk, within the health curriculum taught by teachers);<sup>40</sup> and high school (healthy sexuality, sexual wellness and responsible sexual behaviour, within the Career and Life Management Curriculum [CALM]).<sup>41</sup> Upon request from their parents, students may be exempted from participation in the otherwise mandatory CALM program or from any course content that deals primarily and explicitly with human sexuality or sexual orientation.<sup>42</sup> In addition, the quality and content of sexual education is not rigorously managed: while the curriculum is mandated, teachers have a great deal of latitude in content and delivery methods. Teachers are not required to use government-authorized curriculum content, instructional methods or external speakers and resources. Alberta Health Services does provide research-based best practice curriculum resources authorized by Alberta Education, and identifies appropriate community and government agencies to provide sexual health education,<sup>43</sup> however, the selection of curriculum materials and guest speakers rests with individual teachers.

#### What others are doing:

- Sexual health education is provided to teens by schools in most countries around the world, with notable exceptions including some countries in South Asia and the Middle East. In general, countries that provide mandatory and comprehensive sexuality education have significantly lower rates of teen pregnancy than the U.S., where most programs promote abstinence from sex until marriage, and England, where parents can exempt their children from participation. For example, in 2006, the Netherlands boasted one of the lowest teen birth rates in the world (3.8 per 1,000 women aged 15 to 19), compared to 41.9 per 1,000 in the U.S., 26.7 in the U.K., and 13.3 in Canada.<sup>44</sup> This is consistent with overwhelming research evidence showing that abstinence-only programs are ineffective in preventing pregnancy<sup>45</sup>—and may, in fact, increase it<sup>46</sup>—and that comprehensive programs do not hasten the initiation of sexual activity or increase the frequency of sex among adolescents.<sup>47</sup>
- Introduced in July 2011, the U.S. federal *Communities of Color Teenage Pregnancy Prevention Act* (HR 2678/S 1437) supports research and demonstration projects for racial and ethnic communities with disproportionately high rates of teen pregnancy. The act will also integrate efforts to prevent teen pregnancy with strategies to address dating violence and build healthy relationships.<sup>48</sup>
- In 1999, England launched the *Teenage Pregnancy Strategy*, a coordinated campaign with programs and services at the national, local and school level. Since

then, the rate for women under 18 has dropped by 25 per cent, and is now at the lowest it has been in 20 years.<sup>49</sup>

### Recommendations:

- Amend the Alberta Learning Curriculum to implement comprehensive sexuality education from grades 4 to 11, ensuring that instruction is standardized, hours of instruction are mandated and the curriculum is based on the *Canadian Guidelines for Comprehensive Sexuality Education*.<sup>50</sup> This policy change requires amending Alberta Education Directive 4.1.2, Human Sexuality Education, which states that every board-operated school offering grades 4, 5, 6 Health, grades 7, 8, 9 Health and Life Management, and the high school Career and Life Management Program shall ensure that the human sexuality component is offered to all students. The amendment would state that Human Sexuality Education in Alberta will be aligned with the principles of the *Canadian Guidelines for Comprehensive Sexuality Education*.
- Amend the *Alberta Human Rights Act*, RSA 2000, c.A-25.5, to repeal section 11.1 (added in 2009 by Bill 44) in order to make the sexual health curriculum mandatory (i.e., no opting out).
- Working in partnership at the local level, fund and support a community coordinated approach that supports organizations to provide healthy sexuality education for populations at risk.

### 1.3 Improve the parenting skills of at-risk parents, including victims of domestic violence

The key risk factors for child abuse include: young parenting,<sup>51</sup> maternal depression,<sup>52</sup> mental health problems,<sup>53</sup> drug or alcohol abuse,<sup>54</sup> parental experience of abuse or witnessing domestic violence in childhood,<sup>55</sup> and current domestic violence in the household.<sup>56</sup> These risk factors often co-occur and are more common in lower-income families, as is child abuse.<sup>57</sup> Of all police-reported incidents of child abuse and neglect in Canada in 2008, one-third of families were receiving social assistance or other benefits as their source of income.<sup>58</sup>

The concurrent incidence of domestic violence and child maltreatment is well documented. In 46 per cent of all substantiated child maltreatment investigations in Canada in 2008, at least one of the child's primary caregivers was a victim of domestic violence.<sup>59</sup> Research suggests that the frequency of child abuse generally seems to increase with the frequency of domestic violence and generally follows one of three patterns: 1) one parent abuses both the other parent and the children (least common); 2) one parent abuses the other parent who then abuses the children; 3) one parent abuses the other parent (or the parents abuse each other) and both parents abuse the children (most common).<sup>60</sup>

Evidence-based home visitation programs<sup>61</sup> have proven effective in preventing and reducing child maltreatment, and new research is showing that they can also prevent and reduce domestic violence. One of the best examples of an effective program is the Nurse-Family Partnership (NFP) program, which has been tested through multiple randomized controlled trials and shown to improve pregnancy outcomes, child health and development, educational outcomes and family economic self-sufficiency, while reducing child maltreatment and injuries, juvenile delinquency, crime and welfare dependency.<sup>62</sup> Preliminary research now suggests that enhanced violence-prevention programs based on the NFP model, such as the Enhanced NFP and the Domestic Violence Enhanced Visitation Intervention (DOVE), may also be effective in preventing and reducing domestic violence.<sup>63</sup> The NFP program has also been proven cost effective, yielding a cost-benefit ratio of 5.7:1 (i.e., for every dollar invested, nearly \$6 of benefits in a wide range of health, education, child maltreatment, domestic violence and employment outcomes for women and children is realized by both the government and society at large).<sup>64</sup>

Intensive, evidence-based<sup>65</sup> parenting programs<sup>iii</sup> may also be effective in preventing and stopping child physical abuse, even among high-risk parents.<sup>66</sup> Evaluations show that research-based programs such as the Triple P Positive Parenting Program and the Incredible Years Program clearly improve parenting skills and have also improved outcomes associated with physically abusive parenting and/or reduced recurrence of child welfare reports of physical abuse.<sup>67</sup> However, only the Triple P Parenting Program has been evaluated in a large, randomized control trial, which found a 28 per cent reduction in substantiated abuse cases, a 44 per cent reduction in child out-of-home placements, and a 35 per cent reduction in hospitalizations and emergency room visits for child injuries in nine study counties.<sup>68</sup> Recent research indicates that an evidence-based parenting program modified for and delivered to very high-risk parents—inmates and people in substance abuse recovery—was effective in improving parenting attitudes and knowledge. Of all the parents who participated, those who were at the highest risk for abuse showed the greatest improvements.<sup>69</sup>

Studies have shown that home visitation programs are *ineffective* in those cases where domestic violence is occurring but is not being addressed.<sup>70</sup> This has important implications

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<sup>iii</sup> It should be noted that intensive parenting programs go well beyond parental support and education and either focus on or include family therapy and family skills training. There is no clear evidence that simply providing instruction to parents of at-risk children on child development, discipline, appropriate expectations, and so on improves the parenting skills of at-risk parents. Among these parents, changes in knowledge and attitudes about parenting do not always lead to behavioural changes. (See, for example, Tolamn, R.M. & Wang, H. 2005. "Intimate partner violence and women's employment: Fixed effects models of three waves of women's employment study data." *American Journal of Community Psychology*, 36(1/2), 148-158; Tolman, R.M. & Rosen, D. 2001. "Intimate partner violence in the lives of women receiving welfare: Mental health, substance dependence, and economic well-being." *Violence Against Women*, 7(2), 141–158. Raphael, J. & Haennicke, S. 1998. *The family violence option: An early assessment. A Taylor Institute report submitted to the Federal Department of Health and Human Services*, Washington, DC); Raphael, J. 1996. *Prisoners of abuse: Intimate partner violence and welfare receipt*: (Available from the Center for Impact Research, 915 N. Wolcott, Chicago, IL 60222).

for home visitation programs, many of which do not include a formal domestic violence protocol.<sup>71</sup> Research suggests that home visitors often are unaware of the importance of screening for domestic violence. Many also lack the knowledge and skills to handle the information once domestic violence has been disclosed, and are usually unaware of how their own experiences impact the way they handle domestic violence disclosures.<sup>72</sup>

### What others are doing:

- Over the past three years, researchers at McMaster University in Hamilton, ON, have been adapting the NFP for the Canadian context and completing a pilot project in Ontario. The NFP will now be piloted in two other provinces, including British Columbia where an additional component has been incorporated to equip home visitation nurses to address domestic violence. Each of the pilots will be evaluated using a randomized controlled trial. If the NFP is as successful in Canada as it has been in the U.S., it is hoped that provinces will take steps to integrate the program into their health care systems.<sup>73</sup> The program is also being adapted, developed and tested in the Netherlands (see below), Germany, England and Australia.<sup>74</sup>
- The Netherlands has increased home visitation for low socio-economic status families with children under the age of four years. The government is also investing in scientific evaluations of home visitation initiatives to examine the cost–benefit ratios of existing home visiting programmes linked to social services (such as employment, health insurance and daycare).<sup>75</sup>
- In 2010, health care legislation in the U.S. was reformed by the *Patient Protection and Affordable Care Act*, which established a home visitation grant program for states. This provision provides \$1.5 billion over five years for maternal, infant and early childhood home visitation programs. Grantees are required to use an evidence-based program model with a benchmark component that measures improvement in maternal and child health, childhood injury prevention, school readiness and achievement, crime or domestic violence, family economic self-sufficiency, and coordination with community resources and supports. The criteria for “evidence-based” programs are very stringent.<sup>76</sup>
- Futures Without Violence has developed tools, training and resources designed to help home visitation programs in the U.S. meet the federal benchmark to address domestic violence. Entitled *Healthy Moms, Healthy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed*, the curriculum helps home visitation workers develop skills and expertise around assessment, anticipatory guidance and supported referrals for families at risk of, or experiencing, domestic violence.<sup>77</sup> The curriculum is being used by Nurse-Family Partnership programs throughout the U.S.<sup>78</sup>



- The Government of Alberta recently expanded the Triple P Parenting Program to 45 Parent Link Centres across the province. In 2010, \$1 million in Safe Communities funding was earmarked to support the continued expansion of Triple P, including additional training for Parent Link Centre staff to provide the program to parents.<sup>79</sup>
- Recent evaluations of home visitation programs show enhanced effectiveness for women who receive home visitation programs *prenatally*. In an evaluation of the Healthy Families New York Program (HFNY), participants who received HFNY by 30 weeks of pregnancy were less likely than their counterparts in the control group to engage in physical aggression and harsh parenting. The program was particularly effective for those women who were “psychologically vulnerable.” The finding suggests that, “improved effects may be realized by prioritizing the populations served or by enhancing the model to meet program objectives for hard-to-serve families.”<sup>80</sup>

### Recommendations:

- Evaluate the Alberta Home Visitation program to understand its ability to enhance protective factors related to healthy childhood development and positive familial relationships.
- Provide comprehensive training<sup>81</sup> for Home Visitors on how to properly screen for domestic violence, provide anticipatory guidance and connect at-risk individuals to appropriate services in the community.
- Pilot an enhanced Nurse-Family Partnership program (similar to the one being piloted in British Columbia) in three distinct communities across the province and evaluate to determine its effectiveness in Alberta. If successful, consider scaling up the program to ensure that it is delivered province-wide.
- Increase funding to Triple P Parenting Programs across the province and develop a targeted strategy for at-risk families.
- Ensure that all government-funded parenting programs include content on trauma, early brain development, the impact of adverse childhood experiences on parenting skills and the effects of violence on child development.
- Amend sections 2(3) and 4(2) of the *Protection Against Family Violence Act* to include a requirement that parenting programs are made available (on a voluntary basis) to any parents who are made subject to an Emergency Protection Order or Queen’s Bench Protection Order involving domestic violence or child abuse. Programs should be available at no cost to participants.
- Work with the Government of Canada to amend the Criminal Code to include a requirement that parenting programs are made available (on a voluntary basis) to parents who are convicted of a domestic violence or child abuse offence. This amendment would complement sections 718.01 and 718.2(a) of the Criminal Code,

which require courts to consider whether offences have involved abuse of children or domestics at the stage of sentencing.

## **2.0 Improve young people’s healthy relationship skills**

### **The issue:**

In addition to experiencing negative physical, behavioural, psychological and cognitive effects<sup>82</sup>, children who have been exposed to domestic violence often learn destructive lessons about the use of violence and power in relationships. Children may learn that it is acceptable to exert control or relieve stress by using violence, or that violence is in some way linked to expressions of intimacy and affection. These lessons can have a powerful and negative effect in social situations and relationships in both childhood and adulthood.<sup>83</sup>

A growing body of research shows that domestic violence is often preceded by dating violence in adolescence, which is often preceded by bullying and aggression in childhood and early adolescence, and that both bullying and dating violence are associated with the experience of child abuse and/or witnessing domestic violence.<sup>84</sup> (This is especially true for girls<sup>85</sup>). Canadian researchers describe bullying “as a warm-up for long-term relationship problems. The lessons of power and aggression learned in playground bullying can transfer to sexual harassment, dating aggression and may extend to workplace harassment, as well as marital, child and elder abuse.”<sup>86</sup> A Canadian longitudinal study examining rates of bullying and dating violence trajectories revealed that only a small percentage of girls and boys engaged in bullying “regularly and frequently” (more than once a month). However, of those who engaged in frequent bullying, 100 per cent of the girls and about 70 per cent of the boys were involved in dating violence in adolescence.<sup>87</sup>

Police-reported rates of dating violence in Canada appear to be on the rise, with almost 23,000 incidents of dating violence reported to police in 2008.<sup>88</sup> Reported in 2012 by Statistics Canada, dating violence was more prevalent than spousal violence, with a rate that was higher than all other relationship categories, including friends and acquaintances. Common assault was the most frequently occurring offence in dating relationships and girls were the victim 10 times more often than boys among 15 to 19 year-olds.<sup>89</sup>

### **What more can be done:**

Research suggests that the following strategies could help to improve young people’s healthy relationship skills:

- Introduce evidence-based anti-bullying and healthy relationships programming in all Alberta schools, including post-secondary
- Introduce trauma-informed/trauma-sensitive practices and principles into mental health, education and child welfare systems

Each of these is discussed further below.

### **2.1 Introduce evidence-based anti-bullying and healthy relationships programming in all Alberta schools, including post-secondary**

Based on the evidence to date, the World Health Organization (WHO) cites school-based programming as the most promising primary prevention strategy for reducing rates of domestic and sexual violence.<sup>90</sup> Programs such as the Fourth R<sup>91</sup> and Safe Dates,<sup>92</sup> which support the development of healthy relationship skills for adolescents, have been proven effective in reducing rates of dating violence. More importantly, longitudinal studies suggest that the effects of these programs last well beyond the intervention, with the Fourth R demonstrating reduced rates of physical dating violence 2.5 years after the intervention<sup>93</sup>, and Safe Dates showing continued program effects after three years.<sup>94</sup>

Program elements that are common to those school-based dating violence prevention programs that have demonstrated effectiveness include: opportunities for skill development through role play and scenarios; programming timed to coincide with the onset of dating violence and risk behaviours; programming components that address norms related to dating violence; and programming embedded within the school curriculum.<sup>95</sup>

While most of this programming is targeted to junior and senior high students, evidence suggests that post-secondary students also comprise a critical population for healthy relationships as this age group is at highest risk for intimate partner violence.<sup>96,97</sup> A recent study of 1,572 students at Mount Royal University in Calgary found that one in three students had experienced dating violence.<sup>98</sup> This is also an age at which dating becomes more intimate, serious and “identify focused,” with young people beginning to define expectations for long-term or life partners.<sup>99</sup> For these reasons, healthy relationships programming and initiatives should extend to post-secondary institutions.

In addition to healthy relationships curricula, school-based bullying prevention programs have also proven effective. In a recent systematic review, school-based bullying programs were associated with an average decrease of 20 to 23 per cent in bullying and 17 to 20 per cent in victimization.<sup>100</sup> Research suggests that effective programs include the following elements: parent training, improved playground supervision, disciplinary methods, classroom management, teacher training, a whole-school anti-bullying policy, school conferences, information for parents and cooperative group work.<sup>101</sup> Duration and intensity of the program also impact results.<sup>102</sup> Other research suggests that bullying programs should centre on relationships, emphasize skill-building, focus on peer contexts and take a comprehensive approach that includes individual, peer, school and community strategies.<sup>103</sup> A combination of universal approaches (whole school) and targeted approaches (for those at risk of, or currently involved, in bullying) are recommended.<sup>104</sup> Bullying prevention programs that have been shown to be effective in multiple, well-designed studies include the Olweus Bullying Prevention Program<sup>105</sup> and KiVa.<sup>106</sup>

### What others are doing:

- Many provincial governments in Canada have introduced policy requiring that schools develop bullying prevention and intervention plans and procedures, and have provided schools with resources and training to support these efforts. However, it does not appear that any province has mandated the use of a comprehensive, evidence-based program or that schools have engaged in rigorous evaluation of their anti-bullying initiatives.
- The Fourth R is an evidence-based healthy relationships curriculum designed for junior and senior high school-aged students delivered by teachers. Comprehensive in its approach, the program is unique in that it addresses risk factors that are highly correlated with dating violence (substance abuse, media violence and sexuality). Developed in Canada, The Fourth R is one of the few programs that have been proven to reduce violence and to improve decision-making and communication skills among students. The Fourth R has expanded to schools in Manitoba, Quebec, Northwest Territories, Nunavut, Yukon and Nova Scotia. The Fourth R is slowly gaining ground in Alberta as well. The program is now operating in 40 schools in Calgary; in addition, the Strathmore School District has adopted the program, and six educational jurisdictions in Alberta have expressed interest in implementing the Fourth R in 2012-13.
- Most western European countries and some eastern European countries have implemented school-based programming to decrease physical and verbal aggression and improve social skills among children in preschool and the first few years of elementary school. For example, in the 1990s, Germany introduced the Faustlos or “Second Step” program for all children aged three to 10 years. The program has been repeatedly evaluated and demonstrated to increase conceptual knowledge of social skills and decrease physical aggression, verbal aggression and disruptive behaviour.<sup>107</sup>
- As part of its *Municipal Plan Against Violence Towards Women*, the city of Barcelona, Spain, is working to “design, develop and offer prevention workshops in secondary schools and youth associations as a strategy for fostering respectful behaviour, and supporting the development of “values, attitudes and relationship models that help avoid the formation of abusive behaviours in relationships.” Prevention workshops focusing on abusive behaviour are also offered in universities because “it is at this stage when people first form long-term relationships.”<sup>108</sup>
- The U.S. federal *SAFE Teen Act* (S.1447/H.R. 2689), introduced in 2011, will amend the *Elementary and Secondary Education Act* to include dating violence prevention among the drug and violence prevention efforts funded under the Safe and Drug-Free Schools and Communities program. The legislation requires schools that

receive federal funding for bullying and harassment to include teen dating violence prevention. Schools are also encouraged to train all of their staff on the issue, and incorporate response mechanisms into school policies. At least 15 states in the U.S. (Arizona, Connecticut, Florida, Georgia, Illinois, Massachusetts, Nebraska, New Jersey, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia and Washington) already have teen dating violence laws that urge or require school boards to develop curriculum on teen dating violence, but most do not provide additional guidance or funding for implementation.<sup>109</sup>

- In the 1990s, the U.S. passed legislation requiring sexual assault prevention and intervention strategies to be implemented in all post-secondary institutions. The Campus Sexual Assault Victims' Bill of Rights (1992) "requires that all colleges and universities (both public and private) participating in federal student aid programs afford sexual assault victims certain basic rights. It also requires the school to notify victims of their option to report their assault to the proper law enforcement authorities."<sup>110</sup>
- In Calgary, Mount Royal University (MRU) has developed a comprehensive on-campus dating violence prevention project that includes: screening and referrals; safety planning; social marketing; policy change; training for peer counselling; and collaboration with community-based services. MRU has also piloted and evaluated a healthy relationships program. Based on the successful *Making Waves/Vague par Vague* program from New Brunswick, MRU's *Stepping Up* entails an intensive, peer-facilitated weekend workshop and community prevention/awareness projects. The program evaluation shows increased knowledge of warning signs, interventions and community resources for dating violence and sexual assault. Evidence suggests that these gains are sustained over the school year.<sup>111</sup>

### Recommendations:

- Fund an evidence-based bullying prevention program in all Alberta elementary schools. The program should include whole-school policy and programming at three levels: universal programs targeting the entire school population; specific programs focusing on students with early signs of involvement in bullying or victimization; and selected programs dealing with students having chronic problems with bullying or victimization. Programming should also address the use of technology and social media as sources of bullying.
- Pilot the Fourth R in five jurisdictions in junior and senior high schools in Alberta and evaluate its effectiveness within the Alberta context.
- Fund the implementation of evidence-based healthy relationships initiatives in all publicly funded post-secondary institutions in Alberta. In addition to programming, these initiatives should include measures to support a shift in attitudes and norms (e.g., policy change, social marketing, training and resources).

- Require that all bullying/dating violence prevention programming implemented in Alberta schools be evidence-based, meaning: 1) the individuals who are delivering the program have been formally trained; 2) the program has been in existence for at least three years; 3) the program has been evaluated using a well-designed and rigorous randomized controlled trial (RCT) and the evaluation results have been published in a peer-reviewed journal; and 4) the program has shown significant and sustained reductions in bullying and/or dating violence or victimization.

## **2.2 Introduce trauma-informed/trauma-sensitive practices and principles into mental health, health, education and child welfare systems**

Childhood exposure to traumatic events is a significant public health issue, with estimates suggesting that 26 per cent of children in the United States will witness or experience a traumatic event before the age of four years.<sup>112</sup> Research has shown that exposure to traumatic events, such as witnessing or experiencing physical or sexual abuse, can have many negative effects throughout childhood and adolescence. The Adverse Childhood Experiences (ACE) study found a strong relationship between traumatic events experienced in childhood (as reported in adulthood) and chronic physical illness such as heart disease, and mental health problems such as depression.<sup>113</sup>

Counselling for children exposed to traumatic events such as domestic violence aims to address the most common consequences of exposure, which include attachment disorders, depression, post-traumatic stress disorder and conduct problems. Research on the most effective kinds of treatment for children has been growing over the past decade, resulting in a mounting body of research that identifies both effective and promising interventions.<sup>114</sup> The U.S. Department of Justice has developed a matrix of all evidence-based and promising practices to date for children exposed to violence, including programs such as Kids Club and Mom’s Empowerment, Project Support and Domestic Violence Home Visitation.<sup>115</sup> The most researched intervention for children exposed to domestic violence is trauma-focused cognitive-behavioural therapy (TF-CBT), which appears to be more effective than supportive child-centred therapy in reducing all symptoms experienced by children.<sup>116</sup> TF-CBT can be used with children aged three to 18 and comprises specific modules completed over 12 to 18 sessions, including training for parents to manage their children’s acting-out behaviours.<sup>117</sup>

In addition to individual trauma-informed therapeutic approaches, there is evidence of trauma-informed frameworks that support the use of multiple strategies and tools for infusing trauma-sensitive perspectives and approaches in organizations and systems (i.e., schools, public education systems, child welfare and juvenile justice systems).<sup>118</sup> These trauma-sensitive strategies and tools ensure that mental health, academic and justice services/supports are sensitive to the needs of traumatized children. The most well-

developed and researched is the ARC Framework (Attachment, Self-Regulation and Competency).<sup>119</sup>

### What others are doing:

- Based on the ARC Framework, the Calgary Board of Education's (CBE) Trauma-Sensitive Schools Initiative has been rolled out to 22 schools in the district. This new initiative is the largest implementation of the ARC Framework within a school setting internationally. Whole-school approaches are used to train staff and administration in trauma-sensitive principles and practices by ARC-certified CBE psychologists.<sup>120</sup> The Spokane School Board has a similar initiative: Whole-school approaches are used to train staff and administration in trauma-sensitive principles and practices.<sup>121</sup> Spokane's Trauma-Sensitive Schools Initiative is now in six Tier 1 schools in the district.
- Massachusetts recently filed Bill H 1962, *An Act for Safe and Supportive Schools*, requiring schools in the state to develop action plans to create safe and supportive environments by 2017, using the ARC Framework.<sup>122</sup> The Bill also stipulates that a commission be struck to: oversee state-wide implementation of the framework in schools; establish a Centres of Excellence grant program to fund exemplar schools that wish to serve as models; and require the Department of Elementary and Secondary Education to provide technical assistance to schools.
- The United States Substance Abuse and Mental Health Services Administration has implemented two initiatives specifically focused on childhood trauma. The SAMHSA Children's Mental Health Initiative allows grantees to apply a system of care approach for systemic reform of children's mental health services. These systems of care are organizational philosophies and frameworks that are designed to create a network of effective community-based services and supports to improve the lives of children and youth with or at risk of serious mental health conditions. The second initiative, the National Child Traumatic Stress Initiative, aims to raise the standard of care and improve access to services for children and youth throughout the United States who have experienced trauma. They have also announced 15 grant awards for \$7 million to improve services available to children and adolescents who have experienced traumatic events. Grant areas are: 1) working to develop and test best methods for preventing, screening and treating behavioural health problems that can arise because of trauma; and 2) delivery of trauma-informed practices and interventions to children and adolescents in community-based settings. Grants in the first area have been directed to universities and research centres, while the second have been targeted to community-based organizations that provide counselling and services for children, adolescents and their families.



- Project BEST is a state-wide collaborative effort to use innovative community-based dissemination, training and implementation methods to dramatically increase the capacity of every community in South Carolina to deliver evidence-supported mental health treatments to every abused and traumatized child who needs them.<sup>123</sup> This project involves teaching clinicians how to do ESTs (evidence-supported treatments) and enabling brokers of mental health services to identify and refer appropriate children for treatment, incorporate ESTs into their treatment planning and monitor progress. The initial treatment being implemented by Project BEST is Trauma-Focused Cognitive Behavioural Therapy (TF-CBT).
- The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) is supporting the National Child Traumatic Stress Network and its membership in developing, testing and disseminating evidence-based treatments for children who experience post-traumatic reactions following their exposure to domestic violence.<sup>124</sup> Core principles for interventions have also been developed.
- Also funded by SAMHSA is the Chadwick Trauma-Informed Systems Project, whereby specialized service delivery and treatment models are being developed for children involved in the child welfare system that have been victims of abuse and/or domestic violence.<sup>125</sup> This project is ongoing in three sites across the United States, including Oklahoma, New Hampshire and San Diego. Their ultimate goal is to transform the child welfare system into a multi-dimensional, trauma-informed and evidence-based system.

**Recommendations:**

- Increase the number of staff psychologists on the Access Mental Health Child Team and within other child and youth mental health services (including but not limited to the Assessment Classroom for children, the Adolescent Day Treatment Program for adolescents, and the Transitional Youth Service for youth aged 16 to 24 years) to ensure that urgent care can be accessed within 48 hours and wait lists are reduced.
- Increase Alberta Mental Health and Alberta Children and Youth Services’ budgets to contract accredited non-profit counselling organizations to increase the capacity of their evidence-based individual and group counselling and treatment programs in order to:
  - ensure that all Kindergarten to Grade 12 students and young adults who are identified by a parent or professional as experiencing emotional, behavioural or other mental health concerns are able to obtain evidence-supported treatment at the earliest onset of problems;
  - provide evidence-supported counselling and other treatment at the earliest possible opportunity to all children and youth who are experiencing chronic problems with bullying, dating violence or victimization; and



- provide evidence-supported counselling and other treatment to all children and youth who have been involved in child welfare interventions, who have been the victim of child maltreatment, or who have been exposed to domestic violence.
- Provide grants to publicly funded school districts to develop or further implement evidence-based school-wide action plans to address the needs of traumatized children, especially when the school is involved in a community-wide effort to mitigate the impact of trauma caused by domestic violence.
- Develop a provincial training and capacity-building initiative to support health professionals, clinicians and other brokers of mental health services to identify and refer appropriate children for treatment as needed.
- Provide counselling for children and youth who are identified as victims in PAFVA orders.

### **3.0 Support the development of healthy community norms**

#### **The issue:**

Cultural and social norms are defined as rules or expectations of behaviour within a specific cultural or social group. While often implicit and unspoken, cultural and social norms nonetheless determine our sense of appropriate and inappropriate behaviours, and guide what is and is not considered acceptable.<sup>126</sup> Norms related to violence are perpetuated in multiple arenas, including family (through the use of corporal punishment,<sup>127</sup> or witnessing violence in the family<sup>128</sup>), community and through the media.<sup>129</sup>

The link between socio-cultural norms, attitudes and behaviors is strong, and research has shown an association between cultural acceptance of violence and increased risk for all types of interpersonal violence.<sup>130</sup> In China and South Africa, for example, cultural norms around using physical violence as an acceptable way of resolving conflicts within a relationship contribute to high rates of domestic violence.<sup>131</sup>

A similar association exists between some socio-cultural constructs of gender and increased violence against women. For instance, a U.S. study found that men who hold traditional views of women's roles are more likely to report having perpetrated dating violence. They are also more likely to accept or condone the use of violence in relationships.<sup>132</sup> In its *World Report on Violence and Health*, the World Health Organization identifies a number of gender and cultural norms associated with increased domestic and sexual violence. For instance, "traditional beliefs that men have a right to control or discipline women through physical means makes women vulnerable to violence by intimate partners and places girls at risk of sexual abuse."<sup>133</sup> Alberta still has a ways to go in cultivating equitable gender norms: Of 1,000 Alberta males surveyed in 2012, only 18 per cent received a high gender

equity score;<sup>iv</sup> 34 per cent received a low score and 48 per cent received a medium score.<sup>134</sup>

The *Spectrum of Prevention Model* outlines six key interventions that are needed to shift cultural and social norms. These include: influencing policy and legislation; changing organizational practices; fostering coalitions and networks; educating providers; promoting community education; and strengthening individual knowledge and skills.<sup>135</sup> A key challenge for interventions aimed at changing cultural or social norms is to accommodate groups with different norms from the broader population, which means interventions often need to be customized for these specific groups.<sup>136</sup>

### What more can be done:

Research suggests that the following strategies could help to further promote the development of non-violent community norms:

- Engage men and boys in violence prevention
- Support immigrant, refugee and temporary foreign workers to enhance healthy family and community norms.

Each of these is discussed further below.

### 3.1 Engage men and boys in violence prevention

Emerging research emphasizes the importance of men's roles in preventing domestic violence. Supporting men and boys to have authentic roles in violence prevention is a promising area of work that is being implemented across the globe.<sup>137</sup> In a recent North American study on domestic and sexual violence, most men who were surveyed stated that they viewed themselves as having a role in violence prevention, with 78 per cent stating that they could contribute to peaceful and respectful relationships.<sup>138</sup> In Alberta, 99 per cent of men surveyed in 2012 agreed that, "men can personally make a difference in promoting healthy, respectful, non-violent relationships."<sup>139</sup>

Research suggests the following as promising entry points for engaging men and boys in violence prevention:

- **Fatherhood:** Positive father involvement can improve the lives of men, women and children.<sup>140</sup> By expanding the role of men to include caring for children, the restrictions of traditional, narrow definitions of masculinity are deconstructed and replaced with a broader vision of the human capacity of men in family life and society in general.<sup>141</sup>

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<sup>iv</sup> Scoring was based on responses to 10 questions related to gender roles and capacities.

- **Men's Health:** The dominant belief that men should be tough and take risks, combined with the notion that men do not need health-care advice, has led to increased rates of HIV, rape, mental health and self-esteem issues, as well as an increase in domestic violence—all of which have had a major impact on the lives of women and children.<sup>142</sup> Mental health for men and boys must be addressed within a comprehensive, holistic framework that helps them to rediscover, direct and strengthen self-esteem and emotional intelligence.<sup>143</sup>
- **Sports and Recreational Settings:** In addition to being a prime access point for engaging men, sport comprises an arena in which masculine norms are formed and enforced.<sup>144</sup> Sports and recreational activities also offer opportunities for mentoring and influencing coaches and athletes. Research shows that traditional sporting institutions can foster cultural norms and myths that promote the perpetration of violence perpetration and sexual assault.<sup>145</sup>
- **Peer Relationships and Networks:** Peer attitudes and norms are key determinants of men's use of violence, particularly in the case of sexual violence.<sup>146</sup> The role of peer relationships in violence prevention is especially important in the context of post-secondary settings, sports and the military.<sup>147,148,149</sup>
- **Engaging Men as Allies:** There are a number of initiatives that focus on developing the capacity of men and boys to be "allies" with women and girls.<sup>150,151</sup> Some of this work is geared towards engaging men and boys in speaking up against inequity, sexism and the mistreatment of women and girls, including stepping up to prevent sexual harassment and assault, and speaking with other men and boys about violence or demeaning behaviour.<sup>152,153</sup>
- **Engaging Men in the Workplace:** Men are highly represented in leadership roles in business, politics and most other fields. Employers can play an important role by sharing information, skills and motivation with employees, clients, consumers and partners to become engaged in efforts to end violence at the individual, family, community and societal level.<sup>154</sup>

Research suggests that each of these areas comprise a potential entry point for engaging men and boys in violence prevention. Each strategy should be tailored to meet the needs of diverse communities, including ethno-cultural communities, immigrant or refugee communities, Aboriginal communities and LGBT2SQ (Lesbian, Gay, Bisexual, Transgendered, Two-Spirited, Queer or Questioning) populations.

#### What others are doing:

- MOST (Men of Strength) Clubs in the U.S. work with male high school students over a year-long period to promote healthier models of masculinity and to build skills around violence prevention. Early evaluations of the (MOST) Clubs in the U.S. have been very positive, with the U.S. Centres for Disease Controls and Prevention (CDC) designating the project a promising practice for violence prevention.<sup>155</sup> In this

model, “near peer” education (where slightly older males work with younger ones) has proven particularly effective.

- "It Starts With You. It Stays With Him" is an online, social media campaign developed by the White Ribbon Campaign and Le Centre Ontarien de Prévention des Agressions. The comprehensive website ([www.itstartswithyou.ca](http://www.itstartswithyou.ca)) provides men with resources to educate the boys around them about healthy relationships, sexism, homophobia and degrading language.
- Futures Without Violence’s Coaching Boys into Men (CBIM) program was launched in 2001 in the United States to engage men to use their influence to prevent domestic and sexual violence. The program expanded from a media-based campaign to a curriculum-based leadership approach for coaches and athletes. Data from a randomized controlled trial conducted with approximately 2,000 student athletes and 120 coaches showed significant increases in knowledge regarding abusive behaviours and gender-equitable attitudes, and an increase in intention to intervene on the part of participating coaches. An evaluation of the media campaign indicated that men who saw the public service announcement were more likely to identify violence against women as an important problem than those who did not.<sup>156</sup>
- Kizhaay Anishinaabe Niin (I am a Kind Man) is a province-wide initiative led by the Ontario Federation of Indian Friendship Centres that makes use of primary, secondary and tertiary prevention strategies. The project provides an opportunity for communities to help Aboriginal men and youth understand the causes of violence and supports them in joining together to end it. Aboriginal men and youth are offered a safe place to learn their roles and responsibilities when it comes to ending violence against Aboriginal girls and women. This program recognizes the challenges that youth and men face and provides opportunities for them to reconnect to their traditional roles within families and communities. Currently there are over 30 sites in Ontario running a variety of programs as part of this initiative. These include poster and public awareness efforts, youth and adult mentoring programs, youth and adult workshops and an educator toolkit.<sup>157</sup>
- The Alberta Council of Women’s Shelters and the Whitemud West Minor Hockey Association in Edmonton have partnered to implement the Whitemud West Bantam Coach Training. Based on the successful, evidence-based Mentors in Violence Prevention program, the Whitemud program offers training and support to help hockey coaches integrate information and intervention practices to address violence. A training manual is also provided: *The Goals for Life Off the Ice Playbook* gives coaches key messages and tips for making the most of teachable moments. Evaluation results show that the project has resulted in increased awareness among coaches about the issue of violence against women, including its prevalence and how it impacts men. Coaches also recognized that they have a role to play in

changing attitudes about violence against women, and reported that the project helped them learn new strategies to address this with their players/athletes.<sup>158</sup>

- The Gay Men’s Domestic Violence Project (GMDVP) in Massachusetts, U.S.A., was founded in 1994 by a gay male who was denied services by multiple mainstream domestic violence shelters. Its mission is to assist and support victims and survivors of domestic violence, focusing on the LGBT2SQ community to advocate for inclusive public policy and increase access to culturally competent services. The organization provides direct services and also offers education and outreach for the LGBT2SQ community, capacity building and policy advocacy for domestic violence and law enforcement professionals, organizations, legislatures and state agencies. Its strategic goals include building services for victims and survivors, increased community engagement and strengthened organizational capacity.<sup>159</sup>

### **Recommendations:**

- Develop and fund a provincial strategy to engage men and boys in violence prevention. The strategy should focus on cultivating male leadership and skill development around violence prevention and healthy male norms, and support research and evaluation.
- Fund and support local, evidence-informed plans to engage men and boys in violence prevention throughout the province.

### **3.2. Support immigrant, refugee and temporary foreign workers to enhance healthy family and community norms<sup>v</sup>**

Domestic violence is a global issue, impacting people from diverse nations, societies, economic classes, faith affiliations and ethno-cultural groups.<sup>160,161,162,163</sup> Canada is a growing hub of international and multilingual citizens. It is estimated that by 2031, over a quarter of our population will be foreign-born.<sup>164</sup> (This is already the case in Calgary<sup>165</sup>.) Estimating the rate of domestic violence among immigrants, refugees and temporary foreign workers<sup>vi</sup> is challenging due to language and cultural barriers.<sup>166,167</sup> Whereas large telephone surveys have shown lower rates of spousal violence among immigrant and refugee populations,<sup>168</sup> smaller, community-based investigations have consistently shown higher rates.<sup>169</sup> One Canadian study found that immigrant women from developing countries have the highest prevalence of domestic violence in Canada. (Rates among

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<sup>v</sup> Please note: This section is limited to strategies related to immigrants, refugees and temporary foreign workers only. While some overlap exists between strategies for this group and strategies for ethno-cultural populations, this paper does not explore primary prevention within the larger context of ethno-cultural communities. A separate study on domestic violence prevention in ethno-cultural communities is currently underway. Given the importance of this area, it is recommended that the Government of Alberta develop a separate strategy with and for this population.

<sup>vi</sup>For the purposes of this paper, “immigrants” include both family class and economic class; “refugees” include all classes of refugees and “temporary foreign workers” include all other classes of non-permanent residents (e.g., live-in caregivers, Seasonal Agricultural Workers, etc.). For definitions of each of these terms, please refer to the glossary on page 43.

women who emigrated from developed countries, on the other hand, were lower than rates for Canadian-born women.<sup>170)</sup>

The social norms, practices and political climate of one's country of origin can influence and exacerbate domestic violence perpetration.<sup>171</sup> The social and legal sanctioning of domestic violence varies around the globe, and many countries do not have laws designed to prevent and/or protect against domestic violence and/or child maltreatment.<sup>172</sup> Research clearly demonstrates that patriarchal ideas of femininity and masculinity, traditional honour and obedience codes, normative beliefs about the proper spheres of men and women, and societal acceptance of domestic violence significantly increase the risk of perpetuation and victimization.<sup>173</sup>

Issues related to resettlement and migration can also create vulnerability to abuse within immigrant and refugee communities. These issues include: the loss of traditional sources of support; lack of familiarity with rights and laws; social isolation expounded by language and cultural barriers; unemployment and poverty; and pressure or fear of exclusion by one's own cultural community for disclosing abuse or taking action to stop it.<sup>174,175,176,177,178</sup> In addition, "the interrelationship of war or state violence, forced migration, the insecurity of being in transit countries, along with the ensuing problem of intimate partner violence" can confound the experience of post-migration domestic violence.<sup>179</sup>

Many immigrants and refugees who experience domestic violence in Canada can be reluctant to leave or seek help as a result of these compounding realities.<sup>180</sup> Moreover, help-seeking efforts may also be inhibited due to threats of deportation, stigma and cultural inappropriateness of existing services.<sup>181,182,183,184</sup> Live-in caregivers, temporary foreign workers, and "mail-order brides" can be particularly vulnerable as they are often less likely to report or leave an abusive situation because of their dependent status.<sup>185</sup>

#### **What others are doing:**

- The Ethno-Cultural Council of Calgary (ECCC) is currently piloting a community-based primary prevention initiative that builds the capacity of ethno-cultural communities to address the systemic, structural and cultural root causes of domestic violence. SHARE (Sustaining Healthy and Awesome Relationships) uses a number of strategies, including: public awareness and education; leadership training; community organizing; social mobilization and cross-sectoral collaboration. Community-based participatory action research is being used to test, explore and support effective and emerging practices that lead to primary prevention of domestic violence.
- The Muslim Family Safety Project (MFSP) was launched in London, Ontario in 2004 to address domestic violence within the Muslim community and ensure the accessibility and cultural appropriateness of services and supports in that city. This

comprehensive initiative incorporated a number of strategies, including: public education via workshops; presentations, pamphlets and articles in the Muslim local media; the engagement of local imams and community leaders to dispel myths on the position of Islam on the issue of domestic violence; family and community outreach; cultural training for mainstream agencies; and a training manual for service providers on addressing domestic violence in Muslim communities.<sup>186</sup>

- A comprehensive education and community development initiative called ACCESS was developed to prevent domestic violence within the Arab-American population in Michigan. The initiative was based on data from a local, in-person survey of 202 Arab-American immigrants. These findings were used to develop and implement specific community education programs and clinic resources, including: a mass media campaign that aired on Arab radio and television stations in Michigan; three live television shows with a panel of professionals and community members; public service announcements on available services; booklets and brochures; and 22 workshops focusing on domestic violence and conflict resolution. The workshops were conducted by an outreach worker and targeted major mosques, schools, job training centres and cultural centres in the area. Evaluations suggest that the program helped to increase awareness and reduce barriers to accessing services. “Prior to the initiation of this Arab domestic violence education and prevention project, not one case of domestic violence had been identified by the cultural community health centre clinic in this area. The knowledge gained by the outreach worker, through interaction with and assessment of victims in their homes, was an important step in identifying and clarifying the problem. Since this project was initiated, 70 domestic violence clients have been identified and assisted in the health centre.”<sup>187</sup>
- The 2007 Swedish Action Plan to Prevent Violence Against Women outlines policies and programs that specifically target honour-based violence. The action plan includes 56 measures covering six key areas: protection and support to victims of violence; increased focus on primary prevention, including recommendations for the National Centre for Knowledge on Men’s Violence Against Women; higher standards and greater efficiency in the judicial system (including training and skills building); improved programs for violent offenders including those convicted of sexual assault and domestic violence; increased cooperation and coordination among regional and local players; and enhanced knowledge and competence through research and training. The plan includes extensive references to areas for intervention in relation to honour-based violence and forced marriages.<sup>188</sup>

### Recommendations:

- Adopt the recommendations put forward in *Entrenching Exploitation: the Second Report of the Alberta Federation of Labour Advocate*<sup>189</sup> to reduce the vulnerability



of Temporary Foreign Workers in this province. (See Appendix B for a full listing of recommendations.)

- Invest in system-wide, accredited tele-interpreter and translation services so that police, courts, shelters, hospitals and social service agencies throughout Alberta have access to reliable translators for as many languages as possible when serving victims of domestic violence.<sup>190</sup>
- Require provincially-funded language programs to integrate information about domestic violence into the curriculum. Lobby the Government of Canada to make this a requirement for all LINC (Language Instruction for Newcomers to Canada)<sup>vii</sup> programs as well.
- Support Immigration Canada to work with the Human Resources and Development Program and the Federal Labour Ministry to develop a comprehensive plan to ensure that women coming through the Live-in Caregiver plan have the same workers' rights as any other employee in any other non-domestic workplace. Furthermore, the live-in requirement should be removed to prevent vulnerability to abuse.<sup>191</sup>
- Work with Immigration Canada to develop socio-cultural educational programs to orient all newcomers to societal norms and legal requirements in this country. Training could happen both in the country of origin, with a session administered and staffed by Canadian citizens,<sup>192</sup> and upon arrival, with sessions being offered by skilled staff. The goal of this training would be to educate newcomers about Canadian law, human rights and responsibilities, societal norms, gender equity and expectations around parenting. Domestic violence and child maltreatment should also be addressed through this training, including legal protections for victims, legal consequences for perpetrators and support available for victims and their children.<sup>193,194,195</sup> This program should be mandatory to ensure full participation.

## 4.0 Support healthy, non-violent environments

### The issue:

“Creating supportive environments” is one of five key strategies outlined in the *Ottawa Charter for Health Promotion*, an international agreement signed at the First International Conference on Health Promotion hosted by the World Health Organization. The Charter highlights the role that natural and social environments play in health promotion. “The inextricable links between people and their environment constitutes the basis for a socio-

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<sup>vii</sup> Language Instruction for Newcomers to Canada (LINC) is a language instruction program that is offered by the Government of Canada, in cooperation with local school boards, community colleges, and immigrant and community organizations.



ecological approach to health. [...] Changing patterns of life, work and leisure have a significant impact on health.”<sup>196</sup>

Several violence prevention frameworks have adopted this strategy, outlining the need to ensure that the environments in which people work and play support healthy, non-violent relationships. For example, in *Poised for Prevention: Advancing Promising Approaches to Primary Prevention of Intimate Partner Violence*, the Prevention Institute highlights the role that workplaces can play in changing attitudes and behaviours around domestic violence. “Organizational settings offer the opportunity to reach large numbers of people, proactively model healthy behaviours and offer incentives and disincentives for behaviours to shape the overall climate toward IPV [intimate partner violence] prevention.”<sup>197</sup> The authors go on to state that those engaged in efforts to reduce domestic violence can learn from smoking reduction efforts, where changes to work and leisure environments had a significant impact on smoking rates. “[W]hile education campaigns about the danger of smoke had little impact and smoking cessation clinics had marginal success, modest changes in restaurants and public institution environments—brought about through smoking restrictions—initiated a change in norms and engendered support for further change, including tax increases on cigarettes, which financed further efforts to influence norms, and eventual decline in smoking rates.”<sup>198</sup>

### **What more can be done:**

In domestic violence research, two strategies emerge as particularly promising ways to create environments that support healthy, non-violent relationships:

- Foster healthy, non-violent workplaces
- Limit access to alcohol to reduce rates of violence

Each is discussed further below.

#### **4.1 Foster healthy, non-violent workplaces**

Workplaces play a role in modelling “what a healthy relationship is, what responsible bystander behaviour is, and how a variety of community stakeholders can foster healthy, non-violent community practices and norms.”<sup>199</sup> Conversely, organizational cultures that have “weak sanctions against violence” or demonstrate “strong support for the privacy of the family” can reinforce norms and behaviours associated with domestic violence.<sup>200</sup>

Albertans believe that the government has a role to play in fostering healthy, non-violent workplaces. In a 2009 poll conducted by the Alberta Council of Women’s Shelters, 83 per cent of respondents agreed that domestic violence that impacts the workplace should be a priority of the Government of Alberta.<sup>201</sup> Public policy that supports workplace violence prevention potentially impacts attitudes and behaviours, and “sends a strong message that domestic violence is a community issue, and not simply a private concern.”<sup>202</sup>

In a 2006 Safety Bulletin, the Government of Alberta outlined policies and procedures to prevent violence and harassment in the workplace.<sup>203</sup> The Bulletin outlines the extent of the problem and offers some guidance around policy development, intervention, follow-up, documentation, evaluation and legal options. However, the document does not outline specific strategies for preventing and addressing domestic violence. In fact, domestic violence is not mentioned at all within the document<sup>204</sup>, despite the fact that domestic violence has a significant impact on the workplace.<sup>205</sup>

#### **What others are doing:**

- In 2010, Ontario amended its *Occupational Health and Safety Act* to strengthen protections for workers from workplace violence and address workplace harassment. The amendments include the requirement that employers must have a policy on workplace violence that addresses violence from all possible sources, including domestic partners, and take reasonable precautions to protect workers when domestic violence "follows them" to the workplace. To assist employers in creating sound workplace policy around domestic violence, both the Occupational Health and Safety Council of Ontario and the University of Western Ontario's Centre for Research and Education on Violence against Women and Children have developed comprehensive resources for employers.<sup>206</sup>
- In 2011, the Province of Manitoba amended its *Workplace Safety and Health Regulations* to include a requirement that all workplaces providing public services: 1) develop a violence prevention policy; 2) train their workers on implementing the policy; and 3) ensure full compliance.<sup>207</sup>
- The City of Edmonton has partnered with the Alberta Council of Women's Shelters to help businesses address domestic violence in the workplace. *Family-Business Connect* is designed to "build connections between major businesses and the Alberta Council of Women's Shelters to raise awareness of domestic violence and its impact upon the workplace, the family and the community."<sup>208</sup> Participating businesses are provided with tools, information and support. In turn, they make a commitment to fund and host domestic violence seminars and disseminate information about domestic violence to their employees.

#### **Recommendations:**

- Amend the *Occupational Health and Safety Act*, RSA 2000, c.O-2, to require employers to adopt a specific, government-sanctioned policy on workplace violence. The policy should be detailed and follow the recommendations provided by the Occupational Health and Safety Council of Ontario and the University of Western Ontario's Centre for Research and Education on Violence against Women and Children. The amendments should include a requirement that workplace violence policies addresses violence from all possible sources, including domestic

partners. Require employee assistance programs to receive periodic training in domestic violence and offer trauma-informed services.

- Support *Family-Business Connect* in Edmonton and explore opportunities to fund similar models in other cities in Alberta.

#### **4.2 Limit access to alcohol to reduce rates of violence**

Research has demonstrated a strong association between alcohol use and domestic violence, with evidence suggesting links to both increased occurrence and severity of violence.<sup>209</sup> This correlation is evident in Alberta, where rates of domestic violence are the highest in the nation.<sup>210</sup> When liquor stores were privatized in Alberta in 1993, rates of violence involving alcohol rose dramatically, increasing from 40 per cent to 60 per cent in the year after privatization.<sup>211</sup> Rates of spousal and non-spousal homicides involving alcohol also increased, and Alberta's rates of alcohol-related spousal and non-spousal homicide and general crime are now higher than the national average.<sup>212</sup>

Availability of alcohol has also been growing in Alberta since privatization, increasing from 208 stores in 1993 to 1,240 in 2011.<sup>213</sup> There are now more liquor stores in Alberta than in any province in Canada.<sup>214</sup> This is significant given the association between alcohol consumption and violence. Research shows that liquor outlet density levels affect the level of alcohol consumption, which in turn impacts rates of violence.<sup>215</sup>

Research also suggests that regulating the physical availability of alcohol is effective in reducing alcohol-related harm.<sup>216</sup> Alcohol policies addressing access and availability include: government monopolies; minimum purchase age; limiting the density of alcohol outlets; and limiting hours of sale. Alberta has some of these policies in place, but not to the extent that other provinces do. For example, in Ontario, retail alcohol outlets close at 6 p.m. whereas, in Alberta, liquor stores are permitted to operate until 2 a.m. Alberta also has a lower legal drinking age than many of the other provinces. Strengthening policies around access to alcohol is a potentially promising way of impacting environmental factors that exacerbate domestic violence.

#### **What others are doing:**

- England has developed alcohol policies that are specifically focused on reducing domestic violence,<sup>217</sup> and has created a toolkit to help local communities create their own strategies for reducing alcohol-related harm.<sup>218</sup> As a result, many jurisdictions in England have implemented projects related to alcohol policy that focus on reducing domestic violence.<sup>219</sup>
- The Community Trials Project (CTP) tested a five-component community intervention to reduce alcohol-related harm in California and South Carolina, including policies to reduce the number, location and concentration of alcohol outlets. The trial resulted in a significant reduction in assault rates. “[A]ssault injuries seen in emergency departments in the intervention communities declined

43 per cent compared with the rate seen in the comparison communities, and assault injuries requiring hospitalization declined by two per cent, a statistically significant drop.”<sup>220</sup>

- Many jurisdictions have implemented municipal policies to control the density of alcohol outlets. In the U.S., New Jersey has some of the toughest municipal density controls. The state uses a population-based formula, allowing one off-premise licence per 7,500 municipal residents and one on-premise licence per 3,000 residents.<sup>221</sup> In addition to population-based formulas, municipalities in New Jersey have distance requirements that vary from town to town, ranging from 500 feet between liquor selling establishments (with mandatory relocation for existing outlets) to 2,000 feet from entrance to entrance of establishments with the same licence.<sup>222</sup>
- In an industrial city in Brazil, restricting the hours of alcohol sales significantly impacted homicide and assault rates. When bars and restaurants were required to stop selling alcohol between 11 p.m. and 6 a.m., the homicide rate fell by 47.4 per cent and assaults against women fell by 55 per cent. Because of the success of the policy, another 120 municipalities have now implemented similar policies.<sup>223</sup>
- In the 1980s, Greenland implemented an alcohol rationing system that resulted in a 58 per cent reduction in the number of police call-outs for domestic violence.<sup>224</sup>

#### Recommendations:<sup>viii</sup>

- Review and research liquor regulations, including legal drinking age and on-premise/off-premise outlet hours, to determine whether changes to these regulations could result in decreased violence across the province.
- Amend Section 129(1) section 57(1) of the *Gaming and Liquor Act* (2010) to include a requirement stating that anyone applying for a new retail liquor outlet licence must notify the public of their intent. Requirements pertaining to the content, timing, size and duration of the notice should be stipulated.
- Work with municipalities to educate community members about the avenues available to them for voicing issues and concerns related to new alcohol licencees and alcohol outlet density in their neighbourhoods. Citizens should be encouraged to participate in alcohol liquor licence application hearings.
- Collect, analyze and update existing data about alcohol outlets using a combination of geographic- and population-based formulas. Information about liquor outlet

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<sup>viii</sup> Note: Municipalities have a key role to play in reducing access to alcohol as density controls of liquor store outlets is within their purview. As this paper focused on recommendations for the Government of Alberta, recommendations for municipalities are not included here. For information on municipal strategies for reducing alcohol-related violence, please see *The Role of Alcohol Outlet Density in Reducing Domestic Violence in Alberta* (Wells, L., 2011).

density should be publicly posted by postal code so that the information can be used by citizens and community groups to challenge new applications for liquor outlets in high density areas.<sup>225</sup>

## 5.0 Include prevention measures in legislation and policy

### The issue:

Multiple models and frameworks for prevention identify policy and legislation as a key lever for change.<sup>226</sup> “Policies shape the overall environment for everyone in a community and can enforce new norms, alter environmental factors and align resources toward prevention outcomes. By altering the community-level factors that affect IPV [intimate partner violence], such as the economic climate, health, neighborhood conditions and media marketing practices, policy change can help foster environments in which violence is less likely to occur.”<sup>227</sup> Policy and legislation indicate key priorities for governments and society, and help to direct funding to support those priorities.

Alberta has many policy frameworks that impact families and interconnect with preventing domestic violence. These include: Alberta Mental Health and Addictions Strategy; Alberta Gang Reduction Strategy; Alberta Crime Prevention Framework; Ten Year Plan to End Homelessness; as well as three emergent policy frameworks (Prevention of Bullying Strategy, Ending Child Poverty, and the Social Policy Framework). The Government of Alberta is also in the process of redesigning its Prevention of Family Violence Framework. Addressing the causes and consequences of domestic violence is the responsibility of multiple sectors, and strong intersectoral collaboration and joint planning within government is critical to preventing and reducing domestic violence in Alberta.

### What more can be done:

Based on a review of domestic violence legislation and policy worldwide, Alberta legislation and policy frameworks can be strengthened by:

- Including primary prevention measures in domestic violence-related legislation and policy frameworks
- Expanding the definition of family violence to include dating relationships, as well as emotional and financial abuse

Each of these is explored further below.

### 5.1 Include primary prevention in domestic violence-related legislation and policy

Alberta’s *Protection Against Family Violence Act* focuses on protecting victims of domestic violence from further violence. However, the act does not include an explicit focus on addressing the antecedents or root causes of domestic violence in order to prevent it from happening in the first place. Alberta already has a unique piece of legislation that specifically focuses on primary and secondary prevention: the *Family and Community Support Services (FCSS) Act* establishes a funding partnership between the Government of

Alberta and participating municipalities and Métis settlements to fund services that are “of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity” (Section 2.1(1)(a)). A groundbreaking act, FCSS legislation ensures that preventive services are funded throughout Alberta.

This strong emphasis on prevention could also be reflected in the *Protection Against Family Violence Act* to further signal the importance of addressing the root causes of domestic violence in order to stop it from happening in the first place. The act could be strengthened in two ways: First, the word “prevention” could be added to the title to indicate the importance of coupling “protection” and intervention with primary prevention efforts. Second, the act’s preamble could be strengthened by adding a focus on primary prevention. Increasingly, preambles are used in legislation as a way to communicate intent and articulate the values and aspirations that underlie the legislation.<sup>228</sup> Emphasizing the importance of primary prevention in an act designed to address domestic violence is an important way to influence the discourse around this issue in Alberta. By including a focus on primary prevention in the *Protection Against Family Violence Act*, the Government of Alberta sends a clear message to the larger community that domestic violence *can* be prevented, and that prevention is a key priority on the public agenda.

#### What others are doing:

- Domestic violence legislation in some jurisdictions in Canada, the United States and countries around the world include the word “prevention” in their titles; however, primary prevention is not reflected in the content or preamble of any of these statutes.
- Out of 19 national, provincial and/or state Domestic Violence/Family Violence/Violence Against Women policy frameworks/action plans identified throughout the world, six included primary prevention research and initiatives. These are:
  - **Alaska:** Alaska’s plan stipulates that, by 2014, health education standards will be adopted that promote healthy relationships in accordance with evidence-based guidelines for kindergarten to grade 12.<sup>229</sup>
  - **Australia:** As part of its larger Violence Against Women Action Plan, one of the strategies articulated was the development of a national primary prevention framework that prioritizes key settings and population groups in which to coordinate primary prevention activities. In addition to this, a number of other policies have been developed to prevent violence, such as implementation of healthy relationship education into the national curriculum.<sup>230</sup>
  - **New Zealand:** New Zealand’s plan focuses on the promotion of a healthy public policy aimed at reducing inequality and socio-economic disparities.<sup>231</sup>

- **Newfoundland:** As part of its policy and legislation strategy, the provincial government proposes that the Department of Education implement healthy relationship, anti-violence and diversity training into its provincial curriculum.<sup>232</sup>
- **Turkey:** As part of its improved legislation and policy to address gender inequality, Turkey has identified the need to ensure the legal arrangements on parental leave so to portion out the child-care responsibilities between the mother and father (as per the European Union directives).<sup>233</sup>
- **Wales:** Wales has implemented policies that oppose corporal punishment of children, and has developed a Parenting Action Plan to further this specific agenda.<sup>234</sup>

### **Recommendations:**

- Strike a committee to review existing legislation (including the *Protection Against Family Violence Act*, the *Child*, the *Youth and Family Enhancement Act*, and the *Family and Community Support Services Act*) to identify ways to strengthen primary prevention measures in order to reduce the prevalence and incidence of domestic violence in Alberta.
- Amend the *Protection Against Family Violence Act* to explicitly include a focus on primary prevention in the preamble. The title of the act should also be amended to include the word “prevention.”
- Review all relevant Government of Alberta policy frameworks to identify ways to strengthen primary prevention of domestic violence across ministries.
- Include primary prevention policies and initiatives in the redesign of the Government of Alberta Family Violence Framework.

### **5.2 Expand the definition of family violence in legislation to include dating relationships, as well as emotional and financial abuse**

Some of the definitions provided in Alberta’s *Protection Against Family Violence Act* are too narrow to support effective primary prevention of domestic violence. For example, the protections afforded by the act apply only to *family members*, who, as defined by the act, include “current and former common-law spouses, parents, children, persons who reside together where one of the persons has care and custody over the other, and persons who are related to each other by blood, marriage or adoption or by virtue of an adult interdependent relationship” (section 1(1)(d)). This definition excludes persons who are or have been in dating or other intimate relationships in which domestic violence also occurs. Another key limitation of the *Protection Against Family Violence Act* is that it does not



define “family violence” to include financial and emotional or psychological abuse, all of which are recognized and prevalent forms of abuse.

**What others are doing:**

- Manitoba includes dating relationships in its family/domestic violence legislation, sending a message that dating violence is not tolerated (see the *Domestic Violence and Stalking Prevention, Protection and Compensation Act*, CCSM c D93, section 2(1)(d).)
- In its domestic violence legislation, Nunavut’s definition of “family violence” includes emotional and financial abuse. This helps to send the message that these forms of abuse are not tolerated (see the *Family Abuse Intervention Act*, SNU 2006, c 18, section 3(1)(e), (f), (g)).

**Recommendations:**

- Amend Alberta’s *Protection Against Family Violence Act* to include dating relationships in the definition of “family violence” (section 1(1)(d)) and to allow Emergency Protection Orders (EPOs), Queen’s Bench Protection Orders (QBPOs) and related orders for no contact, counselling, etc. to be made in the context of dating relationships.
- Amend the *Protection Against Family Violence Act* to expand the definition of “family violence” to include emotional and financial abuse (section 1(1)(e)), and to allow EPOs, QBPOs and related orders for no contact, counselling, etc. to be made in these circumstances.

**6.0 Establish a comprehensive system for collecting data and monitoring domestic violence in Alberta**

**The issue:**

Lack of consistent information about the number of women, men and children affected by domestic violence constrains primary prevention of domestic violence in at least three ways: 1) it contributes to an inability to gauge the magnitude of domestic violence in relation to other health problems; 2) it limits the ability to identify the most at-risk populations that might benefit from focused interventions or increased service provision; and 3) it hinders the ability to monitor the incidence and prevalence of domestic violence which, in turn, restricts the potential to monitor and evaluate the effectiveness of prevention and intervention strategies.<sup>235</sup>

Lack of accurate data about the prevalence, incidence and etiology of domestic violence has also limited the nature and scope of prevention initiatives. This is exacerbated by a



dearth of quality evaluation data. Prevention of domestic violence requires a sound understanding of what works, when, and for whom.<sup>236</sup>

**What more can be done:**

Research suggests that the following strategies could help to improve domestic violence monitoring and surveillance in Alberta:

- Develop a robust data collection system to more accurately track prevalence of domestic violence across Alberta
- Develop an integrated and outcomes-based management and accountability framework that supports research, evaluation and continuous improvement

Each of these is discussed further below.

**6.1 Develop a robust data collection system to more accurately track prevalence of domestic violence across Alberta**

Health policy research calls for the systematic collection of information to support the creation, testing and implementation of prevention strategies directed at domestic violence.<sup>237</sup> In addition to incidence, prevalence, morbidity and mortality data, information should be gathered on the cost-effectiveness of prevention strategies so that policy-makers have the information they need to allocate resources to strategies that actually move the needle on domestic violence.<sup>238</sup>

In addition to accurate counts and estimates of the incidence and prevalence of domestic violence, economists and policy analysts argue that there needs to be an emphasis on gathering of consistent and uniform information about the myriad services and supports used by both perpetrators and victims of domestic violence.<sup>239</sup> The gathering of this information helps to highlight the associated costs of domestic violence—costs that could be reduced through effective primary prevention strategies.<sup>240</sup>

**What others are doing:**

- In Canada, Statistics Canada’s *General Social Survey, Victimization*, gathers data on violence against women and children on five-year cycle. The Victimization Survey captures Canadians’ personal experiences of eight offence types, examines risk factors associated with victimization, examines reporting rates to police, measures the nature and extent of spousal violence, measures fear of crime, and examines public perceptions of crime and the criminal justice system.<sup>241</sup> However, the survey findings are limited in that the sampling sizes do not always allow for in-depth analysis of all the data at the local level and some analysis is not possible at the provincial level. In addition, the survey is only administered every five years.

- At least 40 states in the U.S. have adopted the *Youth Behavioural Risk Survey* developed by the Centers for Disease Control and Prevention (CDC) to determine risk behaviours among high school student populations. The findings are used by the CDC, state and district governments, and individual schools to monitor changes in behaviours and develop school-based violence prevention and intervention strategies.<sup>242</sup>
- In 2010, the U.S. National Center for Injury Prevention and Control, Division of Violence Prevention, launched the *National Intimate Partner and Sexual Violence Survey*, an annual study that will gather information on: the prevalence and characteristics of sexual violence, stalking and domestic violence; who is most likely to experience these forms of violence; the patterns and impact of the violence experienced by specific perpetrators; and the health consequences of these forms of violence.
- Since 2000, the Danish National Institute of Public Health has documented trends in gender-based violence in Denmark using a database that is designed to capture information about the profile of victims, the profile of perpetrators, supports provided to victims, interventions for perpetrators, training of professionals, state measures to eliminate violence against women, and evaluation data.<sup>243</sup>

#### **Recommendations:**

- Develop a minimum data set with standards, definitions and collecting and reporting protocols for police, health, education, justice, child welfare, shelters and other service providers in the community.
- Establish a partnership with relevant research institutions to develop the required research protocols for those components of the *Prevention of Family Violence and Bullying Initiative* that require longitudinal analysis.
- Administer an enhanced version of the *General Social Survey on Victimization* to Albertans every five years. The enhanced survey would sample sufficient Albertans to allow for deep analysis of data from the larger municipalities and provide more comprehensive prevalence and incidence data for the entire province. The survey could be supplemented with additional variables to capture dating violence, bullying, child marriage, female genital mutilation and sex trafficking, and include a larger sample of adolescent respondents (the existing survey is administered to individuals aged 15 years and over).
- Review the *Albertans' Perceptions of Family Violence and Bullying Survey*<sup>244</sup> to ensure that the data collected can help to inform the policy and strategy around the prevention of domestic violence.
- Mandate the collection of demographic data to be collected in all PAFVA applications and hearings, and in all domestic violence cases that are investigated,

prosecuted and heard in provincial courts, in order to gather statistics on domestic violence and assess how the justice system is responding to domestic violence in the province for particular groups and persons (e.g., immigrants and refugees, Aboriginals, persons with disabilities, Lesbian, Gay, Bisexual, Transgendered, Two-Spirited, Queer or Questioning (LGBT2SQ) etc.)

## **6.2 Develop an integrated and outcomes-based management and accountability framework that supports research, evaluation and continuous improvement**

The need for appropriate and ongoing monitoring and evaluation of domestic violence prevention plans has been identified as a key component to the establishment, success and sustainability of domestic violence prevention efforts.<sup>245</sup> This ongoing and purposeful monitoring is essential for both accountability and course-correction over time. A comprehensive evaluation captures the process of implementation as well as the actual outcome measures in order to tell the complete story of how the plan was implemented and whether or not the outcomes from the plan were met.<sup>246</sup>

### **What others are doing:**

- In 2007, the Family Violence Initiative (FVI), led by the Public Health Agency of Canada (PHAC), implemented an umbrella *Results-based Management and Accountability Framework* (RMAF) to support measurement and reporting on outcomes throughout the lifecycle of the initiative. The RMAF includes a logic model which outlines immediate outcomes (e.g., expanded inventory of accessible information and resources), intermediate outcomes (e.g., increased capacity of stakeholders/communities to respond to domestic violence issues), and the ultimate outcome of “contribution to the reduction of family violence in Canada.” The findings of the first report (released in 2010) were based on performance information provided to the Public Health Agency of Canada by member departments against the outcomes specified in the RMAF. Within the report, evaluation results of specific activities and/or programs are also detailed.<sup>247</sup>
- The Danish National Institute of Public Health has documented trends in gender-based violence in Denmark since 2000.<sup>248</sup> In 2007, it released a report entitled *Men’s Violence Against Women: Extent, Characteristics and the Measures Against Violence—2007*. This report details not only current trends and rates of prevalence and incidence, it also identifies the measures taken by the Danish government to address the seven European Union indicators as agreed upon by the single members states. The 2007 report detailed the nature and extent of domestic violence, and provided information on the measures and methods implemented by the state to address this significant social issue.
- The *National Council’s Plan of Action* (Australia) has identified the need for ongoing monitoring and accountability of its 2012–2021 plan to reduce violence against women and their children.<sup>249</sup> In order to ensure that this happens, they have

proposed the development of a centralized and independent body (the National Center of Excellence for the Prevention of Violence Against Women) to lead and coordinate monitoring and accountability efforts. In addition to ensuring the evaluation, monitoring and review of the national plan, the National Council also envisions that the center will: 1) provide a national resource for the development of policy and benchmarks; 2) develop and promote “gold standard” practices to reduce violence against women and their children; and 3) establish alliances with international observatories to grow and expand the nation’s knowledge base in this issue.

**Recommendations:**

- Develop an integrated outcomes-based management and accountability framework to track the performance and outcomes associated with the implementation of best practice programs and strategies identified in the framework to prevent domestic violence. Outcomes should be measured within the context of provincial trends, drawing on data from various systems including police, health, education, child welfare, shelters (as per the recommendation in 6.1, above.)
- Identify or create an independent, centralized body that could not only lead and coordinate monitoring and accountability efforts, but also help to document and promote “gold standard” practices in the prevention of domestic violence.
- Invest in research and evaluation to identify promising practices and to integrate learnings into practice and policy.

## Conclusion

*“We are still standing on the brink of the river, rescuing people who are drowning. We have not gone to the head of the river to keep them from falling in. That is the 21<sup>st</sup> century task.”*  
– Gloria Steinem

Over the past two decades, Alberta has made significant gains in developing a solid crisis-response model for domestic violence. However, the negative social, health and economic impacts of domestic violence are far too great to limit our focus to intervening only *after* violence has occurred. Similar efforts must now be made to implement an equally robust model for the *prevention* of domestic violence in this province. By making prevention a priority and leading the way with evidence-informed policy, legislation and resource allocation, the Government of Alberta can play a pivotal role in significantly reducing and ultimately ending domestic violence in Alberta.

Because of the scale and complexity of domestic violence, prevention requires a multi-faceted, comprehensive and long-term approach. Research suggests that the following areas are key levers for change: 1) preventing violence against children in the home; 2) supporting the development of healthy relationship skills among young people; 3) supporting the development of healthy community norms; 4) supporting the development of healthy, non-violent environments; 5) enacting legislation and policy that places a strong emphasis on prevention; and 6) developing robust mechanisms for data collection, monitoring, accountability and continuous improvement. By targeting these six areas with resources, leadership and political support, the Government of Alberta can help to end domestic violence in this province, laying the foundation for a safer, more just Alberta. This is the work of the 21<sup>st</sup> century, and Alberta is poised to lead the way.

## Glossary of Terms

**Domestic violence:** “The attempt, act or intent of someone within a relationship, where the relationship is characterized by intimacy, dependency or trust, to intimidate either by threat or by the use of physical force on another person or property. The purpose of the abuse is to control and/or exploit through neglect, intimidation, inducement of fear or by inflicting pain. Abusive behaviour can take many forms including, verbal, physical, sexual, psychological, emotional, spiritual, economic and the violation of rights. All forms of abusive behaviour are ways in which one human being is trying to have control and/or exploit or have power over another.”<sup>250</sup> Although domestic violence impacts both genders, the violence perpetrated against women tends to be more severe than violence perpetrated against men.<sup>251</sup>

**Evidence-based:** The term evidence-based was first developed in the sphere of medicine and was defined as “integration of best research evidence with clinical expertise and patient values.”<sup>252</sup> In the context of social programs, services and supports, “evidence-based” refers to the use of high-quality evidence (e.g., randomized controlled trials) to develop, test and modify programs and services so that they are achieving the outcomes they are intended to achieve.

**Gender-Based Approach:** “Policies, programs and initiatives are assessed based on gender in order to respond to the different situations and experiences of women and men and boys and girls.”<sup>253</sup>

**Immigrant:** “Persons residing in Canada who were born outside of Canada, excluding temporary foreign workers, Canadian citizens born outside Canada and those with student or working visas.”<sup>254</sup>

**Intimate partners:** “‘Opposite-sex or same-sex partners’ in current and former dating relationships, current and former common-law relationships, current and former married relationships, and persons who are the parents of one or more children, regardless of their marital status or whether they have lived together at any time.”<sup>255</sup>

**On- and Off-Premise Liquor Outlets:** At an on-premise outlet, alcohol is bought and consumed on premise. At an off-premise outlet, alcohol that is purchased must be consumed off the premises.

**Primary prevention:** Primary prevention in this context means reducing the number of new instances of domestic violence by intervening before any violence has occurred. Primary prevention “relies on identification of the underlying, or ‘upstream’, risk and protective factors for intimate-partner violence and/or sexual violence, and action to address those factors.”<sup>256</sup>

**Refugee:** “A person who is outside of his or her country of nationality and has a well-founded fear of persecution for reasons of race, religion, nationality, membership in a

particular social group or political opinion, and who is unable or, because of that fear, unwilling to seek the protection of that country.”<sup>257</sup>

**Temporary Foreign Worker:** “A foreign national who has been authorized to enter and remain in Canada, on a temporary basis, as a worker.”<sup>258</sup>

## Endnotes

- <sup>1</sup> See, for example, Tutty, L.; Koshan, J.; Jesso, D.; Nixon, K. 2005. *Alberta's Protection Against Family Violence Act: A Summative Evaluation. Final Report.* (Calgary, AB: University of Calgary, RESOLVE).
- <sup>2</sup> See, for example, Moore, K.A.; Whitney, C.; Kinkawa, A. 2009. *Exploring the Links Between Family Strengths and Adolescent Outcomes.* Child Trends Research Brief #2009-20. (Washington, DC: Child Trends); Aufseeser, D.; Jekielek, S.; Brown, B. 2006. *The Family Environment and Adolescent Well-Being: Exposure to Positive and Negative Family Influences.* (Washington, D.C.: Child Trends; and San Francisco, CA: National Adolescent Health Information Center, University of California, San Francisco); Aufseeser, D.; Jekielek, S.; Brown, B. 2006. Benson, M. 2004. "Parent-adolescent relations and adolescent functioning: Self-esteem, substance abuse, and delinquency." *Adolescence*, 39(155), 519-530; Hoghughi, M. 1998. "The importance of parenting in child health." *British Medical Journal*, 316, 1545-1550.
- <sup>3</sup> See, for example, Wood, S.L.; Sommers, M.S. 2011. "Consequences of intimate partner violence on child witnesses: A systematic review of the literature." *Journal of Child and Adolescent Psychiatric Nursing*, 24(4), 223-236; Temcheff, C.E.; et al. 2008. "Continuity and pathways from aggression in childhood to family violence in adulthood: A 30-year longitudinal study." *Journal of Family Violence*, 23(4) 231-242; Ehrensaft, M.K.; et al. 2003. "Intergenerational transmission of partner violence: A 20-year prospective study." *Journal of Consulting and Clinical Psychology*, 71(4), 741-753; Whitfield, C.L.; et al. 2003. "Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization." *Journal of Interpersonal Violence*, 18(2), 166-185.
- <sup>4</sup> See, for example, Feldan, C.M. 2000 Gewirtz, A.; Edelson, J.L. 2004. "Toward a developmental risk and resilience framework for research and intervention." Paper #6, Early Childhood, Domestic Violence, and Poverty: Helping Young Children and Their Families. (Iowa City, Iowa: School of Social Work, University of Iowa).
- <sup>5</sup> Durlauf S.N.; Blume L.E. 2008. *New Palgrave Dictionary of Economics, Second Edition.* London, Macmillan.
- <sup>6</sup> World Health Organization. 2002. *World Report on Violence and Health*, Geneva. Available at [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/)
- <sup>7</sup> See, for example, Sierra Systems Consultants Inc. 2006. *Women's Emergency Shelter Program Review: Final Report.* Prepared for Alberta Children's Services. Available at <http://www.acws.ca/documents/womensemergencysHELTERprogramreview2006.pdf>; Alberta Council of Women's Shelters. 2004. *ACWS Position on Supports for Independence (SFI).* Available at <http://www.acws.ca/documents/ACWSPOSITIONONSFI.pdf>.
- <sup>8</sup> Statistics Canada. 2011. "Violent victimization of Aboriginal women in the Canadian provinces, 2009." Available at <http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.htm>
- <sup>9</sup> In Canada, exposure to domestic violence was the primary category of abuse in 34% of maltreatment investigations in 2008. See: Public Health Agency of Canada. *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings.* Ottawa, 2010. Available at <http://www.phac-aspc.gc.ca/nCFV-cnivf/pdfs/nfnts-cis-2008-rprt-eng.pdf>
- <sup>10</sup> See, for example, Maas, C. Herrenkohl, T.I.; Sousa, C. 2008. "Review of research on child maltreatment and violence in youth." *Trauma, Violence, & Abuse*, 9(1), 56-67; Baldry, A.C. 2003. "Bullying in schools and exposure to intimate partner violence." *Child Abuse & Neglect*, 27, 713-732.
- <sup>11</sup> See, for example, Cooney, C. 2004. "Battered mothers who physically abuse their children." *Journal of Interpersonal Violence*, 9(8), 943-952; Margolin, G.; et al. 2003. "The co-occurrence of husband-to-wife aggression, family-of-origin aggression, and child abuse potential in a community sample: Implications for parenting." *Journal of Interpersonal Violence*, 18(4), 413-440.
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<sup>13</sup> Whitfield C.L.; et al. 2003. “Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization.” *Journal of Interpersonal Violence*, 18(2), 166–185.

<sup>14</sup> Maas, C. Herrenkohl, T.I.; Sousa, C. 2008. “Review of research on child maltreatment and violence in youth.” *Trauma, Violence, & Abuse*, 9(1), 56-67.

<sup>15</sup> Gershoff, E.T. 2010. “More harm than good: A summary of scientific research on the intended and unintended effects of corporal punishment on children.” *Law and Contemporary Problems*, 73, 31-46.

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<sup>17</sup> Graham-Bermann, S. A.; Brescoll, V. 2000. “Gender, power and violence: Assessing the family stereotypes of the children of batterers.” *Journal of Family Psychology*, 14(4), 600–612.

<sup>18</sup> See, for example, Levendosky, A.A.; Huth-Bocks, A.C.; Semel, M.A. 2002. “Adolescent peer relationships and mental health functioning in families with intimate partner violence.” *Journal of Clinical Child Psychology*, 31(2), 206–218.

<sup>19</sup> Goldblatt, H. 2003. “Strategies of coping among adolescents experiencing interparental violence.” *Journal of Interpersonal Violence*, 18(2), 532–552.

<sup>20</sup> Straus, M.A. 2001. *Beating the devil out of them: Corporal punishment in American families and its effects on children*. (New Brunswick, NJ, US: Transaction Publishers).

<sup>21</sup> Gershoff, E.T. 2010. “More harm than good: A summary of scientific research on the intended and unintended effects of corporal punishment on children.” *Law and Contemporary Problems*, 73, 31-46.

<sup>22</sup> Gamez-Guadix, M.; et al. 2010. “Corporal punishment and long-term behavior problems: The moderating role of positive parenting and psychological aggression.” *Psicothema*, 22(4), 529-536; Straus, M.A. 2008. “The special issue on prevention of violence ignores the primordial violence.” *Journal of Interpersonal Violence*, 23, 1314-1320; Gámez-Guadix, M.; Straus, M.A. 2008. Childhood and adolescent victimization and sexual coercion and assault by male and female university students. (Durham, NH: Family Research Laboratory, University of New Hampshire); Grogan-Kaylor, A. 2004. “The effect of corporal punishment on antisocial behavior in children.” *Social Work Research*, 28, 153-162.

<sup>23</sup> Leary, C.E.; et al. 2008. “Parental use of physical punishment as related to family environment, psychological well-being, and personality in undergraduates.” *Journal of Family Violence*, 23(1), 1-7; Turner, H.A; Muller, P.A. 2004. “Long-term effects of child corporal punishment on depressive symptoms in young adults: Potential moderators and mediators.” *Journal of Family Issues*, 25, 761-782;

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<sup>29</sup> Durrant, J.E.; Ensom, R.; Coalition on Physical Punishment of Children and Youth. 2004. *Joint Statement on Physical Punishment of Children and Youth*. (Ottawa, ON: Coalition on Physical Punishment of Children and Youth). Available at: [http://www.cpha.ca/uploads/progs/\\_safeschools/joint\\_statement\\_e.pdf](http://www.cpha.ca/uploads/progs/_safeschools/joint_statement_e.pdf)

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<sup>32</sup> See, for example, *Partnering with Parents*. Available at: <http://www.instituteforsafefamilies.org/materials.php>

<sup>33</sup> *Föräldrabalk [FB] Code Relating to Parents, Guardians, and Children*, 1979. <https://wcd.coe.int/ViewDoc.jsp?id=1008209>

<sup>34</sup> See, for example, Fallon, B.; et al. 2011. "Characteristics of young parents investigated and opened for ongoing services in child welfare." *International Journal of Mental Health Addiction*, 9(4), 365-381; Lee, Y. 2009. "Early motherhood and harsh parenting: The role of human, social, and cultural capital." *Child Abuse & Neglect*, 33(9), 625-637; Hoffman, S.D. 2006. *By the Numbers: The Public Costs of Adolescent Childbearing*. (Washington, DC: The National Campaign to Prevent Teen Pregnancy); Zelenko, M.A.; et al. 2001. "Poor adolescent expectant mothers: Can we assess their potential for child abuse?" *Journal of Adolescent Health*, 29, 271-278; Barber, J.S.; Axinn, W.G.; Thornton, A. 1999. "Unwanted childbearing, health, and mother-child relationships." *Journal of Health and Social Behavior*, 40, 231-257.

<sup>35</sup> See, for example, Fallon, B.; et al. 2011. "Characteristics of young parents investigated and opened for ongoing services in child welfare." *International Journal of Mental Health Addiction*, 9(4), 365-381; Lee, Y. 2009. "Early motherhood and harsh parenting: The role of human, social, and cultural capital." *Child Abuse & Neglect*, 33(9), 625-637; Hoffman, S.D. 2006. *By the Numbers: The Public Costs of Adolescent Childbearing*. (Washington, DC: The National Campaign to Prevent Teen Pregnancy); Zelenko, M.A.; et al. 2001. "Poor adolescent expectant mothers: Can we assess their potential for child abuse?" *Journal of Adolescent Health*, 29, 271-278; Barber, J.S.; Axinn, W.G.; Thornton, A. 1999. "Unwanted childbearing, health, and mother-child relationships." *Journal of Health and Social Behavior*, 40, 231-257.

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<sup>37</sup> Sidebotham, P.; Heron, J.; ALSPAC Study Team. 2003. "Child maltreatment in the 'children of the nineties': The role of the child." *Child Abuse and Neglect*, 27(3), 337-352.

<sup>38</sup> (Based on 2007 statistics). Alberta Health Services. 2010. Get the Facts On... Teen Pregnancy, Sexually Transmitted Infections (STI), HIV and AIDS, and Teen Sexuality. Sexual and Reproductive Health.

<sup>39</sup> Kohler, P.K.; Manhart, L.E. Lafferty, W.E. 2008. Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal of Adolescent Health*. 42(4): 344-351. Available at [http://www.jahonline.org/article/S1054-139X\(07\)00426-0/abstract](http://www.jahonline.org/article/S1054-139X(07)00426-0/abstract)

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<sup>41</sup> Alberta Learning. 2002. *Career and Life Management*. Available at <http://education.alberta.ca/media/313385/calm.pdf>

<sup>42</sup> Section 11.1 of the *Alberta Human Rights Act*, RSA 2000, c.A-25.5, states: " A board as defined in the School Act shall provide notice to a parent or guardian of a student where courses of study, educational programs or instructional materials, or instruction or exercises, prescribed under that Act include subject-matter that deals primarily and explicitly with religion, human sexuality or sexual orientation. (2) Where a teacher or other person providing instruction, teaching a course of study or educational program or using the instructional materials referred to in subsection (1) receives a written request signed by a parent or guardian of a student that the student be excluded from the instruction, course of study, educational program or use of instructional materials, the teacher or other person shall in accordance with the request of the parent or guardian and without academic penalty permit the student (a) to leave the classroom or place where the instruction, course of study or educational program is taking place or the instructional materials are being used for the

duration of the part of the instruction, course of study or educational program, or the use of the instructional materials, that includes the subject-matter referred to in subsection (1), or (b) to remain in the classroom or place without taking part in the instruction, course of study or educational program or using the instructional materials. (3) This section does not apply to incidental or indirect references to religion, religious themes, human sexuality or sexual orientation in a course of study, educational program, instruction or exercises or in the use of instructional material." Available at: <http://www.qp.alberta.ca/documents/Acts/A25P5.pdf> See also: [http://www.education.alberta.ca/media/6542444/guidetoed\\_2011-2012.pdf](http://www.education.alberta.ca/media/6542444/guidetoed_2011-2012.pdf)

<sup>43</sup> See <http://www.teachingsexualhealth.ca/teacher/resources/regionalresources.html>

<sup>44</sup> United Nations Statistics Division. 2006. *Demographic Yearbook 2006*. (New York, NY: United Nations).

<sup>45</sup> Trenholm, C.; et al. 2007. *Impacts of Four Title V, Section 1510 Abstinence Education Programs: Final Report*. (Trenton, NJ: Mathematica Policy Research Inc.)

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<sup>48</sup> See The Library of Congress. Bill Summary and Status, 112<sup>th</sup> Congress (2011-2012), H.R. 2678 and S. 1437. Available at <http://thomas.loc.gov/cgi-bin/bdquery/z?d112:h2678>, accessed March 5, 2012; H.R. 2678: Communities of Color Teenage Pregnancy Prevention Act of 2011. Available at <http://www.govtrack.us/congress/bill.xpd?bill=h112-2678>, accessed March 5, 2012.

<sup>49</sup> Teenage pregnancy strategy: beyond 2010, [http://www.education.gov.uk/consultations/downloadableDocs/4287\\_Teenage%20pregnancy%20strategy\\_aw8.pdf](http://www.education.gov.uk/consultations/downloadableDocs/4287_Teenage%20pregnancy%20strategy_aw8.pdf)

<sup>50</sup> Health Canada. 2008. Canadian Guidelines for Sexual Health Education. Available at <http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/index-eng.php>

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<sup>55</sup> See, for example, Fang, X.; Corso, P.S. 2007. "Child maltreatment, youth violence, and intimate partner violence." *American Journal of Preventive Medicine*, 33(4), 281-290.

<sup>56</sup> See, for example, Renner, L.M.; Slack, K.S. 2006. "Intimate partner violence and child maltreatment: Understanding the intragenerational and intergenerational connections." *Child Abuse & Neglect*, 30, 599-617; Dong, M.; et al. 2004. "The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction." *Child Abuse & Neglect*, 28, 771-784.

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<sup>58</sup> Trocmé, N.; *et al.* 2010. *Canadian Incidence of Reported Child Abuse and Neglect 2008: Major Findings*. (Ottawa, ON: Public Health Agency of Canada).

<sup>59</sup> Trocmé, N.; *et al.* 2010. *Canadian Incidence of Reported Child Abuse and Neglect 2008: Major Findings*. (Ottawa, ON: Public Health Agency of Canada).

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<sup>61</sup> Borrowing from the U.S. *Patient Protection and Affordable Care Act*, evidence-based home visitation programs are those which: (i) employ professional staff such as nurses or social workers; (ii) are associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and (iii) demonstrate fidelity to a home visitation model that has been in existence for at least three years; has been evaluated using a well-designed and rigorous randomized controlled trial (RCT) and the evaluation results have been published in a peer-reviewed journal; and for which, one or more RCT evaluations have demonstrated significant and sustained positive child abuse and intimate partner violence outcomes.

<sup>62</sup> A maximum of 60 home visits are conducted by nurses over two years, beginning in the prenatal period. Nurses follow a detailed, visit-by-visit guide that provides information on tracking dietary intake; reducing cigarette, alcohol, and illegal drug use; identifying symptoms of pregnancy complications and signs of children's illnesses; communicating with health care professionals; promoting parent-child interactions; creating safe households; and considering educational and career options. Olds, D.L. 2008. "Preventing child maltreatment and crime with prenatal and infancy support of parents: The Nurse-Family Partnership." *Journal of Scandinavian Studies in Criminology and Crime Prevention*, 9(S1), 2-24; SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), Program review July 2008.

<sup>63</sup> See, for example, Family Violence Prevention Foundation. 2010. *Realizing the Promise of Home Visitation: Addressing Domestic Violence and Child Maltreatment. A Guide for Policy Makers*. (San Francisco, CA: Family Violence Prevention Fund).

<sup>64</sup> Karoly, LA. Kilburn, RM. Canon, J. 2005. *Early Childhood Interventions: Proven Results, Future Promise*. Available at [http://www.rand.org/pubs/monographs/2005/RAND\\_MG341.pdf](http://www.rand.org/pubs/monographs/2005/RAND_MG341.pdf)

<sup>65</sup> Evidence-based parenting programs are those which: (i) employ professional staff such as nurses or social workers; (ii) are associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and (iii) demonstrate fidelity to a parenting or family strengthening model that has: been in existence for at least three years; been evaluated using a well-designed and rigorous randomized controlled trial (RCT) and the evaluation results have been published in a peer-reviewed journal; and where one or more RCT evaluations have demonstrated significant and sustained positive child abuse outcomes.

<sup>66</sup> See, for example, Mikton, C.; Butchart, A. 2009. "Child maltreatment prevention: A systematic review of reviews." *Bulletin of the World Health Organization*, 87, 353-361; Lundahl, B.W.; Nimer, J. 2006. "Preventing child abuse: A meta-analysis of parent training programs." *Research on Social Work Practice*. 16(3), 251-262.

<sup>67</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), available at <http://www.modelprograms.samhsa.gov>.

<sup>68</sup> Prinz, R.J.; *et al.* 2009. "Population-based prevention of child maltreatment: The U.S. Triple P system population trial." *Prevention Science*, 10(1), 1-12.

<sup>69</sup> Palusci, V.J.; *et al.* 2008. "Changes in parenting attitudes and knowledge among inmates and other at-risk populations after a family nurturing program." *Children and Youth Services Review*, 30(1), 79-89.

<sup>70</sup> Bullock, L. Sharps, P. 2011. Domestic violence within the context of home visiting: Eight lessons from the DOVE Intervention. *Futures Without Violence*. Available at: <http://futureswithoutviolence.org/health/ejournal/2011/04/domestic-violence-within-the-context-of-home-visitingeight-lessons-from-the-dove-intervention/>

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- <sup>72</sup> Bullock, L. Sharps, P. 2011. Domestic violence within the context of home visiting: Eight lessons from the DOVE Intervention. *Futures Without Violence*. Available at: <http://futureswithoutviolence.org/health/ejournal/2011/04/domestic-violence-within-the-context-of-home-visitingeight-lessons-from-the-dove-intervention/>
- <sup>73</sup> See <http://nfp.mcmaster.ca/index.html>
- <sup>74</sup> Olds, D.L. 2008. "Preventing child maltreatment and crime with prenatal and infancy support of parents: The Nurse-Family Partnership." *Journal of Scandinavian Studies in Criminology and Crime Prevention*, 9(S1), 2-24; SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP), Program reviewed July 2008.
- <sup>75</sup> Van De Korput, J. 2010. *Netherlands Violence Strategy Summary*. (KP the Hague, Netherlands: Bernard Van Leer Foundation).
- <sup>76</sup> Pew Center on the States. *Federal Health Care Reform Legislation, Home Visiting Summary*, updated March 22, 2010. Available at <http://www.health.state.mn.us/divs/fh/mch/fhv/documents/PEWHVSummary.pdf>.
- <sup>77</sup> Chamberlain, L. Levenson, R. 2011. *Healthy Moms, Healthy Babies: A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed*. Futures Without Violence. Available at [http://www.futureswithoutviolence.org/userfiles/file/HealthCare/HV\\_Trainer%27s\\_Guide\\_Low\\_Res\\_FINAL.pdf](http://www.futureswithoutviolence.org/userfiles/file/HealthCare/HV_Trainer%27s_Guide_Low_Res_FINAL.pdf)
- <sup>78</sup> Personal communication. Linda Chamberlain. 24 May 2012.
- <sup>79</sup> [http://www.parentlinkalberta.ca/publish/docs/TriplePNewsRelease\\_2010.pdf](http://www.parentlinkalberta.ca/publish/docs/TriplePNewsRelease_2010.pdf)
- <sup>80</sup> Du-Mont, K., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., Rodriquez, M., Dorabawila, V. 2008. Healthy Families New York randomized trial: Effects on early child abuse and neglect. *Child Abuse and Neglect*, 32, 295-315.
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sexually assaulted, beaten, choked or threatened with a gun or a knife by their partner or ex-partner in the previous 5 years (*Family Violence in Canada: A Statistical Profile, 2011*. Available at <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2010000-eng.pdf>). Women were also three times as likely to be killed by their spouse (ibid).

<sup>252</sup> Institute of Medicine. 2001. *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.

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<sup>255</sup> Alberta Justice. 2008. *Domestic Violence handbook for Police and Crown Prosecutors*. (Edmonton, AB: Government of Alberta).

<sup>256</sup> World Health Organization. 2007. "Primary Prevention of Domestic Violence and Sexual Violence: Background paper for WHO expert Meeting May 2-3."

<sup>257</sup> [http://www.peianc.com/sitefiles/File/resources/law\\_modules/02-ImmigrationLaws-May09.pdf](http://www.peianc.com/sitefiles/File/resources/law_modules/02-ImmigrationLaws-May09.pdf)

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## **Appendix A: Review Panel**

Early drafts of this paper were vetted by the following reviewers and changes were made as a result of their feedback.

Dr. Robbie Babins-Wagner, PhD, RSW

Chief Executive Officer, Calgary Counselling Centre, Adjunct Professor, Faculty of Social Work, University of Calgary

Dr. Linda Chamberlain, PhD, MPH

Founding Director of the Alaska Family Violence Prevention Project

Jennifer Koshan, BSc, LLB, LLM,

Associate Professor, Faculty of Law, University of Calgary



## **Appendix B: Recommendations from the Alberta Federation of Labour Advocate**

*Entrenching Exploitation: the Second Report of the Alberta Federation of Labour Advocate*<sup>i</sup> outlines 21 recommendations to address issues related to the exploitation and abuse of Temporary Foreign Workers. Five recommendations are specifically directed to the Government of Alberta, with an additional recommendation directed to all levels of government. The remainder are directed to the Government of Canada. They are included here because, as the province with the highest use of the Temporary Foreign Workers,<sup>i</sup> Alberta has a key role to play in lobbying the federal government for changes to the Temporary Foreign Workers Program (TFWP). (Note: The recommendations are presented verbatim below, with the exception of some acronyms which, for the sake of clarity, have been defined in the text).

### **Recommendations for a Long-Term Solution**

1. The TFWP in its current incarnation should be ended immediately. No new Labour Market Opinions (LMOs)<sup>i</sup> should be issued, and any outstanding LMOs phased out over the next 12 months.
2. All foreign workers currently in Canada with valid work permits should be offered access to permanent residency in Canada, if they choose. This should take the form of a one-time special program to process applications of existing TFWP workers.
3. In future, any labour market issues should be addressed through a combination of enhanced use of under-represented groups in the labour market (Aboriginals, people with disabilities, newcomers, etc.) and through an improved and expanded permanent immigration program.
4. Any future guest worker program should include National Occupational Classification (NOC) “0” and A occupations only, and should require substantial employer proof of labour shortage. No other occupations should be permitted under a TFWP. The remaining recommendations attempt to address specific problems with the TFWP to reduce the level of exploitation and mistreatment connected with the program. It should be made clear that these reforms only make the program less unpalatable and do not address the inherent injustice built into the program.

### **Recommendations for all levels of Government**

5. All levels of governments should immediately ensure that all social safety protections are made available to foreign workers and their families on a basis equal to permanent residents in Canada. To not make these programs available is discriminatory, causing huge issues for ethnic communities scrambling to try to support people, and results in untold hardships for foreign workers and their families.

## Recommendations for the Federal Government

6. TFWP workers, regardless of skill level, who have worked the equivalent of two years in a three-year period should be entitled to apply for permanent immigration status, much like the system in place for live-in caregivers. With the implementation of this permanent residency entitlement, the following should be implemented:

- a. Upon the permanent residency application being accepted, a foreign worker should be issued an open work permit for the duration of the processing period;
- b. If a foreign worker is not eligible for permanent residency, or does not apply for permanent residency within three years of arrival in Canada, then there should be no work permit renewals beyond the three-year period.

7. To eliminate the use of abusive brokers, the federal government should only allow the use of foreign workers from countries with which Canada has signed an accord, guaranteeing that the home country government will act as the labour broker. This would cut out brokers from the process, as has occurred with the agricultural workers from Mexico through the Seasonal Agricultural Worker Program (SAWP.)

8. Where foreign workers have brought their families and are laid off and unable to find alternate employment, the government should require the employer to provide return airfare for the workers' families as well as for the workers.

9. The federal government should arrange to have provincial governments report all contraventions of employment legislation to Human Resources and Skills Development Canada (HRSDC) and the federal government should utilize this information to review and, if necessary, revoke the LMO of offending employers.

10. The federal and provincial governments should negotiate an agreement to allow the province to enforce housing, transportation and other issues required by the LMO and allow the province to order rectification of any contraventions.

11. So long as the government allows the issuing of LMOs to enable more foreign workers to come to Canada, there should be a separate stream for the issuance of LMOs for foreign workers who are currently in Canada and whose employment has been terminated. Employers wishing to offer employment to foreign workers in Canada should not be subject to the current difficult criteria and the granting of a LMO should take no longer than a two-week period in such cases.

12. The "occupations under pressure" list should be eliminated. Employers requesting LMOs for NOC B, C and D occupations should be required to provide extensive evidence of labour shortages.

13. A strict quota should be implemented, capping the numbers of NOC B, C and D workers permitted into Canada in any given year.

14. Additional resources should be allocated to enforcement of LMO processes, allowing HRSDC to investigate employers and issue appropriate penalties.

15. Employment Insurance (EI) and Canada Pension Plan (CPP) rules pertaining to the TFWP should be clarified and amended, as necessary, to ensure that foreign workers have access to benefits on the same terms as Canadians.

16. LMOs should include a legal obligation that the employer be financially responsible to re-imburse the worker for any illegal fees charged by brokers. Employers need an incentive to ensure these fees are not charged to workers.

### **Recommendations for the Provincial Government**

17. The mandate of the provincial Advisory Office should be expanded to allow direct casework and advocacy, focusing on referral to alternative employment when needed. Additional funding resources should be provided to the Office to accommodate this expanded role.

18. The settlement-type services pilot project should be expanded to include immigrant-serving agencies in all communities.

19. Employment legislation enforcement should be expanded with larger dedicated teams of officers and a broader scope of enforcement topics (housing, brokers, etc.)

20. General information meetings should be organized with all newly arrived temporary foreign workers to provide basic employment and human rights.

21. The Fair Trading Act should be amended to further restrict which brokers are permitted to operate in Alberta, to clarify the prohibition against the charging of recruitment fees and to allow for larger penalties against brokers who breach the act. It should also be amended to prohibit fees charged to live-in caregivers, which is currently allowed.

Source: Alberta Federation of Labour. 2009. Entrenching exploitation: The second report of the Alberta Federation of Labour Temporary Foreign Worker Advocate. Available at <http://www.afl.org/index.php/View-document/123-Entrenching-Exploitation-Second-Report-of-AFL-Temporary-Foreign-Worker-Advocate.html>



**SHIFT TO STOP  
VIOLENCE  
BEFORE IT STARTS**



Initiated by The Brenda Stafford Chair in the Prevention of Domestic Violence