

**Stopping The Violence Counselling Programs
Regional Teleconferences Report
2007**

**Emerging Trends
Report**

Submitted by

**BC Association of Specialized Victim Assistance
and Counselling Programs**

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PART 1 INTRODUCTION

Stopping the Violence Counselling Programs

In 1992, after numerous years of assessment and the release of the report begun by Carol Gran, previous Minister of State for Women's Programs under the Socred government, the Ministry of Women's Equality established and funded the Stopping the Violence (STV) Counselling programs. In 2005 there were 81 STV Counselling programs in BC, now funded by the Ministry of Community Services (MCS). In 2005/2006 19 new STV Counselling programs were funded by MCS bringing the total to 100. These programs provide crucial counselling services for women who have experienced sexual assault, violence in relationships, criminal harassment and/or childhood abuse.

The Role of the BC Association of Specialized Victim Assistance and Counselling Programs

In 1992, after three years of development, the BC Association of Specialized Victim Assistance and Counselling Programs (BCASVACP) successfully arose from its founding General Meeting. Since then, the Association has established a provincial voice for the community based service providers, women, children and others who are victimized by violence in British Columbia. We have created a network of communication amongst funded STV Counselling programs, STV Outreach Programs, Sexual Assault/Woman Assault programs, and Community Based Victim Assistance programs in BC. We have also established linkages with government and policy makers to enhance the effectiveness of programs, policy and legislation in BC. We believe it is our role to actively work to strengthen the overall capacity of anti-violence programs in BC.

About this Report

This report provides an overview of some of the Association's work to support STV Counselling programs in 2006-2007. Part I outlines some of the support, information and training that the Association provides to programs on an ongoing basis. Part II outlines the issues brought forward by STV Counsellors during the regional teleconference calls facilitated by the Association in February 2007. Another report describing the many projects and initiatives that the Association engages in on behalf of these programs has been provided to the Ministry and is available each year at our Annual General Meeting.

PART 2 ONGOING SUPPORT TO STV COUNSELLING PROGRAMS

2.1 Referrals, Information and Support

The Association responds daily to phone calls, faxes, and email from STV Counsellors across the province, and sometimes meets with counsellors in person when resources allow. We provide referrals, information and support for front line workers and administrators in STV Counselling programs. Programs seek information and support in a number of areas, including: records management; child protection; court-mandated counselling and Ministry of Child and Family Development (MCFD) mandated counselling; the impact of trauma counselling on the counsellor (known as secondary victimization or vicarious traumatization); accreditation; policy development; program management; working conditions and facilitating links with various government ministries; as well as various training and counselling issues.

In addition, the Association provides direct support to STV Counselling programs in the following ways: our newsletter provides a forum for information sharing, support and education; a toll-free line for members increases access to support and information by removing the financial barrier of long-distance phone costs; regional teleconference calls supported by MCS provide support and networking opportunities; STV counsellors List Serv as a forum for networking, questions and resource building; an Annual Training Forum reduces isolation and provides training to front line workers and administrators; and our web site provides 24-hour access to information and resources.

Through special projects and initiatives the Association also provides support to programs in the areas of research, policy and legal analysis, and resource development. For further information on the Association's initiatives, see our 2005/2006 Annual Report.

Current special projects and initiatives that the Association is undertaking include:

- **EMDR Training (Apr 27/28; May 24-26; June 21-23)**
A cost recovery training and consultation program focusing on assessment, treatment planning and techniques for trauma resolution.
- **Freedom from Violence Resource Toolkit funded by Vancouver Foundation**
This resource toolkit will be a practical resource to assist anti-violence workers when they are working with women survivors of violence who also have mental health or substance use issues. The toolkit will be distributed at our 2007 Training Forum and workshops will be provided to assist participants in implementing the tools. The toolkit will also be available on our website in order for programs to download extra copies.
- **Annual Training Forum**
This year's Training Forum: "**Freedom from Violence: Navigating the Intersections of Trauma, Mental Health and Substance Use**" will provide participants the opportunity to expand their skills in working with survivors of violence who present with diagnosed or undiagnosed mental health concerns

and survivors who utilize substance use as a strategy for dealing with their trauma symptoms. Participants will receive foundational knowledge in order to understand the possible impacts of common psychotropic medications, learn how to work towards greater safety utilizing a harm reduction approach and be able to identify the specific risks that are in place for a survivor when she is mentally ill and/or substance using and engage in effective safety planning when these complex issues are present.

Recommendation 1:

In addition to providing this existing funding to the Association, it is recommended that the Ministry continue to consult regularly and work collaboratively with the Association regarding the needs and priorities of STV Counselling programs. By providing annual core funding and specific project funding to the Association, the Ministry of Community Services strengthens STV Counselling programs and improves the quality of services for survivors of violence. It also improves cross-Ministry, cross-discipline coordination and collaboration, which in turn increases the safety of vulnerable victims.

Recommendation 2:

In addition to the direct services funding of \$103,300 that MCS provides to the Association, it is recommended that this funding level be increased by 1.5 FTEs in order to account for increases in costs overall (i.e. the Association has not had a funding increase with the exception of a small Monroe agreement increase in close to a decade), the increase in new programs, and the addition of STV Outreach Programs to our mandate. Providing support to fledging programs is critical and time intensive on top of the already overwhelming amount of work involved in providing support to this sector.

2.2 Training

Stopping the Violence Feminist Counselling Core Training

In 1993 the Ministry of Women's Equality funded the development and implementation of core training for all STV Counsellors. Since that time, the Ministry of Community Services has contributed to the area of service and program development by providing training subsidies for STV Counsellors to attend the core training. There was a four year period that funds for training were suspended. We wish to acknowledge with great appreciation that the Ministry is once again funding training by providing the Association with a training fund to be utilized over three years.

The core training entails 12 days of training and this year was the pilot of our newly revised curriculum. It provides vital skills and information for STV Counsellors in the following areas:

- a) Ethical Guidelines
- b) Intake and Assessment
- c) Survivors and the Healing Process (including trauma and dissociation, empowerment, substance misuse issues, self injury and suicide, mental health issues);

- d) Program Management
- e) Records Management
- f) Group Work
- g) Role of the Family
- h) Self-Care and Vicarious Trauma

Core training was held in February, March and April 2007 and was filled to capacity. We currently have over 20 counsellors waiting for another offering of core training in 2008.

Core training and other critical skill development is particularly important in light of the high turnover in STV Counselling programs (due to isolation, secondary victimization and low wages). Because of the much needed additional funding which was provided last year to many STV Counselling programs across BC, providing basic core training is particularly important now to address the needs of these new STV counsellors. The training is essential to provide counsellors who are newly employed in an STV Counselling program with the skills and information required to do their work.

Some evaluative comments from the 2007 training were:

“This program has been amazing for my career, and my profession/ practice. So very valuable!”

“A great balance of lecture format and experiential/role-plays. I learned a lot and re-learned a lot.”

“Great update and reviews of material and a good opportunity for new skill integration.”

Annual Training Forum 2006, November 29 & 30

Emerging Spirit: From Violence to Social Justice through Faith and Culture was a provincial training event that explored the ways in which culture, faith and spirituality can contribute to the healing processes of those who have experienced violence, and look at ways in which coordination with faith sectors and cultural communities can increase victim safety. Participants learnt about models of service that support victims within their cultural and faith communities, and developed skills for enhancing the interconnections of resources between culture and faith.

Four keynotes were presented that highlighted central concepts to the overall theme of co-ordinated and respectful service to victims of violence from faith and cultural communities. Due to funding from the National Victims Policy Centre, we were able to record and distribute these keynote addresses to all programs on a DVD following the forum. In subsequent years, due to monies received from MCS, and MPSSG we will have a website with the capacity to allow for viewing of keynotes through video streaming.

The keynotes were:

1. The Journey: Culture and Spirituality Strengthen the Body and the Soul by Gloria Morgan
2. More Than A Flashback: Existential and Multicultural Issues in Trauma Treatment by Laura S. Brown

3. Am I My Sister's Keeper? The Church Responds to Violence Against Women by Rev. Dr. Sharon Ellis Davis
4. Why We Kill in the Name of Religion by Senator Mobina Jaffer

The following workshops were offered at the Training Forum to address the training needs of the participants:

1. Which Self Am I For? Feminist Perspectives on Intersecting Identities by Laura S. Brown, Ph.D. ABPP
2. Be my Spirit Whole: Practical methods for the Feminist Warrior. How do we mend a broken heart when ours is stretched? By Donna Lee Johnson
3. The Journey Within: Using spirituality as a vehicle for change by Ninu Kang & Dr. Harry Stefanakis
4. Strengthening Community Coordination With Christian Faith Communities To Increase Safety by Elsie Wiebe Klingler, Karen McAndless-Davis, Bernadette, Karen, Naomi and Karen
5. Violation of Sacred Trust: Sexual Abuse of Women and Girls by Clergy by Susan Armstrong
6. Cultural/Religious Accommodations: Rights and Best Practices for Program Managers by Susan O'Donnell
7. CREATIVE PROCESS and MINDFULNESS MEDITATION: A Recovery model of Trauma Counselling by Margaret Jones Callahan
8. Parole: Its Role in Creating Safer Communities by Evelyn Blair & Debra Kihara
9. To Forgive or Not to Forgive, Which is the Question? by Dr. Rev. Sharon Davis Ellis
10. Indigenous Values: healing Residential School Traumas by Gerald George & Samaya Jardey
11. Multigenerational Experiences of Immigrant and Refugee Women: Across Faith and Cultural Boundaries by Kashmir K. Besla & Kim Samra
12. Challenges, Resources and Supports: Working With Immigrant Women Experiencing Abuse by Anna Foschi, Ana Vilma Gomez and Uma Grant
13. Collaboration: A Bridge between Faith Communities and Secular Anti-Violence Services by Rabbi Laura Duhan Kaplan, Rev. Dee McEachren & Palbinder Kaur Shergill
14. Leaving the Matrimonial Home, Leaving the Community: Impacts Immigrant Women Face When Choosing Safety by Senator Mobina Jaffer

Some evaluative comments were:

“Have attended forums annually. This particular forum had many aspects that addressed many of the needs that I had and anticipate having in my client group. Thank you for such a useful conference!”

“The speakers are inspiring and have rejuvenated my spirit to do more than just what is adequate, to go beyond our own community for positive change.”

“The topic and the spectrum of speakers made this forum an outstanding experience-informal feedback from everyone was enthusiastic and appreciative.”

Community Leadership Training

Through the Association's Community Co-ordination for the Safety of Women program, Community Leadership Training is offered annually to diverse anti-violence programs and leaders within communities. This year, this three day training was attended by close to 30 participants from communities across BC, including nine STV counsellors and Outreach workers who learned skills of community building, seeking consensus, skills for running meetings, writing mission statements and much more.

When asked what concrete strategies participants would be bringing back to their communities, the following was expressed:

"How to help people find the central issue instead of getting stuck on small things."

"Strategies for inviting participation, inclusivity, focusing on positive solutions, not on problems."

"In our area, no committee exists. I now have the confidence needed to get something started."

Recommendation 3:

It is recommended that the Ministry continue to provide training funds for STV Counsellors to attend the annual specialized training event and other trainings. Funds cover travel, accommodation, tuition, childcare and training expenses.

Recommendation 4:

We wish to acknowledge the Ministry for funding STV Counsellor Training on a three year basis and recommend that this practice continue. Sequential year funding is efficient for planning, securing trainers, venues and acknowledges to the field the importance of workers being trained.

2.3 STV Counsellor Support Plan

In response to the needs of STV Counsellors, the Association worked with the Ministry of Women's Equality in 1998 to develop and implement the STV Counsellor Support Plan, an invaluable resource. The Association provides support via phone, fax and email to STV Counsellors and administrators who are developing and administering Counsellor Support Plans.

In our teleconference calls counsellors expressed their deep appreciation to MCS and the Association for the Counsellor Support Plan, noting its important role in reducing isolation and secondary victimization, and improving the quality of their work with clients. Counsellors on the teleconference calls and during STV Core training expressed frustration with the quality of supervision they were receiving when it was offered intra-agency. Counsellors reported that it was often focused solely on file reviews, or that internal supervisors randomly chose which files would be discussed thereby not leaving space for the counsellor to raise her own concerns about the work. Counsellors also reported that having clinical supervision with the person who evaluated her job performance reduced her level of safety within supervision and thus rendered it less

effective. The Association has participated in providing support to counsellors who are struggling with internal supervision by assisting them in identifying options and supporting them in advocating for what they need within their agency. The Association has also developed a database of external clinical supervisors who are currently providing supervision to STV counsellors across the province and have made that available to all programs.

Recommendation 5:

It is recommended that MCS continue to support STV Counselling Programs by maintaining funding for the STV Counsellor Support Plan.

Recommendation 6:

It is recommended that contract managers incorporate counsellor support plans in their discussions with program administrators so that there is an understanding within the programs of the intent and breadth of clinical supervision.

PART 3 OVERVIEW - 2007 REGIONAL TELECONFERENCE CALLS

3.1 Introduction

In February of 2007, the Association facilitated five teleconference calls with STV Counsellors from across all regions in BC. The purpose of these annual calls is to provide an opportunity for STV Counsellors to connect with each other and identify critical issues facing women survivors of violence and STV Counselling programs, and to strategize about ways to address these issues. Counsellors utilize this opportunity to identify gaps in policies, programs and systems response; to bring forward priorities for resource development work; to identify training needs; to share information and garner support from each other.

The conference calls were two hours in length and were conducted using an open-ended agenda format. Thirty-seven counsellors from thirty programs participated, and numerous other STV Counsellors were able to communicate their issues or concerns before or after the calls by phone/fax/email.

The Association greatly appreciates that the Ministry staff has been proactive in addressing some of the issues raised by STV Counsellors on previous teleconference calls. Many of the issues outlined in previous years' reports have not been addressed along with the majority of recommendations from 2000 through to 2006 reports. Counsellors are struggling with chronic issues and coping with a range of serious new challenges. The fact that there was not time for counsellors to reiterate the concerns still existing from previous years in no way detracts from the serious and ongoing nature of these issues. We greatly appreciate the opportunity we had to meet with Ministry staff in May 2007 in order to connect over the work the Association is doing to support STV Counselling and Outreach and to begin to reflect together on the issues highlighted in this report. We look forward to further dialogue in order to deepen our shared understanding of the impact of these issues and to develop strategic responses.

On this year's teleconference calls, STV Counsellors in all regions of the province highlighted emerging trends, strategized together to find creative solutions to new and chronic problems, reaffirmed their commitment to supporting women survivors of abuse, and offered each other support and encouragement.

The issues raised by STV Counsellors reflect three broad themes that will be broken down into sub-categories in the body of this report:

- a) Current Direct Service Needs
- b) Current Indirect Service Needs
- c) STV Contract Administration and Finances

This report is a snapshot of the issues, based on over ten hours of discussions with STV Counsellors from all regions of the province. Although there was insufficient time for counsellors to articulate in depth analyses of every issue impacting survivors in their communities, the report provides a grounded overview of many of the current issues and a sound basis for the Association's recommendations. Addressing these recommendations, even by way of acknowledgement, would provide another opportunity for the MCS to demonstrate their commitment to supporting victims of violence and the programs they fund.

3.2 Participating Agencies

February 15th, 2007: Region 1 North Vancouver Island, Region 2 South Vancouver Island

- Comox Valley Transition Society
- Cowichan Women Against Violence Society
- North Island Crisis & Counselling Centre Society
- North Island Survivors Healing Society
- Sooke Transition House Society

February 16th, 2007 Region 3 Lower Mainland, Region 4 Fraser Valley

- Burnaby Family Life Institute
- Chimo Crisis Services
- Deltassist Family and Community Services Society
- Ishtar Transition House Society
- Sea to Sky Community Services Society
- Surrey Women's Centre Society
- Tri-City Women's Resource Society
- Vancouver & Lower Mainland Multicultural Family Support Services
- WAVAW

February 20th, 2007 Region 5 Interior, Region 6 Okanagan

- Arrow & Slocan Lakes Community Services
- Desert Sun Counselling
- District 69 Family Resource Association
- Interior Health Authority - Logan Lake
- Nicola Family Therapy

- Northern Society for Domestic Peace
- Prince George Sexual Assault Centre
- Quesnel Women's Resource Centre
- SAFE Society
- Yellowhead Community Services

February 21st, 2007 Region 7 East Kootenays, Region 8 West Kootenays

- Boundary Family & Individual Services Society
- Castlegar & District Community Services Society
- Fernie Women's Resource Centre
- Kelowna Family Centre
- Nelson Community Services
- North Kootenay Lake Community Services
- Summit Community Services Society

February 22nd, 2007 Region 9 North East, Region 10 North West, Region 11 North Central

- Burns Lake Elizabeth Fry Society
- Contact Women's group Society
- Ksan House Society
- Mackenzie Counselling Services
- North Coast Transition Society
- North Peace Community Resources Society
- Omineca Safe Homes
- Queen Charlotte Islands Women's Society
- Robson Valley Home Support Society
- Sunshine Coast Community Services
- Tamitik Status of Women
- Tumbler Ridge Mental Health

3.3 Association Updates:

STV counsellors were provided with a quick update of the resources and current initiatives of the BCASVACP.

Resources:

The following resources were mailed out to all STV programs across the province:

- Training Forum 2006 DVDs
- For the Dignity of Women Resource Package:
 - 15 copies of the 2007 Desktop Calendar with their program/agency contact information imprinted on them
 - 5 posters for the BC Prevention Of Violence Against Women Week, 2007
 - A CD-ROM filled with educational materials
- Newsletters
 - Support Groups February 2007

- Specialized Responses to Violence Against Women June 2007

All these resources will be posted on our website as soon as our website is updated in the next couple of months.

Initiatives:

Counsellors were informed of the upcoming Freedom from Violence Resource Tool kit that is under development. Consultation was sought from the counsellors on their need for information when working with women who have mental health and/or substance use issues. Counsellors identified numerous specific challenges they face when working with women with intersecting issues, which has guided the development of the toolkit.

PART 4 ISSUES AND RECOMMENDATIONS – 2007 TELECONFERENCE CALLS

4.1 DIRECT SERVICE NEEDS

4.1.1 Waitlists

Many of the STV counsellors on the calls identified long waitlists as a serious problem facing their programs, which negatively impacts the women survivors in their communities and their programs. Waitlists have a direct impact on women's safety and counsellors report that the existence of waitlists is a primary contributor to the counsellor's stress and lessened sense of efficacy. Communities had waitlists that varied from a few weeks to months and for some programs with excessive waitlists, they closed the waitlist. Counsellors reported seeing as many clients as their hours will allow and still having waitlists.

Numerous programs who had received an increase in funding in 2006 and/or received STV Outreach monies did report reduced waitlists or the absence of one. Other programs who still have waitlists have employed various strategies to reduce the wait such as:

- making referrals to other community services where appropriate services exist
- providing an orientation session in order to access immediate risk and engage in safety planning
- supervisors seeing women for up to three sessions to provide crisis support as well as assessment for service
- providing drop in group sessions

The STV Outreach workers where possible were able to aid in the reduction of waitlist in some communities. However in many rural and isolated communities across the province, the STV counselling program is the *only* available service for women survivors of violence. Counsellors prioritize their waitlist based on various factors in order to provide timely and appropriate counselling to women who are waiting. Counsellors also spoke about a "waited" waitlist, which allows a woman with safety concerns or one who is planning on exiting her relationship immediate access

to the counselling she needs. One counsellor spoke about how the number of telephone calls from women wishing to disclose their unsafe situations and explore options, but who are not yet ready to come in for structured service has increased dramatically following the deaths of Indo-Canadian women. She anticipates that within six months, their agency would be faced with a significantly increased waitlist.

“Waitlists are big dark clouds and it’s so frustrating, it makes me feel so powerless and hopeless that sometimes women are waiting 8 months”

“Sometimes by the time I can finally contact the woman she has gone back to her abusive partner or moved. The lack of time to intervene and connect with women in a timely fashion is against my ethical standards”.

“[telephone calls] creating a huge case load, women will be falling through the cracks because there won’t be workers available when they’re reading for an appointment”

Many counsellors who work in agencies that receive MCS funding for a part-time STV Counselling position (usually rural or small communities), continue to state that they need an increase in funding to respond to the waiting list. Insufficient funding places a high demand and stress on the counsellors who are unable to meet the needs of the women survivors in their communities. This concern has been raised for some years by STV counsellors and the Association appreciates the Ministry’s recognition of the criticalness of this issue and the action taken to provide increased funding to some programs.

Recommendation 7:

That communities with less than 1 FTE receive increased funding to full time programming.

Recommendation 8:

The absence of a waiting list in some communities should not be seen as an indication that there is a lesser need for service in that community. It is recommended that MCS integrate an analysis of all of the factors influencing the lack of a waiting list in some communities and dialogue with BCASVACP and STV counsellors to understand these factors, as well as the complex nature of their work.

4.1.2 Increase in Telephone Support Work

Counsellors reported that a significant shift in their work has been a dramatic increase in the number of women who are only accessing service over the telephone. Counsellors remarked that handling crisis calls or having the occasional scheduled telephone counselling session has been standard in their work, but that phone support has become the sole way of providing service to some of their caseload. The absence of childcare and accessible transportation in many communities has resulted in women being physically unable to leave their homes to attend appointments. As well, many communities reported that much of their work has shifted to receiving first disclosures of violence over the phone, women wanting to be heard and to explore their options prior to coming into the agency for an intake session.

Counsellors reported that it is becoming common to have phone contact with a woman for a sustained period before she feels able to commit to having in person contact. They also stated that numbers of calls peak whenever the media reports widely on violence against women. Specifically, that telephone support work has increased dramatically in response to the media focus on the Pickton trial, the missing women along Highway 16, a highly publicized allegation of sexual abuse by a high profile RCMP officer and the murders of Indo-Canadian women. STV counsellors felt it was important that they be available for these calls since it often involved risk assessment and safety planning plus a knowledge of criminal and civil remedies which general crisis lines would not have. Counsellors had numerous concerns about this shift in service however, namely, asking themselves whether they were providing effective service particularly when the phone support was ongoing. Counsellors were also worried that eventually these women would be connecting for in-person sessions and the agency would be unable to handle such a large increase of women requiring appointments and finally that this form of work was unrecognized by the Ministry particularly in how statistics are kept.

“there is a huge increase of calls coming in, breaking the silence and checking the options but they are not ready to leave yet”

Recommendation 9:

That the Data Entry System be revised to allow for documentation of number of **hours** spent providing support, including support on the telephone, rather than **number** of unscheduled telephone contacts in order to more adequately document the pressures on a program.

Recommendation 10:

That the Ministry analyze the relationship of a significant increase of number of women accessing unscheduled telephone support and subsequent waitlists (correlate question 14 on DES with question 19) in order to assist programs and the Ministry in preparing for program pressures when situations involving violence against women are profiled in the community.

4.1.3 Providing Services to Younger Women

Counsellors continued to emphasize the marked increase in referrals for young women ages 14-24 years who are looking for support around a recent or past sexual assault, sexual exploitation and violence in relationships. Counsellors are keenly aware that early intervention regarding violence in a young woman's life will make a critical difference in her health outcomes later in life. However, many of these women fall outside of the mandate of STV counselling since they are not living an adult lifestyle. Most rural communities throughout B.C. do not have services for young women experiencing violence in their lives.

Sexual Abuse Intervention Programs exist in a few communities and although an important resource, counsellors report to us that young women are reporting to them that they are uncomfortable and unwilling to access these services as they are seen to be child centred. Young women who are survivors of violence are simply falling between the cracks in the system. The dilemma, both for the young women

and for the STV counsellor, exists in being able to provide services that meet the needs of the women and can be accommodated under the STV contract.

Recommendation 11:

That the Ministry fund BCASVACP to conduct research documenting the existing services in the province for young women experiencing sexual violence and where gaps in service in the province exist.

Recommendation 12:

STV Counselling programs require more funding in order to provide resources for trauma counselling for young women who have experienced violence, both sexual and relationship. We strongly encourage the Ministry to submit a Treasury Board submission to request increased funding for STV Counselling programs to meet this need. We believe a good start would be to add .5 FTE onto each contract.

Recommendation 13:

That once funding is secure, the mandate of STV counselling be expanded to include young women 14 years and older who have the capacity to consent independently to counselling and have been victims of violence.

Recommendation 14:

That the Association develop and implement training for STV Counselling Programs that focuses specifically on competencies counsellors would require to work effectively with young survivors of violence.

4.1.4 Providing Services to Immigrant Women

Programs across the province reported an increase in the number of immigrant women who were seeking culturally appropriate services – including services in their first language – to deal with their experiences of violence. Programs reported that they were having on-going phone contact with immigrant women who were not yet ready or able (due to limited safety and freedom) to access services in person. Immigrant women were reporting violence from multiple family members and were feeling traumatized by the heightened attention to violence within the Indo-Canadian community and the normalizing of violence within their community by politicians and media. The increased workload for multicultural STV programs was particularly apparent and the isolation and lack of resources for rural communities to respond in culturally appropriate ways was highlighted. Rural programs reported needing greater access to written materials in languages other than English – in particular safety planning –and needing access to trained and appropriate language interpretation. These programs reported that in their smaller communities the volunteer interpretation that is often available is not safe or appropriate due to overlaps in relationships, a lack of confidentiality and lack of training for interpreters on violence.

Recommendation 15:

That the Ministry advocate for increased funds to hire language interpretation for immigrant women when needed.

Recommendation 16:

That the Ministry advocate for funds to provide specialized training for interpretation services on violence against women in order to increase their ability to work appropriately in counselling and safety planning contexts.

Recommendation 17:

That the Ministry closely monitor the direct service and outreach hours multicultural STV programs are incurring in order to assess the impact of community mobilization on their services and assess their need for increased funding.

4.1.5 Transportation Barriers

Counsellors representing northern communities expressed heavy concerns around women disappearing along Highway 16 (“Highway of Tears”), and said that the reality of women killed or gone missing along this stretch of road is directly linked to a lack of transportation. Women in these areas are forced to hitchhike to access basic services and Counsellors report that they regularly pick up women hitchhiking along the highway in an attempt to keep them safe. Aboriginal women are particularly impacted by the lack of accessible, safe and regular transportation services in and out of their communities.

Despite the awareness campaigns that exist along Highway 16 in particular, some young women hitch-hiking along the highway state “*it will not happen to me or it is just happening up there*”. Counsellors outlined their work as a continuation of building awareness around hitch-hiking and providing information of how women can keep themselves safe. Also the acknowledgement that in some communities the lack of accessible transportation and outright poverty faced by families leave women making unsafe choices.

Among the strategies suggested by counsellors in communities along Highway 16 was to advocate for strategies such as Grey Hound to pick-up women needing transportation assistance and the installment of more video cams along Highway 16 by BC Hydro and the Ministry of Transportation as tools for promoting safety. As a pilot project, the Regional District is providing bus transportation free of charge between Terrace and Kitimat. And in Kitimat it was encouraging to know that signs are being put up along the Highway to warn women against the danger of hitch-hiking and there are high school students involved in this project.

The centralization of health care services in particular has had significant impacts on the well-being of rural women. With fewer services available locally, women in northern and isolated areas who lack their own transportation are often unable to access services even when they do exist in another community. Perhaps, the most concerning situations that were reported were in communities that did not have a Safe Home network or Transition House who stated that women do not have access to transportation to leave abusive situations. Counsellors reported in several communities that police refuse to transport a woman to the next community which does have safe housing, and that counsellors are told by the police that women need to get there on their own. One counsellor was in tears as she related

a story of witnessing a woman who had bruises and cuts on her face outside of the 7-11 at six in the morning, on the public telephone attempting to locate a ride to take her to the next community where there was a Transition House.

There is a relationship between lack of available transportation and the number of client cancellations and increase in telephone support work that counsellors are experiencing. Counsellors expressed concern that when women are unable to come into the office for their counselling appointments, that they are not receiving as much service as they require since telephone work needs to be limited in order to be safe.

Counsellors shared strategies that they have utilized in an attempt to alleviate the barrier of lack of transportation in women's lives. Interestingly, almost every community who had organized or accessed a volunteer driving program reported that it was not successful. Drivers were either too inconsistent, were inappropriate in their interactions with women seeking health care or anti-violence services or had overlap in relationships with the women which made the service not appropriate. The amount of hours that it took to co-ordinate a volunteer driving program rendered it unwieldy for STV programs. STV Outreach was identified as one important resource in addressing the issue of inaccessible or no transportation, but it was uniformly reflected that the monies available through Outreach programs to pay for transportation (or provide transportation) was inadequate to meet the huge need.

Women's lack of transportation puts more pressure on counsellors to provide services within satellite communities. Counsellors felt an ethical obligation to travel to outlying communities, which are often disproportionately comprised of poor women and Aboriginal women who live in contexts of societal marginalization and increased violence. They reported feeling caught between the needs of women in outlying communities and the pressure of staffing a less than 1 FTE program. Travel to outlying communities eats up precious few staffing hours, and yet to not engage in the travel means that women who are most at risk are not served.

"The Aboriginal communities are far out and these women can't access the program".

"Some women report that they have to trade sex for rides. This just isn't acceptable."

Recommendation 18:

That a cross Ministerial strategy be developed by service providers in the field, the Ministry of Transportation, MCS and BCASVACP to work towards increasing funding for transportation subsidies for women to access STV Counselling especially in rural areas.

Recommendation 19:

That MCS and BCASVACP work with First Nations women to advocate for women's ability to access band owned transportation to STV counselling appointments.

Recommendation 20:

That Question 17 on the DES be expanded to include documentation of the number of women who were unable to access counselling appointments due to transportation issues.

4.1.6 Mental Health, Trauma And Substance Use Issues

Counsellors clearly articulated a huge increase in women coming in with co-occurring trauma issues, substance use and complex mental health issues. The co-occurring effects of trauma, substance use and mental health issues have become regular presentations in programs in all of the regions across BC.

Counsellors expressed their frustration that Mental Health in particular are referring many women with diagnosed post traumatic stress disorder to STV programs, but that STV Counsellors are not being recognized or compensated equitably for the work they do with women who have diagnosed mental health issues. In some communities it is now standard practice that any woman diagnosed with PTSD or who discloses a history of trauma to mental health will be automatically referred to STV Counselling.

Counsellors spoke about how their programs responded in the past to any woman who was a survivor of violence. They related that it was becoming increasingly difficult to continue with this open door policy as women who were presenting with complex mental health needs require length of service that does not fit within a mid-range counselling model. Some women who are being referred to their programs are often heavily medicated, which impacts their ability to be present in session, engage in safety planning and advocate for themselves with their health care providers.

Counsellors emphasized that on some days the woman's ability to engage in stabilization work is simply not there and that counsellors are only able to provide emotional support and to let women know that "*that trauma is relevant*" to their experiences. Assisting women to recognize that their symptoms, which have been labeled as mental illness may be direct outcomes of previous trauma is seen as a powerful tool of empowerment and a step towards regaining personal agency and health.

Although some programs stated that mental health services automatically refer to STV counselling whenever past experiences of violence is disclosed, in other cases it was reported that some mental health workers don't want their clients to receive counselling and/or don't understand the benefit and value of trauma counselling. These counsellors reported that although they regularly provide trauma counselling to women who are also struggling with substance use and/or mental health issues, that (in these communities) they rarely receive appropriate referrals from mental health.

Counsellors stressed the need to ensure that womens' needs are met including her basic need for safety, housing, and is stabilized before proceeding to work on the abuse. Yet the dilemma continues to be the limit on sessions, lack of time to build the trust and thus counsellors were concerned about the ethics of starting the work with women when they know that they will not have sufficient time to complete the

work. There is also the vicarious trauma for counsellors, lack of place for referring the women and the increase in their workloads when they go beyond their limits.

STV counselling programs reported that they are working with women with histories of substance misuse more so than women actively engaged in substance using. Upon exploring this issue further, it became apparent that women who are actively using tend to show for one or two appointments and then drop out of counselling. Counsellors reflected that women who are actively using are so destabilized that the way in which STV programming is typically delivered does not meet their needs. The few programs, which have higher participation of women engaged in substance use related that they have had to offer a variety of services on a drop in basis in order to be accessible to these women. Counsellors agreed that programs need to examine the needs of women in their communities, and analyze how they are structuring their services. Given that substance using women are at great risk of further and more severe violence, it is concerning that we may not be reaching them.

All counsellors felt a critical need for relationship building with mental health services in order to develop trust and a greater understanding about what STV counselling is. Some expressed positive relationships with substance use staff and several programs are running co-facilitated groups with substance use counsellors.

“We are seeing a lot of multiple issues in the program and are going to training in order to better deal with these co-occurring issues. Because we’re dealing with more complex cases, we expect counselling to take longer and limiting sessions doesn’t make sense.”

“Especially for immigrant women – they do not know why they are on medication”

“Mental health referring their most challenging clients when they’ve hit their wall”.

“nobody else sees these women”

“100% of the caseload is complex”

“we get the hardest cases, we’re in the trenches”

“there is no where else to send the women, my issue is vicarious trauma, increased workload and no support system”

Recommendation 21:

That the Ministry seek cross-sector funding to develop a Ministry of Health Best Practices guide on violence against women for mental health and addiction workers

Recommendation 22:

That cross sectoral funding be pursued with MOH and MCS to initiate cross sectoral training between mental health, addiction workers and STV counsellors

4.1.7 Basic Needs

All communities reported an increased lack of safe and affordable housing. Counsellors reported that women's choices to stay in or return to abusive situations was directly related to the lack of housing. Women's lives are increasingly consumed with the struggle to meet basic needs for themselves and their children and staying with abusive partners sometimes increases their access to food, shelter and transportation.

Counsellors raised the issue of the "boom economy" and how that has caused housing prices in some communities to sky-rocket making it unaffordable for women to find independent housing. The development of the Super Port in the north is also resulting in an increase in human trafficking and other counsellors reported that women are increasingly engaging in survival sex in order to get basic needs met.

There is an alarming lack of appropriate and available childcare despite the availability of childcare subsidy. Communities report that the waitlist for childcare is so long that couples who are planning to have children put themselves on waitlists. Most communities do not have programs that accommodate drop-in childcare. In some programs childcare is a "nightmare" for women wanting to come in for sessions. Despite having the space and a small budget for subsidy there is no staff for providing childcare. This has an impact on women being able to access counseling appointments. Counsellors discussed the dilemma of women bringing their children with them to appointments or wanting to do phone sessions in order to stay home with their children.

The decentralization of health care services in rural communities has had a disproportionate effect on poor women. Women are going without food when their children are sick and are requiring repeated medical visits outside of their communities resulting in increased transportation costs. Women with their own health issues are less able to afford healthy food or alternative treatments. Counsellors are noticing the impact of poverty on the women they work with in multiple ways:

- lack of food making it difficult for the woman to do the demanding emotional work of recovery from violence,
- a significant increase in the amount of hours counsellors are spending advocating for women in getting her basic needs met
- more session time being spent on triaging the impacts of poverty
- ethical dilemmas and creative strategizing needed to respond to these dilemmas when a woman arrives for a session with her children

"Lack of housing makes it extremely difficult for women wanting to leave"

"Childcare is a nightmare"

Recommendation 23:

That the Ministry advocate for a cross ministerial initiative to promote establishment of affordable housing options for women seeking safety

Recommendation 24:

That MCS and the Ministry of Employment and Income Assistance establish funding in every community for drop in childcare services to be made available to women upon referral from a service provider in order to facilitate access to appointments

4.2 CURRENT INDIRECT SERVICE NEEDS

4.2.1 Training Needs

The need for increased access to both core and advanced training has been clearly articulated over the past many years by the sector, this year was no exception. Counsellors also talked about the BCASVACP Annual Training Forum as an invaluable opportunity for advanced training on emerging issues as well as for expanding networks, sharing information and reducing isolation.

Counsellors would feel more supported if opportunities for training were increased. Rural programs especially stressed the importance of recognizing the reality they face (i.e. cost, distance, time, road conditions, lack of air transport) of rural travel when accessing training.

Currently, the Association is receiving \$104,600 to provide training to the STV programs under our umbrella. Last year the Association added in \$19,000 to cover short falls directly related to this STV training. While we remain immensely appreciative of the MCS for having a training fund at all, we are unable to meet even the most basic of needs for this sector with the funds that we receive.

As referred to above, the strongest current need expressed was for advanced training on co-occurring issues. The BCASVACP thus will be dedicating our 2007 Training Forum on the intersection of trauma, substance use and mental health and the provision of trauma services that is relevant and effective within that intersection. Counsellors expressed frustration that valuable training on violence or trauma is sometimes offered to victim service workers or mental health workers and STV counsellors are not eligible to attend. Exclusion from training is particularly painful and undermines the collaboration that the Association and the Ministry are advocating.

Counsellors appreciated the BCASVACP efforts in making EMDR training available on a fee for service basis. Many counsellors stated that they had wanted that training for years but it was cost prohibitive when offered through the private sector. Counsellors felt that this technique would greatly assist them in working on stabilization of a woman and on quicker recovery from trauma. Some comments that were made regarding the impact of EMDR training on STV counselling were:

“I have already seen tremendous shifts in clients in two sessions! (versus the 6 months of previous treatment not using this modality) Gives a form and structure to treatment

“wow, this will be like a magic wand for my clients, will reduce waitlists!”

“decrease in client disturbance AND decrease in therapist vicarious trauma”

“possibility of complete and rapid resolution of long standing issues, increased effectiveness and work satisfaction”

Other strong priorities for training were working from an anti-oppression lens in order to facilitate greater access and more appropriate counselling for First Nations women, women of colour and immigrant women.

Other training priorities identified in the calls include:

- Group Counselling Skills and Models of Support
- Refresher of STV Core Training for long-time counsellors which would provide them with access to developments in trauma theory
- Depression and Trauma
- Trauma and Impacts on Attachment
- Advocacy and the Justice System

Recommendation 25:

That the Ministry continue to recognize the on-going need for core and advanced training for STV counsellors by dedicating a multi year training fund. It is further recommended that the Ministry seek to increase the funds provided to the Association to allow us to better meet the needs of this sector.

Recommendation 26:

That the Ministry advocate with MOH and VSCPD to include STV counsellors in their trainings that are violence or trauma specific to increase cross-sectoral training and collaboration among sectors.

4.2.2 Fostering Community Supports for Survivors

Many STV counsellors talked about the dilemma they face regarding the importance of anti-violence prevention work and the lack of time they have to do this. They are faced with the reality that working in the areas of prevention, violence against women coordination, and policy development takes important time away from the direct counselling work with women and subsequently negatively impacts wait lists. Counsellors reported doing less community education/prevention work to attend to the direct needs of victimized women and yet feeling that they were sacrificing a role that had assisted them in managing the impacts of the on-going trauma on themselves as professionals.

Counsellors identified the significant need in their communities for education about violence against women and it's interconnection with mental health and substance use. That until that education reaches more mainstream services, women who are trauma survivors will continue to be pathologized and medicalized without an opportunity to address their victimization.

Recommendation 27:

The BCASVACP will work with MCS to seek MOH funding to initiate cross sectoral training between mental health, substance use service providers and STV counsellors similar to the LINK model.

4.2.3 Specific Factors in Rural Settings

a. Access to Safety and Service

The erosion of the social net has disproportionately affected the lives of women in rural BC and placed women in deeper isolation and in greater threat of survival. The challenge for STV counsellors is that referral options remain extremely limited for rural women and safety greatly compromised due to the high visibility of women in small communities. One counsellor spoke of situations where male partners are involved in the drug trade, which increases the incidence of violence against women by participants in the drug trade, so much so that it is unsafe for women to remain in their home town once they have left their relationship. Counsellors report that with limited services, it is not unusual for a woman who has a complex life and thus high needs to be labeled by the community in derogatory ways and to have services removed from her. When this happens, the STV counsellor is often the sole resource available to her. As mentioned, travel distance or lack of public transport prevents access to services for many women, and lack of program travel funds and insufficient hours impedes outreach by Counsellors.

b. Confidentiality

Counsellors reported concerns regarding shared computer networks which make it difficult to keep session notes, reports, and email correspondences secure. This is a serious issue as the legal requirements as outlined in PIPA require the security of client personal information. Counsellors expressed concern for the fact that staff in their agency can now do a search on the Client Information Management System (CIMS) to link with all other programs and have access to information and contact numbers.

Confidentiality and trust are huge factors in small or isolated communities where everyone knows everyone, recognizes vehicles and where counsellor's and client's children go to school together. In smaller communities, it is common for counsellors to shoulder dual roles (STV & CWWA for example) within the community service network.

One STV counsellor reported that the dual roles she holds at times puts her in ethical dilemmas in terms of confidentiality and safety. She facilitates men's anger management groups in her community and reports sometimes serving both women and their abusive partners in separate programs. Most rural counsellors reported their struggles with knowing information relevant to the safety of a current client that they cannot share because they are bound by confidentiality. Concrete examples were shared in which a woman may be entering into a relationship with a man that has been identified as being

highly abusive by a previous client. Although this information may be helpful to the current client it puts the previous client's confidentiality (and potentially safety) at risk. Client safety and confidentiality restrictions are on-going issues in rural communities, but with women disappearing from the north, they are heightened for counsellors right now.

"It's hard to run groups because it's hard to keep anonymity, although we have tried to before".

4.3 STV CONTRACT ADMINISTRATION AND FINANCES

4.3.1 Appreciation for BCASVACP Programs and Services

STV counsellors in all regions expressed appreciation for the regional conference calls stating that the calls provide much needed support. Women expressed that the calls were extremely useful for connecting with others who do similar work, sharing resource information, ideas for community coordination and how to better support each other. The calls are particularly important for programs that are in isolated regions, have only one STV counsellor or are staffed by counsellors who are new to anti-violence work.

"I really appreciate the support from BCASVACP, life would be stark without it"

"It is really important to connect because isolation is one of the biggest problems."

"these calls provide us with a good reminder of the rural communities, their ongoing work as well as their challenges."

"the Best Practices guide has given me a lot of direction and I know where to go now"

Counsellors also expressed their appreciation for the work that BCASVACP does on an ongoing basis, such as information sharing, core training, the annual fall training forum, the STV listserv, telephone and email support and the link the Association provides between their programs and the Ministry.

Some counsellors who participated in the calls were also completing the STV Counselling Core Training, which was being held around the same time. These counsellors spoke about the benefits of the basic core training and voiced their appreciation for the travel, accommodation, tuition and childcare subsidies provided to the Association from the MCS which made it possible for them to participate in this training.

Counsellors expressed gratitude for the Best Practices Manual for STV Counsellors as a resource they turn to frequently in their work.

Recommendation 28:

It is recommended that MCS continue to provide BCASVACP with the use of Proxnet Teleconference Services for the purpose of teleconference calls with STV counsellors.

4.3.2 Core Training for STV Counselling programs

Because most professional development in the field is post-employment, new STV counsellors are in particular need for basic level training specific to STV counselling such as the STV Feminist Counselling Core Training that is offered through BCASVACP. All of the new counsellors on the calls, expressed a critical need for basic core training. Counsellors have expressed that university education does not equip them for the realities of front line trauma work and that it is very difficult to access training that incorporates an anti-oppression analysis.

“excellent training in STV Core, got connected to everyone with excellent facilitators”

New STV counsellors are focused on building their programs and many expressed that although they are not carrying waitlists yet, they expect to accumulate waitlists as awareness of the program and referrals gain momentum. The new counsellors on the calls expressed desire and appreciation for “any” training that could be made available to them. They also expressed that they found a lot of value in attending their community’s VAWIR (Violence Against Women in Relationships) committee meetings, CCWS (Community Coordination for Women’s Safety Program) workshops and their core training and the Community Leadership Training.

4.3.2 Guidelines for Service: Reporting Statistics

STV counsellors raised questions about the statistical reporting of their activities to the Ministry. Confusion arose when counsellors consulted with each other and subsequently recognized that they had disparate ways of recording their work on the DES form. Having fielded a number of calls from new and existing counsellors related to statistics, the Association decided to invite a Ministry representative to present during the STV Core Training. This was a new development in core training that was regarded as beneficial by the counsellors. Subsequently, the Lower Mainland region STV Counsellors invited a Ministry representative to present at their meeting which was also a success. Other counsellors from across the province have expressed a desire to have a similar meeting with a Ministry representative in their region.

STV counsellors on the conference calls raised concerns about the Ministry’s collection and analysis of the data collected on the DES forms. Counsellors are concerned that the information collected may not accurately reflect the nature or amount of work being done in STV Counselling programs. They also expressed anxiety about how the information collected may be interpreted. For example, documenting “no-shows” does not necessarily reflect the amount or nature of the counselling and support work that is being done with women. Various factors influence “no-shows”, such as transportation difficulties for women in rural communities including weather problems and lack of transportation, lack of

childcare, continued violence in their lives and other crises. STV counsellors often provide support to women on the phone or impromptu at other times than the scheduled appointment, however the volume of this work is not adequately reflected in the statistics. Some counsellors did not know that they could report their stats to MCS online.

Some counsellors continue to emphasize the pressure by their agencies to limit the length of time they see clients or the number of sessions they offer, and to gradually make a transition to doing only short-term counselling. This has serious negative implications for quality of service and the process of recovery for women survivors of violence.

Some counsellors reported that when they spoke to their contract managers to clarify their questions around statistics and data collection, they were told that there is no pressure from the government to increase stats. However, many counsellors did report feeling pressure to increase their stats and to limit the number of sessions they offer. Based on feedback from these conference calls, it appears that some regions are receiving more questions and concerns than others and it is difficult to discern whether this pressure is coming from within agencies or from government.

Counsellors had a number of questions for BCASVCP regarding best practices and what specific activities are considered “direct” service vs. “indirect” service, and how many clients per day they were expected to see in session. There are some discrepancies between programs regarding how long counsellors are able to see clients (i.e. some agencies limit clients sessions to a maximum of one year). Counsellors were informed that based on BCASVACP STV Counselling Program Best Practices Guidelines, a full time counsellor working 35 hours per week can expect to provide 20 hours of direct service and 15 hours of indirect service per week. The Guidelines also refer to case load size and recommends an average case load of 4-5 clients per day.

“I don’t feel alone anymore with all this confusion in completing the DES”

Recommendation 29:

That the Ministry organize regional meetings for STV counsellors and STV Outreach workers on proper completion of the data entry form.

Recommendation 30:

That contract managers commit to discussing the impact of statistics with each program administrator and STV counsellor with specific reference to case loads and direct versus in-direct service ratios.

4.3.4 Gaming Funds Policy

Counsellors expressed their concern that the Gaming Funds policy restricted their use of these funds and yet there has been no increase of funds from MCS. The dilemma is the continuous increase in the cost of providing services. Numerous counsellors spoke about the pressure on them from agencies to participate in fundraising activities and how this contributed to stress related to

service needs. One counsellor spoke about her “agency scrambling for funds” and requiring her to do volunteer fundraising on top of work time. Counsellors have concerns with the gaming policy which states that Bingo monies may not be used toward any program that agencies are already contracted or funded for, even if the work being done is above and beyond that which has been contracted.

Programs continue to rely on gaming funds. The impact of the gaming policy requires a complex bookkeeping to satisfy the various funders. The requirement by gaming to ensure agency use volunteers at bingos causes an increase in pressure on the programs and sometimes on their staff, where they are asked to volunteer.

The impact of these changes include instability, more work and in most cases volunteer work for counsellors to ensure that gaming funds are available to subsidize wages and to cover the cost of inflation for operating costs such as rent, hydro costs among others.

Recommendation 31:

That BCASVACP and MCS meet with the Gaming Commission to increase understanding of the Gaming Funds Policy. We would like to meet with MCS in order to discuss how this issue affects STV counselling programs and to create a plan to discuss the issue with Gaming.

Recommendation 32:

That the Ministry incorporate an annual inflation and benefit lift within STV contracts in order to align contracts with costs of living.

4.3.5 Accreditation

Many STV counsellors expressed frustration with the process of accreditation and with the increase in administrative work as a result of accreditation. Many spoke about their concerns about changes in their agency’s’ philosophies, policies and procedures and the way these changes may interfere with and potentially contravene the STV counselling programs’ standards as well as ethical issues in feminist counselling. The expectations around documentation and records management directly conflict with what is called for in the Records Management Guidelines (RMG), which is a serious issue. Some agencies which have already been accredited have felt that what is being required conflicts with their philosophies and values about their work and their role as a counsellor.

Counsellors requested assistance from the BCASVACP in identifying agencies that have completed accreditation and who were willing to share their documents with others. Information was provided on the calls and counsellors were also encouraged to contact the BCASVACP office for more information if needed.

The long standing record keeping best practices as outlined since 1998 in the RMG is that counsellors should collect only the information that is needed to provide the service, which is in keeping with current PIPA legislation. The problem that programs experience is that the two accrediting bodies, COA and

CARF, have standards that mandate the collection of extensive information about clients on intake. Programs that are going through accreditation find a direct contradiction between accrediting expectations and their best practices records management guidelines.

The Association has brought forward concerns about accreditation to MCS and the Ministry of Public Safety and Solicitor General, and have also attempted to talk to both accrediting bodies with the goal of having their information collection standards waived in BC for anti-violence programs. STV counselling clients are highly vulnerable to having their files subpoenaed and therefore any irrelevant information contained in the file could be used by the defense in order to attack client's credibility. The Association understands that accrediting standards in regards to records management may be waived on a case-by-case basis, however most programs do not know this and we believe it would be more efficient to have MCS involvement.

Recommendation 33:

That the Association and MCS discuss the possibility of the Ministry speaking with both accrediting bodies about creating a provincial standard that anti-violence agencies be exempt from the accreditation records management standards and instead rely on the Records Management Guidelines.

4.3.6 Collaboration with Outreach Programs

There have been 50 new Outreach programs funded by MCS in the last year. STV counsellors on the calls were encouraged to continue a dialogue with their community's Outreach worker colleagues to ensure that they are co-ordinating their services, addressing any possible areas of service overlap and to avoid duplication in service and referral. The BCASVACP and the BCYSTH has recently come to an agreement about which provincial agency will be responsible for providing service and support to which Outreach programs. The BCASVACP is supporting the 50 new Outreach programs and has done teleconference calls with them in, 2007. Report to come.

Counsellors reported congenial and collaborative relationships with Outreach workers, who are able to fill service gaps such as court accompaniment, public education events, transportation, giving out information and gathering referral resources, and helping women integrate into the community. Outreach workers are able to meet with other community agencies more regularly, are helping to address the needs of women on waitlists and can support women with legal information and emotional support.

Counsellors shared some frustrations at the limited hours of Outreach contracts and how widespread their mandate and geographical catchment is. Although most were excited about the existence of this new position, in reality they found that the Outreach worker was working to capacity and not available for specific supports that STV clients needed.

Recommendation 34:

That once BCASVACP and BCYSTH had completed the curriculum development for Outreach Programs, that the Ministry allocate funds for a core training for Outreach workers.

4.3.7 Other Issues

Referrals and Protocols

Counsellors spoke about Protocols they had developed in their communities to coordinate services and to increase safety of women. These included Safe House Protocols and emerging protocols regarding childhood sexual abuse.

The Safe House Protocols were developed collaboratively thus promoting good relations among anti-violence services and the police. In one community the local RCMP detachment have posted the written protocols in their detachment and have prioritized any calls from Safe Homes.

One community is in the process of developing a community protocol on responding to childhood sexual abuse, which brings the police, MCFD and anti-violence services into greater collaboration with each other. Numerous STV counsellors responded to this news with great enthusiasm and requested a copy of the completed protocol so that they would have a model to work from in promoting that co-ordination in their own community.

Counsellors did elaborate on the problem of the lack of referrals from the systems including Police-based victim services as a problem in many communities. Several communities confirmed that they received no referrals from the RCMP. There was also a concern about the lack of referrals from Community-based Victim Assistance Programs. This lack of referrals affected negatively on the statistics of the programs

Counsellors expressed their hesitation of involving CCWS (in particular the Safety Issues Protocol) as they felt that it could create more problems at the community level.

PART 5 CONCLUSION

Counsellors expressed appreciation for the services and resources of the BCASVACP and have asked for even more from us in the areas of training, policy development, information and resource exchange, and organized networks with regular opportunity to meet with peers. Appreciation goes to the Ministry for funding the 19 new STV counselling programs and the 37 new Outreach programs, for continued support to the STV Counselling Support Plan, and for renewing funding for training.

Many of the circumstances and concerns expressed in last year's report remain unchanged or unresolved, such as: high caseloads and wait lists; apparent "downloading" of cases from other systems (i.e. Mental Health and Addictions); increase in severity and complexity of cases referred; growing poverty and related barriers to

safety; still not enough training funds; inadequate funding for programs for travel; time and concerns of seeking accreditation.

Risk of burn out and vicarious trauma remain high and the clinical supervision provision coupled with access to more training and the annual training forum, were described as key to basic survival. Yet in spite of the struggles and stresses described by counsellors, they also demonstrated an exceptional resiliency and determination to work well and creatively within the time and funding limits of their programs.