



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

**STOPPING THE VIOLENCE COUNSELLING PROGRAMS  
REGIONAL TELECONFERENCE REPORT**

**June 2008 (revised April 2009)**

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## **PART 1: INTRODUCTION**

### **1.1 Stopping the Violence Counselling Programs**

There are 100 Stopping the Violence Counselling programs in BC, funded by the Ministry of Community Services. These programs provide essential trauma based counselling and support (including information, referrals and in some cases, system liaison services) for women who have experienced sexual assault, violence in relationships, and/or childhood abuse.

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

The BC Association of Specialized Victim Assistance and Counselling Programs (BCASVACP) is a charitable, non-profit organization that provides services to over 200 funded anti-violence programs across British Columbia:

- Stopping the Violence Counselling Programs
- Stopping the Violence Outreach Programs
- Community-Based Victim Assistance Programs
- Sexual Assault/Woman Assault Centres

Our mandate is to provide support and training, undertake research, develop and distribute resources and tools, educate the public and government bodies on the needs of victims of violence, develop and maintain standards for the provision of service, and foster the development of cross-sectoral coordination and collaboration.

### **1.3 About This Report**

This report provides an overview of some of the Association's work to support STV Counselling programs in 2007-2008. Part 2 outlines some of the support that the Association provides to programs on an ongoing basis. Part 3 outlines the structure of the Teleconference calls. Part 4 outlines the issues brought forward by STV Counsellors during the regional teleconference calls facilitated by the Association in February 2008. 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 mandate of the Association is to provide support and training; undertake research; develop and distribute resources and tools; educate the public on the needs of victims of violence; develop and maintain standards for the provision of service and work to foster the development of relevant intersectoral initiatives across BC. Specifically our services are listed below:

#### **Toll Free Support, Debriefing and Information to Programs**

The Association responds to calls on a daily basis from programs that need assistance with various issues. We provide referrals, support and information and work to bridge programs with each other. We support front-line workers, administrators and Board members across BC. Some of the areas that we commonly assist with include: what to do when files are subpoenaed; interventions where women are at risk and systems are not acting; developing records management policy; child protection issues and apprehensions; court-mandated counselling clients; the impact of trauma counselling on the counsellor; accreditation; general policy development; and program management.

#### **Regional Support Conference Calls**

Each year, the Association coordinates regional conference calls to provide support and information to front-line workers. These calls create opportunities for front-line workers to share concerns and issues, problem-solve with each other, and identify priorities that guide the Association in work that needs to be done to mitigate the issues that arise.

#### **Monitoring and Mitigation of Issues**

Over the year, we hear about problems in the field that need resolution. Sometimes these problems relate to women's safety, other times to policy issues in the various systems women deal with. The Association documents the issues, monitors them over time and works to solve the problems at the regional or provincial level. Examples of how we have done this include: the identification by programs of family law issues, such as the increase in demand for support to women, the lack of training the programs have in this area and the lack of Legal Aid supports in general. We monitored this issue over a two year period, raised the concerns with LSS, received funding from LSS to develop and provide training and a resource manual for workers. LSS used the pressures being communicated by us and others to increase the support offered through Legal Aid.

#### **Newsletter**

Our tri-annual newsletter is a forum for members and other subscribers to share information, learn from other programs, and find out the latest news from the Association and around the province. The newsletter always includes feature

articles on issues currently affecting programs and provides an opportunity for the Ministry to communicate with the programs as well by making submissions.

### **Website**

Our website provides 24 hour access to information and resources for program staff, volunteers and others in BC and beyond. All Association tools and resources are posted on this site so as to cut down on time consuming borrowing of resources or the need to print and distribute multiple copies per program.

### **Listservs**

Programs have access to a listserv for their sector, where direct, on line dialogue can occur between programs. Having emails from the Association or other counsellors arrive to programs directly, this acts to reduce isolation, provide program staff with a place to ask questions regarding client or other issues and is also a place where the Association posts information on time sensitive issues, such as changes to policy, and legislation that affect women who have been victimized.

### **Interpretation of Policy, Legislation and Case Law**

We conduct research and analysis of policy, program and legislative issues that affect member programs and people they serve who have been victimized. For people who have been victimized, the criminal and civil legal landscape is complex and ever changing, as is policy and programs related social assistance, employment programs, criminal injuries, etc. The Association conducts this analysis and distributes information about relevant legal and policy issues and new case law to programs to assist them in understanding complex areas of law and policy so they can pass this information on, easily, to their clients.

### **Assistance to Government**

Throughout the year the Ministry requires input on issues from the field, therefore the Association often conducts focus groups, surveys and needs assessments so we can provide that information to the Ministry. In addition, we act to inform the Ministry of emerging issues and sensitivities so as to assist the Ministry in setting directions and making decisions. Over the past few years we have assisted the Ministry in the areas of the MIS Form review, the Self Monitoring Tool development, Technical equipment needs assessments and distribution of funds for computers, needs assessment re: gaps in services, community by community, STV Evaluation.

### **Education of Other Relevant Sectors**

As a way to improve and advance the profile of STV Counselling Programs and other anti-violence services, as well as to improve the response women receive from other sectors, the Association provides education to other sectors such as family law advocates and lawyers, police and police victim services, emergency managers, emergency social service coordinators, corrections, etc.

**Training**

The Association coordinates and delivers training for anti-violence programs which increases the consistency and quality of services, increases knowledge and skills, reduces isolation and creates networking opportunities. The identification of the needs is done through our direct services funding as well as much of the coordination of trainings we conduct. We apply for special funding to assist with the actual costs of delivery such as participant travel, accommodation and meals, facilitator fees, materials, etc. We have been successful in accessing funds from the Federal government to augment the training funds from the Ministry.

**Resource Development**

Guided by the feedback and priorities articulated by the programs, we develop resources and tools to assist service providers and to reduce duplication of efforts across BC. Examples of resources we have developed include the Records Management Guidelines, the STV Counselling Best Practices Guide, the Generic Policy Manual, and the Emergency Preparedness Workbook. We raise funds to pay for the development, printing and distribution costs of these larger resources but manage these development projects as part of our direct services to the programs.

## **PART 3: 2008 REGIONAL TELECONFERENCE CALLS**

### **3.1 Introduction**

In March of 2008, 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. STV Counsellors from 41 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 2007 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 should in no way detract from the serious and ongoing nature of these issues. We greatly appreciate the opportunity we had to meet with Ministry staff in April 2008 in order to connect over the work the Association is doing to support STV Counselling and Outreach programs 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 are organized into three categories:

- Direct Service Needs
- Indirect Service Needs
- 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 survivors of sexual and domestic violence and the programs they fund.

### **3.2 Participating Agencies**

#### March 4th, 2008: Region 1 North Vancouver Island, Region 2 South Vancouver Island & Region 11 North East

- Campbell River & North Island Transition Society
- Comox Valley Transition Society
- Cowichan Women Against Violence Society
- Family Resource Association
- Fort Nelson Aboriginal Friendship Society
- MacKenzie Counselling Services
- North Island Crisis and Counselling Centre
- Powell River & Region transition House
- Robson Valley Home Support Society

#### March 5th, 2008: Region 3 Lower Mainland, Region 4 Fraser Valley

- Battered Women Support Services
- Burnaby Family Life Institute
- Family Services of Greater Vancouver – New Westminister
- Ishtar Transition House Society
- Sea to Sky Community Services Society
- South Fraser Women's Services Society
- Sunshine Coast Community Services
- Surrey Women's Centre Society
- WAVAW

#### March 6th, 2008: Region 5 Interior, Region 6 Okanagan

- 100 Mile House Women's Centre
- Castlegar & District Community Services Agency
- South Okanagan Integrated Community Services Society - Desert Sun Counselling & Resource Centre
- Logan Lake Health Centre
- Lower Similkameen Community Services Society
- Northern Society for Domestic Peace
- SAFE Society

March 11th, 2008: Region 7 East Kootenays, Region 8 West Kootenays

- Arrow & Slocan Lakes Community Services
- Community Connections Society
- Family Resource Centre of Invermere
- Fernie Women's Resource Centre
- Summit Community Services Society
- Trail Family & Individual Resources Centre Society

March 12th, 2008: Region 9 North East and Region 10 North West

- Alberni Community & Women's Services
- Chetwynd Women's Resource Society
- Fireweed Safe Haven
- Island's Women Society
- Ksan House Society
- North Coast Transition Society
- North Peace Community Resources Society
- Northern Society for Domestic Peace
- SOS Society

## **PART 4: ISSUES AND RECOMMENDATIONS - 2008 TELECONFERENCE CALLS**

### **4.1 DIRECT SERVICE NEEDS**

#### **4.1.1 Waitlists**

Many STV Counselling Programs are struggling to meet the high demands for service in their communities. Many programs do not have the capacity to serve all the women who require services and consequently are carrying long waitlists. This problem is exacerbated by difficulties in attracting and retaining staff due to low wages and high workload. It is not possible to determine exactly what leads to increasing demands for service. In some cases, extremely high unemployment rates in resource-dependent rural communities (one community reported a 70% unemployment rate) have led to increased substance use, suicide attempts and violence.

#### **Recommendation 1**

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

#### **4.1.2 Safety for Women Using Services in Small Communities**

Programs report that it can be difficult for women in small communities to maintain safety and anonymity when accessing services. Some programs have addressed this by advertising events as “wellness” workshops or cultural events. Women who have lived in a small community since they were children may not feel safe with other women in the community knowing about their situation. They also may have been bullied or targeted by these women in the past. Counsellors reported that a high level of stigma and blame still exists against survivors of violence. Counsellors also report that if they (counsellors) are new to the community it may take a long time to gain women’s trust.

#### **4.1.3 Worker Safety**

Working with survivors of domestic violence whose partners are involved in the drug trade and/or organized crime has resulted in some concern for counsellors’ safety. One counsellor’s car was blown up recently just following her having helped two women who were unsafe leave their remote community. At least two counsellors reported being threatened by abusers. Factors that can compromise worker safety include:

- Working in a small rural or remote community where workers are more visible and identifiable
- Being a member of the same cultural community as a woman and/or her partner and therefore more visible and vulnerable
- Working with women who have been abused by multiple abusers or by abusers with violent associates: extended family, pimps or by gang or cult members
- Lack of security devices at the STV Counselling offices

- Working with women who are violent, sometimes due to substance use or mental health issues

### **Recommendation 2**

A one-time grant program be established and funded by the MCS to fund safety enhancement improvements for STV Counselling program sites.

#### **4.1.4 Working with Women with Mental Health and Addiction Issues**

Counsellors report that they are working with more and more women with mental health and addiction issues. Some programs refer these women out to mental health or drug and alcohol programs and do not accept them into the STV Counselling program until these issues are addressed. Others ensure that the woman is given the option of working with mental health and addiction counsellors as well as STV Counselling. Concerns raised include:

- The need for collaboration and cooperation between anti-violence, addictions and mental health sectors
- Mental health workers refusing to see women if they are working with STV counsellors or if they have certain diagnoses (“too severe” or not severe enough)
- More training is needed for STV Counsellors to be able to use a harm reduction approach. The Freedom From Violence Toolkit is available but more accompanying training is needed to implement it into practice.

### **Recommendation 3**

That training funding provided by MCS be increased by \$35,000 per annum to allow implementation of the newly developed fourth STV Counsellor core training module: Tools for working with Trauma, Mental Health and Substance Use.

### **Recommendation 4**

The Ministry assists by supporting efforts by STV Counselling programs to connect and collaborate with Mental Health programs.

### **Recommendation 5**

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.

#### **4.1.5 Abusers Reporting Women to Mental Health and MCFD**

Workers in a number of communities report that abusive partners have called police to say that their partners are suicidal or that they fear that they will harm themselves or their children. Women end up being involved with mental health and/or child protection services and may lose custody of their children. Some women end up in psychiatric wards and do not have access to anti-violence services.

### **Recommendation 6**

That the Ministry work with BCASVACP and the Community Coordination for Women's Safety (CCWS) program to initiate and engage cross-sector discussions on a more collaborative response on issues involving survivor's safety.

#### **4.1.6 Women Mandated to STV Counselling by MCFD**

Workers raised concerns about the challenges they face when supporting women who are experiencing abuse with children who have been exposed to or witnessed abuse of their mother. Most of the STV counsellors that participated in the teleconference calls reported that child protection workers are insisting that a woman leave an abusive partner and seek STV counselling in order to retain her children. Some MCFD workers acknowledge that women's safety is an integral part of child protection interventions where violence against women exists, but counsellors are concerned whether all MCFD workers understand the extent of disruption and additional trauma that this can cause the family. As well, this loss of freedom to a woman to choose how to care for her children may undermine her future ability to make decisions and to trust people who are trying to help her. STV counsellors also raised concerns that if women are coerced into counselling and not voluntarily attending, it may not be helpful for them. Also women in this situation may already have four or more workers and many appointments to attend.

### **Recommendation 7**

The Ministry works with BCASVACP, CCWS, BC & Yukon Society of Transition Houses and BC Women's Hospital to develop a strategic plan in working with MCFD. These agencies have produced a Best Practices Guide including curriculum for training. This training should be provided to child protection workers across the province.

#### **4.1.7 Lack of Safe and Affordable Housing**

The lack of safe and affordable housing across BC is having a severe impact on women in abusive relationships, including:

- Women stay in abusive relationships rather than risk being homeless
- Women move into crowded, unsanitary or unsafe situations
- Women move often in their search for stable housing
- Women are forced to leave their communities in order to find housing
- Women stay with friends and family—not only is this often an untenable situation, but women in this situation are not put on the priority list for BC Housing—only women in transition houses are
- Women staying in temporary lodgings may find it difficult to get rent receipts, thus complicating applications for BC Housing or income assistance
- Women may engage in survival sex to secure housing
- Women are less able to access counselling and support services when they do not have stable housing

### **Recommendation 8**

That the Ministry advocate for a cross ministerial initiative to promote the establishment of affordable long-term social housing options for women who are seeking safety.

### **Recommendation 9**

That the Ministry support the development of Best Practices Approaches and training curriculum for the Ministry of Employment and Income Assistance with the assistance of the anti-violence sector on issues of violence against women in relationships.

#### **4.1.8 Women Self-Representing in Civil Court**

Counsellors continue to see many women representing themselves in provincial court. Their ex-partners often have lawyers, so that the women are at a distinct disadvantage. Women often end up returning to the abusive relationship because of their lack of options. Counsellors also report that immigrant women without Western education and/or who are not fluent in English seem to be less likely to get custody of their children.

### **Recommendation 10**

That the issue be referred to CCWS with the understanding that the program would work with Legal Services Society on this problem.

#### **4.1.9 Immigrant and Refugee Women**

STV counsellors report that immigrant/refugee women are facing a number of significant issues.

- It often seems that working with immigrant/refugee women requires more trust-building and these women may also require more help with practicalities such as getting housing and legal assistance
- Some immigrant communities see accessing counselling as a shameful thing to do
- Women have fears about losing immigration status if they access services
- Some programs have found that immigrant communities are more likely to access programs if they change their name to something less specifically focused on violence, such as “family counselling”
- Workers report that they are finding that more and more women are being brought into BC on visitor visas. In the case of violence in relationships these women have few or no resources. Services such as transition houses, health, housing or support services are generally restricted
- Some women have experienced their partners getting certificates of divorce without their knowledge, then marrying other women outside of Canada (in India)

### **Recommendation 11**

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

### **Recommendation 12**

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

### **Recommendation 13**

That the Ministry supports the relationship development between the anti-violence sector and Settlement Workers.

#### **4.1.10 Women Accessing Services Sooner After Violence**

STV counsellors in some communities report that they are seeing more women accessing services while they are in or have just left abusive relationships, whereas in the past they have generally seen more women who experienced abuse a number of years past. Women who are currently in abusive relationships are more likely to have difficulty making appointments etc. This may be an indicator that STV Counselling programs could be enhancing their service by offering crisis counselling as well as the current STV Counselling for which they are currently funded

### **Recommendation 14**

Increased funding to STV Counselling Programs to enable them to offer crisis counselling as well as longer-term STV counselling.

#### **4.1.11 Services for Sexual Assault Survivors**

Programs reported seeing more survivors of sexual assaults. Again, this could either mean that sexual assault is increasing or that women are getting help sooner. Some programs have changed their program policies to provide immediate counselling to women recently assaulted i.e. within 6 months. Some programs also have “crisis teams” to provide sexual assault survivors with immediate support.

### **Recommendation 15**

There is a serious gap in BC related to the fact that we don't have a crisis response for sexual assault. Research and compilation of existing programs and policy, a public policy review, public education, training for service providers and an increase in programs and support for survivors is needed. See the *Strategic Plan and Options Paper for BC on Sexual Violence* for further discussion and information.

#### **4.1.12 Working with Older Teens**

STV counseling programs continue to have older teens referred to their programs. There are also programs that are working with the schools to meet the needs of teenagers. Many counsellors would like more prevention and education work being done, but do not have the capacity within their jobs to do so. STV Counselling Programs provide services for young women from age 19. MCFD funds services for sexual abuse interventions aimed specifically at helping

younger sexually abused children. This leaves no programs available for young women who have been raped leaving young women and girls in BC without access to counselling. In 2000, the majority (54%) of female victims of sexual assault were under age 18. While MPSSG provides support such as emotional support and support through the justice system through their Victim Services Program, it is the complexity of experiencing sexual trauma at a young age that requires the provision of counselling

#### **Recommendation 16**

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 17**

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 18**

That the Association develop and implement training for STV counselling programs that focuses specifically on competencies counsellors would require working effectively with young survivors of violence.

#### **4.1.13 Violence in Lesbian Relationships**

Some counsellors reported that there is more work that needs to be done to provide services to lesbians in abusive relationships. Some communities are able to provide these services while others are still unable to assist women due to a lack of knowledge and training.

#### **Recommendation 19**

That funding be made available to facilitate Anti-Violence Service Provider workshops for supporting clients in same sex/ same gender relationships.

#### **4.1.14 Statistics/Tracking Work**

Counsellors report that keeping statistics clear is difficult because there is an overlap and interconnection between issues. “Some women are referred by the RCMP where the woman has experienced abuse, is severely depressed – it is difficult to determine to continue to keep her as a STV client or refer her as she does have mental health concerns”. Thus the question is that “because I do both contracts: STV and mental health – do I take them as mental health and then close their open to reopen as STV clients?” The main challenge is also the paperwork that it all entails. Workers were finding it “difficult to determine where to put the statistics as that is what brings in the money for the contracts.” “Many

women we are dealing with are already working with mental health, addictions and STV". "STV staff are providing services at the mental health rate but are paid under STV". Thus workers were feeling that not everything is "cut and dry".

## **4.2 INDIRECT SERVICE NEEDS**

### **4.2.1 Need for Clarity About STV Outreach Roles**

Some STV counsellors brought up that they felt unclear about STV Outreach workers' job descriptions and how these might overlap with their work. They were also unsure about what services they could expect Outreach workers to offer, as it did not seem to be consistent from community to community.

### **4.2.2 Need for Training**

STV counsellors suggested a number of areas where training is needed:

- Mental health and addictions (training could be based on the Freedom from Violence Toolkit)
- Risk assessment and safety planning
- Maintaining worker safety

Counsellors expressed appreciation for BCASVACP resources and training that have been provided recently, in particular the Freedom from Violence Toolkit and last year's Annual Training Forum, and the EMDR training.

### **4.2.3 Need to Connect with and Learn from Other STV Programs**

Some communities are frustrated by the lack of co-ordination among anti-violence services and the barriers there are to meeting with each other: long distances, lack of time, lack of funding, etc.

### **4.2.4 Community Coordination**

While many communities have effective community coordination of services (often as a direct result of working with our CCWS program), other communities still need assistance in this area. A significant barrier is lack of hours/funding to do coordination work.

### **Recommendation 20**

CCWS continues to be a critical resource helping to build cross sector coordination. However, what is missing is a staff person within the community to maintain this communication. We will be exploring how CCWS can increase our work with STV Outreach workers to fill this identified need.

### **4.2.5 Concerns Related to Police Support And Response**

Counsellors continue to be concerned about some police responses to women who are in abusive relationships. There is concern that police make decisions that revictimize the woman and lead to her being less likely to call for assistance the next time she fears for her safety. Factors contributing to inadequate or revictimizing responses include:

- High turnover and lack of experience among police
- Lack of training, or, in the case of RCMP trained outside of BC, lack of BC-specific knowledge

CCWS is addressing the issue of good police practice with their work on the Safety Issues Protocol (SIP) project, which was developed with RCMP E Division. This protocol allows workers to address safety issues without compromising the woman's relationship with the local policing agency. They have also researched and written a paper on Dual Arrests, and have initiated a Third Party Reporting protocol between community based victim service workers and several community police forces.

### **4.3 STV CONTRACT ADMINISTRATION AND FINANCES**

#### **4.3.1 Wages/Compensation**

Many STV counsellors are concerned about low wages, lack of increase in wages, lack of pensions, lack of recognition for experience and training, disparities among STV programs and disparities across sectors. Chronically low wages for STV counsellors have led to stress, job dissatisfaction and high turnover. Counsellors point out that their work is important, stressful and specialized, yet their wages are not on par with employees in similar sectors such as mental health.

Many who work in the anti-violence counselling sector do so because of our passion to work towards equality and healing for women. They add that this does not mean that their work should be under-valued. It is ironic to have practitioners in the mental health system refer to the "specialists" in the anti-violence sector to work with the most traumatized women in our communities, and to see those who are considered the specialists be so under-valued in terms of compensation and benefits. "The marginalization of the women STV Counsellors work with is absolutely reflected in the marginalization of this sector overall."

#### **Recommendation 21**

That the Ministry engage with the BCASVACP in a process to review current STV counsellor wages and set FTE rates at a competitive level with others in the field such as Mental Health counsellors.

#### **4.3.2 Practicum Students**

Workers noted that all the hours spent in training and supervising has an impact on the program and suggested that it be reflected in the notes/comments section of the statistics under direct service. It was confirmed that these comments are read by the Program Managers.

#### **4.3.3 Office Space**

Some programs reported that rising rental costs have become a problem. Finding office space in accessible and/or safe locations is a significant challenge.

#### **4.3.4 Accreditation**

Accreditation continues to result in extra work for STV counsellors and less time to see clients. Questions have been asked as to whether this has been accommodated for on the stats collection forms.

#### **Recommendation 22**

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 standards and instead rely on provincially provided standards.

#### **4.3.5 Funding**

Workers reported a number of concerns related to funding, including concerns that funding is going towards rising administrative costs as opposed to program delivery.

#### **4.3.6 Increased Funding Needed for Clinical Supervision**

Counsellors spoke of the current level of funds for clinical supervision as being insufficient to meet their needs to remain informed and well trained in assisting their clients. Some would like to see clinical supervision monies tied to how many hours each program has. Right now a part time program gets the same amount as a 75-hour program.

#### **Recommendation 23**

Programs receive \$2,500 per year and this has not changed since 1998. This amount should be re-assessed.