



A Canadian scan of provincial treatment and intervention services for children aged 0 to 4 years who have been exposed to domestic violence

Principal Investigators: Dr. Angeliqne Jenney, Director of Family Violence Services, Child Development Institute
Dr. Katreena Scott, Human Development & Applied Psychology, University of Toronto

Report Authors: Violeta Dubov, Izumi Niki, Sonia Nizzer, Liane MacGregor, Claudia Obreque-Coccio, Stéphanie Pelletier, & Deborah Goodman, Child Welfare Institute, Children's Aid Society of Toronto

Table of Contents

1.0 INTRODUCTION	3
1.1 The Impact of Domestic Violence on Young Children.....	3
1.2 The Intersection of Domestic Violence and Child Protection.....	3
1.3 Interventions for Mothers and Child-Victims of Domestic Violence	4
1.4 The Safe and Understood Project: Provincial Scan.....	4
2.0 PROVINCIAL SCAN METHODOLOGY	6
2.1 Provincial Scan Strategy	6
2.2 Inclusion and Exclusion Criteria	6
3.0 DOMESTIC VIOLENCE IN CANADA: PROVINCIAL SCAN FINDINGS	8
3.1 Provincial Policies and Initiative related to Domestic Violence.....	8
3.1.1 Prince Edward Island.....	8
3.1.2 Newfoundland and Labrador	9
3.1.3 New Brunswick.....	9
3.1.4 Nova Scotia	10
3.1.5 Manitoba.....	10
3.1.6 Saskatchewan	11
3.1.7 Alberta.....	11
3.1.8 British Columbia	12
3.1.9 Yukon.....	12
3.1.10 Northwest Territories	13
3.1.11 Nunavut.....	14
3.1.12 Ontario	14
3.1.13 Québec	15
3.2 Service Types and Examples Identified Across Canada	16
3.2.1 Atlantic Canada.....	16
3.2.2 Western Canada.....	18
3.2.3 Northern Territories	19
3.2.4 Central Canada.....	20
4.0 PROVINCIAL SCAN: SUMMARY & DISCUSSION OF FINDINGS	21
5.0 CONCLUSION	22
REFERENCES	24

6.0 APPENDIX A: CAPC PROGRAMS WITH FAMILY VIOLENCE FOCUS 32
7.0 APPENDIX B: PROGRAMS/SERVICES REVIEWED IN THIS REPORT 33

1.0 INTRODUCTION

1.1 The Impact of Domestic Violence on Young Children

Research in developmental neuroscience has shown that infancy and toddlerhood is a sensitive period for the development of a number of core cognitive, emotional, social and self-regulatory capacities (Doyle, Harmon, Heckman, & Tremblay, 2009; Nelson, Bos, Gunnar, & Sonuga-Barke, 2011; Shonkoff & Levitt, 2010). Furthermore, there is increasing evidence that children's early environments can directly affect the expression of genes that control the development of the brain and nervous system (Heim & Binder, 2012; Nores & Barnett, 2010; Pan, Fleming, Lawson, Jenkins, McGowan, 2014). As a result of these neurodevelopmental vulnerabilities, early childhood experiences play an enormous role in children's development. Contrary to the often held belief that infants and toddlers are protected from, or resilient to, the impact of domestic violence (DV) exposure (Carpenter & Stacks, 2009) young children actually hold the *greatest* risk for long-term damage. The intense stress associated with exposure to DV, combined with the lack of availability of their primary caregiver for sensitive responding as a direct result of the violence; carries with it the risk of specific impairments in the brain development of very young children, affecting emotional, self-regulatory and cognitive sensory growth (Holt, Buckley & Whelan, 2008). These early developmental insults are, in turn, hypothesized to be important underlying mechanisms of the high rates of lifetime mental and physical health problems found in populations exposed to DV (Jenkins, Madigan & Arseneault, 2015; Tarullo & Gunnar, 2006; Teicher et al., 2003; Watts English, Fortson, Gibler, Hooper, & DeBellis, 2006).

1.2 The Intersection of Domestic Violence and Child Protection

Child protection services have considerable opportunity to promote better outcomes among very young children at high risk for compromised mental and physical health development as a result of exposure to DV. Exposure to DV is one of the most frequently substantiated forms of child maltreatment experienced by Canadian children (Trocmé et al., 2010). Recently released data from the Ontario Incidence Study finds that DV accounts for almost half (48%) of cases substantiated by child protective services, which in Ontario translates to approximately 20,500 cases per year (Fallon et al., 2015). As with other forms of maltreatment, very young children experience disproportionately high levels of victimization (Gjelsvik, Oftedahl & Pearlman, 2003). Moreover, because infants and toddlers are more often in the presence of their mothers than older children, their exposure experiences are more likely to be direct (i.e. witnessing violence) as opposed to indirect (i.e. hearing or knowing about violence) (Fantuzzo et al., 1991; Kitzmann, Gaylord, Holt, & Kenny, 2003).

There are many complexities to child protection work in the context of domestic violence (MacMillan et al., 2009; Gordon, Oliveros, Hawes, Iwamoto & Rayford, 2012; Strug & Wilmore-Schaeffer, 2003). One tension is that mothers, on whom children rely for sensitive contingent responding to traumatic events and traumatic reminders, are also victims of DV. There is a robust relationship between DV victimization and symptoms of trauma and depression (McWhirter, 2006; Nicklas & MacKenzie, 2013; Smith & Landreth, 2003). For instance, Katz and Windecker-Nelson (2006) found that DV was associated with parental difficulty in helping their children regulate their emotions and that this lack of "*emotion coaching*" increased the behavioural problems of children exposed to DV. Domestic violence victimization is also a strong risk factor for maternal intrusiveness, hostility, non-responsiveness and to mother perpetrated maltreatment (Antle, Barbee, Sullivan, & Christensen, 2009; Bosquet Enlow et al., 2011; Gustafsson, Cox, & Blair, 2012; Nicklas & MacKenzie, 2013; Zerk, Mertin, & Proeve, 2009). Many of the more complex child protection cases present with a combination of risk due to ongoing concerns about fathers' perpetration of DV and mothers' DV or mental health related neglect.

In the context of this complexity, there is an urgent need to identify, and make available, interventions that can effectively avoid retraumatization of women and promote better outcomes for children in the context of exposure to DV (Hester, 2011; Lapierre, 2008; Fallon et al., 2013).

1.3 Interventions for Mothers and Child-Victims of Domestic Violence

MacMillan and colleagues (2009) conducted an extensive review of approaches to reduce abuse, advancing a framework that clarifies the need for intervention aimed at (1) preventing the recurrence of maltreatment and (2) reducing impairment associated with victimization. Critical for intervention with mothers in both these contexts are programs focused on improving the mother-child relationship. To date, the most promising of these interventions are informed by theories of attachment, trauma, social-cognitive-behavioural learning, and intergenerational transmission; which are offered to a mother-child dyad as opposed to mothers or children alone (MacMillan et. al., 2009).

The Family Violence Initiative, initiated in 1988, is the federal government's main collaborative forum for addressing family violence. The Family Violence Initiative is led and coordinated by the Public Health Agency of Canada (PHAC) and brings together 15 departments and agencies to prevent and respond to family violence. Multiple levels of interventions have been developed through federal and provincial governmental initiatives to address the issue of DV, including public education and awareness raising campaigns, primary prevention services, screening and assessment, crisis intervention, supportive counselling, psychoeducational programs, and community referral services. For example, the Department of Justice and Status of Women Canada play a large role in developing victim services that provide shelters, transitional housing, court support, and supportive counselling for women and child-victims of DV. The Public Health Agency of Canada also supports increased efforts towards family violence prevention through its children's programs. *"These programs focus on positive parenting, parental involvement, attachment, resilience and healthy relationships. The programs also serve as important points of access where women living in situations of abuse and violence may be referred to more specialized intervention services"* (PHAC, 2014, "Public Health Agency of Canada," para. 1).

As previously discussed, women who are victims of DV have lower capacity to provide emotional scaffolding and support to their children and are at a higher risk of maltreating their children due to the unresolved trauma and resulting mental health challenges. Consequently, their children are at a higher risk for behavioural problems and a variety of other negative outcomes due to DV exposure and, potentially, other experiences of maltreatment. Mothers and child-victims of DV often need these *"specialized intervention services"* that are capable of addressing these issues. Especially in complex cases where child protection services have become involved with the family, mothers and children would benefit most from the type of dyadic, trauma informed and relationship focused psychotherapeutic intervention shown to be most effective in MacMillan and colleague's (2009) review. However, these types of interventions are beyond the scope of services traditionally available to the domestic violence victim population, in particular where very young children are involved.

1.4 The Safe and Understood Project: Provincial Scan

The overview provided in the previous sections can be summarized in four main points:

1. Exposure to DV places young children at risk for long-term impairment;
2. Cases of child exposure to DV that are investigated by child protective services are typically quite complex. This complexity results from the combination of concerns about both children's safety and well-being and mothers' safety and parenting;

3. Through the *Family Violence Initiative*, a range of programs are funded, which include public education and awareness raising campaigns, primary prevention services, screening and assessment, crisis intervention, supportive counselling, psychoeducational programs, and community referral services. The need for specialized intervention services to address complex cases is also identified;
4. Specialized interventions that are most promising for reducing the negative impact of DV on children appear to be those that involve mother-child psychotherapeutic work that focused on improving the relationship between mothers and their children.

These four main findings form the foundation of the *Safe and Understood* project, which aims to promote healthy outcomes in the population of young children (0 to 4) whose exposure to DV has been substantiated by child protective services. As a first step in this five-year initiative (2015-2020), it was deemed essential to describe existing policy and services for mothers and young child victims (under age 4) of exposure to DV across Canada. Therefore, the aim of this report is to conduct a cross-Canada scan for policies and services and to uncover to what extent available interventions incorporate the best practice principles (i.e., dyadic, specialized, relational) for this population. It was hoped that this provincial scan would not only increase our understanding of DV policies and available interventions, but also clarify whether the Safe and Understood project proposes a unique service model or one that has been utilized elsewhere. Please note that for the current report, the focus is on interventions for mothers (or other primary caregivers who may have been victims of DV) and children.

The next section of the report begins with a description of the methodology used to conduct the provincial scan and continues with an overview of provinces and territories, where DV related governmental Action Plans are reviewed and existing therapeutic services for children under 4 are identified. It is important to note that DV Action Plans were included in this report as they shed light on provincial/territorial priorities and provide useful context on the state of affairs of DV services; however, a review of all governmental DV-related policies as well as policy analysis is beyond the scope of this report. The final section of this report summarizes the findings of the scan and highlights existing gaps.



2.0 PROVINCIAL SCAN METHODOLOGY

The *Safe and Understood* project has a national scope with different intensity of activities planned for different regions across Canada. In order to accomplish the first objective of this project, the Child Welfare Institute (CWI) was contracted to conduct a detailed examination of DV-related practices and services across Canada. Specifically, the research question guiding this examination was:

RESEARCH QUESTION: What are the targeted therapeutic services for mothers with DV experience with children under the age of 4 years within each community?

2.1 Provincial Scan Strategy

The methods and tools used to gather the information included web searches, review of reports, and emails and telephone conversations with representatives from specific agencies. The searches were conducted between September of 2015 and March of 2016 and aimed to discover if therapeutic services exist for children under the age of 4 who have been exposed to DV. After the search was completed, a list of shelters, hospitals, government programs and crisis lines was created for every region. A selection from these services within each province and territory were contacted to enquire as to where they might refer children exposed to DV. Further, governmental officials from provincial offices were contacted to further inquire about provincially funded programs or services. The combination of these search strategies produced a list of agencies and services that provide some sort of DV intervention or support to mothers and/or children. Phone conversations with representatives at these agencies were used to clarify details of the services provided; the list was then revised and narrowed based on whether the agencies/services met the inclusion criteria detailed below.

2.2 Inclusion and Exclusion Criteria

The following inclusion criteria for DV intervention services were developed based on what has been identified in the introduction section of this report as best practices for mothers and child-victims:

- The identified service specializes in DV and recognizes it as a unique service issue for the mother and child;
- The identified service recognizes that a mother's experience of DV trauma may impact her and her child, which could be ameliorated through trauma-informed intervention;
- The identified service uses a dyadic intervention component and is able to address the experience of DV trauma and meet the mental health needs of mothers and their children under age 4.

During the early stages of the scan, numerous programs or services that have a family violence component emerged, yet did not fully adhere to the inclusion criteria described. Therefore, exclusion criteria have been developed to assist with consistent and systematic selection of programs:

- Home visiting and support programs for high risk or vulnerable mothers have been excluded unless they have a specific focus or service stream on DV intervention, although DV screening is often performed.
- General prenatal, postnatal and parenting support programs were excluded as they do not have a specific focus on DV intervention (although the topic of DV is often briefly covered as part of curriculum) and are typically not dyadic in nature (i.e., parents attend without their infants/children or, if children/infants attend, they are there as "observers" with parents the

main focus of the program). Similarly, educational programs on attachment and child development services were excluded unless there was a specific focus on DV intervention.

- Parent support groups to at-risk mothers were excluded, even if DV was the group's focus, as they were missing the dyadic mother-child DV-related intervention component.
- General mental health services may have the capacity to provide dyadic mother-child interventions but were excluded unless they had a program or service stream with a specialized DV focus.
- Child Advocacy Centres (CACs) or Child and Youth Advocacy Centres (CYACs) specialize in child maltreatment and have the capacity to provide therapeutic services to children and parents, but access to service requires a child protection investigation.
- Aboriginal Healing Centres, although many did have a specialization in DV, were only profiled if they specifically incorporated mother-child relational intervention.
- Eligibility for programs in women's shelters was particularly challenging to determine as such programs often presented a grey area. Specifically, child support workers and programs designed to address aspects of DV-impact are often available within shelters. Further, many shelters have Community Action Programs for Children (CAPC) aged 0 to 6, funded through the Public Health Agency of Canada (PHAC), with a specific focus on family violence (see Appendix A for a full list of CAPC programs focused on family violence). Without question, these programs are able to address many needs of mothers and children impacted by DV. However, the provincial scan revealed that these programs are mostly family resource programs rather than clinical programs, are led by staff who are not required to have a professional designation, and do not have clearly defined anticipated clinical outcomes for mothers and their children under 4. Such family resource programs, although valuable, were also excluded.

In summary, there are a range of programs and services that may be helpful for young children who have been exposed to domestic violence, including home-visiting programs, general parenting support and education programs, and family resource programs. The vast majority of these programs explicitly identify as primary or secondary prevention programs. In other words, their aim is to prevent child exposure to domestic violence, or the effects of such exposure, in general and at-risk populations. Such programs are important and valuable. However, we also need services that can respond to families once harm has occurred and when primary and secondary prevention is not sufficient. The specific aim of this scan was to identify programs designed to meet the needs of this latter group - children already impacted by exposure to abuse. Moreover, in line with empirical literature on best practice, we focused specifically on those programs that used a dyadic model of intervention.



3.0 DOMESTIC VIOLENCE IN CANADA: PROVINCIAL SCAN FINDINGS

The rates of DV across Canadian provinces and territories vary greatly, as do the quantity and types of available services to address the needs of those affected. According to Statistics Canada (2013), there were approximately 100,000 victims of police-reported DV in Canada, making up 48% of all reported family violence and 25% of all reported violent offences in Canada. The highest rate of DV against women within the provinces was reported in the prairies while the highest reported DV rates in Canada were in the territories. It should be noted that territorial DV rates should be interpreted with caution as the data collection methodology in those regions remains a challenge due to the remote nature of its northern communities. Nevertheless, DV is evidently a widespread epidemic in Canada and a notable public health concern.

This section presents the findings of a provincial scan conducted between September 2015 and March 2016. Provincial DV related policies and initiatives will be presented first and followed by a discussion of the types of DV services available across Canada. In this policy scan, we were specifically looking for aspects of DV and family violence policies that pertain to meeting the needs of children victims of violence, especially exposure to domestic violence.

3.1 Provincial Policies and Initiative related to Domestic Violence

3.1.1 Prince Edward Island

Prince Edward Island (PEI) launched its first province-wide strategies to address family violence in 1995. *The Department of Community Services and Seniors* houses PEI's *Family Violence Prevention Services*, which is a community organization that provides support for emergency shelters and transition housing, a 24-hour crisis line, outreach services, public education and community support services for those affected by family violence (PEI Family Violence Prevention Services, 2015). *The Department of Community Services and Seniors* also houses the *Interministerial Women's Secretariat*, which is responsible for the promotion of gender equality, including preventing and responding to violence against women. PEI's *Advisory Council on the Status of Women* provides additional support for promoting violence prevention.

The Premier's Action Committee on Family Violence Prevention (PAC) was established in 1995 with a mandate "to provide education and awareness about family violence prevention and to implement and promote a provincial family violence prevention strategy" (Department of Family and Human Services, 2015). The PAC has worked on several projects to raise awareness and prevention of family violence. The initial five-year strategy was approved and released in 1995. Since then, yearly updates have been released, the most recent of which was in 2014. Improving service coordination and delivery to children exposed to family violence has been identified in the strategy as well as the expansion of family violence services available to meet the needs of children (Premier's Action Committee on Family Violence Prevention, 2013-2014). It should be noted that this refers to family violence as a whole and not to children who witness domestic violence specifically.

Positive changes have emerged from the above initiatives, such as:

- The entire Family Law Section of the Department of Justice developed a spousal abuse protocol that came into effect in November 2010;
- The Police Response to Domestic Disputes protocol was revised and updated in 2010; all municipal services, security police officers at UPEI, and the RCMP have endorsed it;

- The Aboriginal Victim Assistance Program was developed in collaboration with the Mi'kmaq Confederacy to respond to needs of Aboriginal victims (The Advisory Council on the Status of Women, 2011).

3.1.2 Newfoundland and Labrador

The Government's response to violence in the province is the *Violence Prevention Initiative*, coordinated by the *Women's Policy Office*. The Initiative was a six year (2006-2012), multi-departmental, government-community partnership to find long-term solutions to the problem of violence against those most at risk in our society--women, children, youth, older persons, persons with disabilities, Aboriginal women and children and other people who are vulnerable to violence because of their ethnicity, sexual orientation or economic status. The *Violence Prevention Initiative* also covered a broad range of activities and programs, including violence prevention, public education, services for women and children fleeing violence, training for public employees, and services tailored to the prevention of violence against Aboriginal women. Funds for shelters and transition houses are largely supported through the *Department of Health and Community Services*. The *Department of Justice* administers victim services and family justice services (Government of Newfoundland and Labrador, 2006).

In an effort to continue the initiative, the Government released *Working Together for Violence Free Communities: An Action Plan for the Prevention of Violence in Newfoundland and Labrador 2015-2019*. This is a very comprehensive strategy with a heavy focus on family violence as a whole; some attention is given to violence against women specifically, but no specific attention is placed on children who witness violence in the home. The activities and programs outlined in the *Action Plan* centre around prevention campaigns, emergency services for women and children fleeing violence and social welfare services. There was no real mention in the *Action Plan* of therapeutic interventions for victims of DV, in particular child victims.

3.1.3 New Brunswick

The Province delivers the majority of services to survivors of abuse through *Regional Violence Prevention Networks* coordinated by *The Violence Prevention and Community Partnerships Unit* of the *Women's Equality Branch*. The Province provides some support to these regional networks through *The Department of Social Development*. *The Department of Public Safety* is responsible for first response to incidents of domestic violence, including victim services. *The Department of Justice* is responsible for the *Domestic Violence Court* (Government of New Brunswick, 2015).

The Government of New Brunswick has an integrated policy on violence against women. The policy sets out a wide range of goals, including providing victim services, such as housing and income-support, counselling and health care services, early intervention and prevention programs, public awareness campaigns, legal aid, and a DV legislation framework. All this is outlined in the 2013 *Woman Victim of Abuse Protocols* signed by 17 ministers and deputies, including departments of health, social development, justice, education and early childhood development, public safety, and the attorney general. In this document it is stated that the "*government of New Brunswick recognizes violence against women as a pervasive social issue and has identified it as a priority for action*" (Government of New Brunswick, 2013). The document also recognizes that children are victims of DV and may suffer social and emotional consequences, even without direct exposure to the violence. In addition, the *Action Plan for Mental Health in New Brunswick 2011-2018* includes a commitment for government to continue funding outreach services to support women who have experienced violence and/or sexual assault as well as fund training for "*Concurrent Group Programs*" for mothers and their children, exposed to DV (p.13).

3.1.4 Nova Scotia

Nova Scotia initiated provincial DV intervention efforts in 1995 with the *Framework for Action Against Family Violence*. The framework was initiated to improve the response of the justice system to incidents of intimate partner violence and was comprised of six key components, including improved justice procedures, enhanced victim support, interagency collaboration, and advocacy. In 2001, an external review of that framework, which became known as the *Russell Report*, concluded that the framework has been effective, but a number of recommendations to enhance the framework were made and have been on the province's agenda since (Government of Nova Scotia, 2010).

In 2009, a Domestic Violence Prevention Committee made up of community and government members released a report with numerous recommendations in an effort to strengthen DV response. In 2010 Nova Scotia's Department of Justice released *The Domestic Violence Action Plan*, the provincial response to the Domestic Violence Prevention Committee report (2009). This document outlines that in an effort to coordinate and refocus the province's approach to DV, the government of Nova Scotia is launching the following new initiatives:

- An awareness campaign
- A DV electronic central repository of information on programs and services available
- A DV court pilot program
- Legislative changes to better support victims
- Provincial policy and guidelines for healthcare providers to identify, assess and intervene in DV cases
- Pilot the "Caring Dads" program to increase the parental capacity of fathers
- Offer chances to counsel children exposed to domestic violence through *SchoolsPlus*
- Undertake research to build knowledge base (e.g., *Intimate Partner Violence Tracking Project*)
- Improve education and training opportunities through academic and stakeholder collaborations

Funding for the wide range of programs and services outlined in the Plan are shared across several government departments. Funding for Transition Houses and VAW Intervention Programs is provided by the Department of Community Services.

3.1.5 Manitoba

In November 2011, the Manitoba government committed to developing a multi-year DV strategy. In 2012, the government held public consultations to gather information on how to improve prevention efforts and services for those affected by DV. The government also reviewed its support for agencies working in the DV sector and found that Manitoba's funding model remains unique in that Manitoba is the only province where all DV shelters are purchased, owned and maintained by the province (Government of Manitoba, 2012). In the same year, the government released their multi-year strategy that identified a number of strategic priorities:

- Counselling for children and youth who have been exposed to domestic violence;
- Focus on the over-representation of Aboriginal women and children in Manitoba's shelter system;
- A range of services to help foster healthy families, including couples counselling;
- Legal supports, including supports for victims involved in family law proceedings;
- Supports for women who access women's shelters frequently and for extended periods of time;
- Supports for men seeking services as victims;
- Consideration of the broader social issues affecting victims, including financial stability, housing, childcare and addictions services.

In November 2015, Manitoba's government proposed amendments to the Employment Standards Code to allow victims of DV to take a leave from work without penalty that can be used at any point throughout the year to help recover from violence. The legislation is the first of its kind in Canada and received royal assent in March 2016. The leave, which includes five paid days and up to 17 unpaid weeks, would allow victims of DV to address their well-being without fear of losing their jobs in the event of absence (CBC, 2015a; The Globe and Mail, 2016).

The Family Violence Prevention Program (FVPP) plans and develops community programs to support services for abused women and their children and for men living with family violence. According to FVPP, Manitoba has 10 women's shelters, nine women's resource centres, four second stage housing programs, and 14 other support services for victims of family violence (Government of Manitoba, 2015). Interestingly, in 2007, RESOLVE Manitoba, which is a research network that coordinates and supports research aimed at ending violence, produced *A Guide for Service Providers working with Children Exposed to Family Violence*. In that guide, trauma to infants and toddlers as a result of exposure to DV is discussed and dyadic mother-child interventions are suggested (Nighswander & Proulx, 2007).

3.1.6 Saskatchewan

According to Statistics Canada (2013), Saskatchewan has the highest rate of police-reported DV of all provinces (not including the three territories). The Department of Justice and the Attorney General oversee the majority of programs related to intimate partner violence. Saskatchewan has domestic violence legislation but does not have a provincial strategy or action plan to address it effectively (McInturff, 2013). In October 2015, the Saskatchewan Justice Minister announced an important initiative: Saskatchewan will begin reviewing deaths that result from DV (CBC, 2015b).

3.1.7 Alberta

In 1984, Alberta Family and Social Services established the *Office for the Prevention of Family Violence* to provide support and leadership in developing an effective response to family violence. The office, the first of its kind in Canada, distributes educational materials, develops government policies, and funds women's shelters and prevention projects (Alberta Justice and Solicitor General, 2014). In 1990, the United Nations commended Alberta for its progress in addressing family violence through the efforts of this office.

In 2013, collaboration between five Government of Alberta ministries, including Aboriginal Relations, developed a framework to end family violence in Alberta called *Family Violence Hurts Everyone*. A number of strategic priorities were identified in the framework. Three strategies most relevant to this discussion were:

- Strengthen core, provincial screening practices and protocols within Alberta Health Services and Child Intervention Services to ensure that individuals experiencing family violence are identified and provided with specialized services in a timely manner;
- Ensure front-line service providers, child intervention workers, educators, health care providers, police and childcare professionals are trained in trauma-informed assessment practices and approaches to working with children who are exposed to or experience family violence;
- Improve access and availability of counselling services for adults experiencing family violence as well as children (Government of Alberta, 2013).

Improving the province's response to DV appears to be a priority at a provincial and municipal level. The Calgary Domestic Violence Collective works to develop capacity to address DV for professionals, create a

framework for ending domestic violence and to ensure a coordinated community response to DV in Calgary and Area (Calgary Domestic Violence Collective, 2014).

3.1.8 British Columbia

British Columbia (BC) has had a DV policy in place since 1993, called *Violence Against Women in Relationships* (Government of British Columbia, 2010). In 2010, the provincial government put in place the *Domestic Violence Action Plan*. This Action Plan was focused primarily on the police, judicial and child welfare response to DV (British Columbia Ministry of Children and Family Development, 2012). In 2012, BC established the *Provincial Office of Domestic Violence (PODV)*. The office is the lead in coordinating and evaluating the services for children and families affected by DV in BC. In February 2014, BC released a three-year *Provincial Domestic Violence Plan*, which is a cross-ministry plan designed to strengthen the systemic response to DV and increase the effectiveness of resources targeted at prevention of DV and intervention with those affected. The plan identifies several key actions in specific response areas in order to improve the response and outcomes when addressing DV:

- Increased *public awareness and prevention work* among diverse populations, including involvement of men/boys in standing up to end violence against women/girls;
- *Supports and services for survivors*, including enhancement of policies, resources, tools, and programs to ensure consistent response to DV, cultural responsiveness, and holistic approaches;
- Enhance the *justice system response to DV* by developing a framework for courts, improving internal communication, expanding family legal aid, and researching families in the criminal justice system;
- Ongoing support to *coordination, information sharing and referral initiatives*, such as Interagency Case Assessment Teams (ICATs) targeting the highest risk DV cases and early identification projects for parents affected by mental illness and/or DV by health and social services staff;
- *Research on DV, cultural awareness training and education* for police officers, and *evaluation of the provincial plan* (Government of British Columbia, 2014).

In addition, the *Provincial Domestic Violence Plan (2014)* indicated a focus on direct services to survivors, children, perpetrators, aboriginal communities, rural and remote communities, and immigrant and refugee populations. The specifics of direct service provision for children were described as the expansion of DV Units that utilize a multidisciplinary approach and increased support to ICATs. At this time, the Ministry of Justice oversees the majority of programs directed at addressing violence against women.

3.1.9 Yukon

The *Domestic Violence Treatment Option court (DVTO)* was created in 2000 as a response to the high rates of DV, victimization of the First Nations population by the formal justice system, and low reporting of DV by victims. There was a developing consensus that more victims would be prepared to participate in a criminal court process if it offered a therapeutic treatment alternative to offenders or required the offender to acknowledge responsibility by entering an early guilty plea (Yukon Courts, 2013). The Yukon DVTO court has been evaluated by the Canadian Research Institute for Law and the Family, University of Calgary. The evaluation concluded that the DVTO is a good model for dealing with male perpetrators of spousal abuse, but was less effective with female perpetrators as well as ineffective at connecting with victims (Hornick, Boyes, Tutty, & White, 2005).

Yukon has family violence legislation but does not have a territorial action plan to address intimate partner violence. However, a 2011 review of the police force in the Yukon recommended “the

establishment of a comprehensive framework to address Domestic Violence and Sexual Assault” (Government of Yukon, 2014a). According to Yukon’s government website, the Department of Justice and the RCMP are currently working on a response to this recommendation (Government of Yukon, 2014b).

In 2011, rates of DV in the Yukon were lower than in Northwest Territories or Nunavut but much higher than in all Canadian provinces (Statistics Canada, 2013). In 2013, Justice Ron Veale, Yukon’s Supreme Court’s senior judge, overturned a lower court judgement to ensure that a man who assaulted his former partner now has a criminal record. Justice Veale publicly denounced DV in the territory and expressed dismay at the recent statistics indicating *“family violence rates in Yukon are three times the national average”* (CBC, 2013).

Currently in the Yukon, the needs of DV victims are addressed across a few government departments: The Women’s Directorate is responsible for territorial policy on violence against women; the department of Health and Social Services provides funding to transition homes; Federal government funds on-reserve services; and The Department of Justice provides funding for domestic violence victim services. While it appears that women who are victims of DV may have some of their needs met through a combination of these governmental departments, there does not seem to be a specific focus on child victims.

3.1.10 Northwest Territories

The *Coalition Against Family Violence NWT* is a group formed in 1999 that includes territorial and community groups, government departments and individuals. Since 2003, the Coalition Against Family Violence and the GNWT have worked in partnership on many initiatives framed within two key Action Plans, most recently *The NWT Family Violence Action Plan 2007-2012* (Coalition Against Family Violence, 2013). The plan addresses the impact of witnessing violence on children through intentions to expand *Children Who Witness Abuse* programs (Northwest Territories Health and Social Services, 2009).

In 2013, the coalition released a document titled, *NWT Family Violence Report Card* where they outlined current positive DV-related practices and/or resources:

- Ontario Domestic Assault Risk Assessment Tool, which measures the likelihood that a perpetrator will reoffend against his female partner, was made mandatory for all male offender family violence investigations in 2010;
- RCMP staffed a dedicated a Family Violence Coordinator position to coordinate family violence initiatives and training for RCMP members across the NWT;
- Victim Services are available in-person in seven communities in the NWT with telephone outreach contact to victims in other communities;
- The five family violence shelters are available for all 33 communities, but they have recently broadened their services to provide client support programs, outreach into the community and some prevention-focussed activities;
- Front line service providers have received training in Response-Based Practice and work to give victims positive responses when they come in or call for help. They have also had the opportunity to learn more about Motivational Interviewing, Narrative Therapy and Compassion Fatigue;
- Prevention and awareness raising campaigns remain a priority for the Coalition (Coalition Against Family Violence, 2013).

Despite this good work, the situation in NWT is similar to other provinces and territories where no single governmental department has the mandate or the resources to meet all the needs of victims of family violence. DV victim services are developed and funded through the department of Health and Social Services (Mental Health & Addictions, Territorial Social Programs Division) and the Department of Justice (personal communication with Family Violence Prevention Consultant in Government of NWT).

3.1.11 Nunavut

The Department of Health and Social Services holds the primary responsibility for responses to family violence. The Women's Secretariat and the Qullitt Status of Women Council are responsible for promoting the equality of women in Nunavut. In 2006, Qullitt hosted a symposium for the purpose of developing a strategy on violence against women, but no such strategy has been put in place at the time (McInturff, 2013).

The Family Abuse Intervention Act (FAIA) was passed in 2006 as an attempt to allow an alternative to formal legal proceedings in addressing DV. Shortly after, Nunavut's government created the position of Community Justice Outreach Worker (CJOW) in every community to facilitate victims' use of the Act (Durrant, 2013). However, an evaluation report of Nunavut's Family Abuse Intervention Act concluded that the Act has failed in the territory (Nunatsiaq Online, 2011).

In 2010, the Government of Nunavut committed to developing a Nunavut Family Violence Strategy by the end of 2011 (Nunatsiaq Online, 2013). In 2013, a draft family violence strategy was released. This nine-page document calls for three important things:

- The inclusion of "exposure to family violence" in the list of circumstances under which a child is deemed to be in need of protection;
- The hiring of a "Family Violence Prevention Coordinator;"
- And general expansion of services available to those affected by family violence (Government of Nunavut, 2013).

One important criticism of the document has been that it doesn't seem to outline who is going to do what and when. There hasn't been a publicly available update to the document since the 2013 draft.

According to a report, *Examining the Justice System in Nunavut*, released by Nunavut Tunngavik Inc. (2014), Nunavut's crime rate has more than doubled between 1999 and 2012, while Canada's national rate has declined. In addition, Nunavut has the highest DV rates in Canada (Statistics Canada, 2011) and only four women's shelters. The Nunavut Tunngavik Inc. (2014) report also remarks that Nunavut's system is failing their children and youth due to lack of services to address the adversities they experience. Among the authors' recommendations were a coordinated cross-sector strategy and action plan on ending family violence and a trauma-informed system of care.

3.1.12 Ontario

A number of different strategies have been implemented in Ontario to try to improve the response to DV against women by making links among the various jurisdictions and systems such as family, child protection and criminal justice. At the provincial level, a Domestic Violence Justice Strategy was created in 1999. It was led by the Ministry of the Attorney General and the former Ministry of the Solicitor General (now Community Safety and Correctional Services) with involvement of the Ministries of Correctional Services, Citizenship, Culture and Recreation, and the Ontario Women's Directorate. In 2004, the Government of Ontario announced the *Domestic Violence Action Plan (DVAP)* as a follow-up to the Justice Strategy (Government of Ontario, 2005); a four-year plan that involved 13 provincial

Ministries as well as various community organizations to include better community supports, training, education and improvements to the justice system. As part of this strategy the Ministry of Community and Social Services supported several initiatives, including efforts to strengthen local community services for victims of DV through increased coordination and collaboration. This led to the establishment of Domestic Violence Community Coordination Committees (DV3Cs), community-based, multi-sector committees responsible for coordinated response to victims of DV. By 2014-2015, there were 48 DV3Cs involved in various projects and initiatives across the province.

The provincial government is integrating its support to victims through its newly created Victim Services Division within the Ministry of the Attorney General, which brings together all victim services (including police and community-based) from three justice ministries. The Victim Services Division, which is expanding to all 54 court jurisdictions, is responsible for the Victim/Witness Assistance Program, which provides support to victims throughout the criminal court process. In addition, funding has been provided for more than 100 transitional support workers throughout the province who provide support to abused women (not tied to the justice system) as well as for approximately 100 counselling programs for abused women and 130 support groups within the Early Intervention Program for Child Witnesses of Domestic Violence (Government of Canada, 2013; 2002). The program is based on the concurrent group model, where children, approximately aged 4 to 18, are supported as they begin to recover from the effects of witnessing woman abuse while mothers are supported as they help their children recover from the effects of violence.

The Child Protection Standards (Government of Ontario, 2007) were implemented for all of Ontario's Children's Aid Societies (CASs) in 2007 and many child welfare agencies in Ontario have since established domestic violence teams to help work with a parent who is experiencing abuse. The Children's Aid Society/Violence against Women (CAS/VAW) Collaboration Agreement policy in 2003 informs how both the violence against women and child welfare sectors must work collaboratively in situations where there is violence against women (Government of Ontario, 2012).

In March 2015, a new Action Plan to Stop Sexual Violence and Harassment was released (Government of Ontario, 2015). The Action plan emphasizes the need to better protect and support women and children in the short-term and reduce DV over the long-term by providing excellent, appropriate and timely care. It includes greater focus on sexual violence at Ontario's 48 DV3Cs, which currently work within the local communities to prevent DV and improve services to women who experience domestic abuse. The membership of the DV3Cs typically includes representatives from women's service agencies (e.g., shelters, family services), the justice sector (e.g., police, Victim Witness Assistance Program, Crown attorneys), other social services (e.g., child protection), and members from the health and education sectors. In response to DV3Cs commitment towards service coordination, women's shelters began to increase their function as Family Resource Centres where victims and witnesses of domestic violence are provided with an extensive array of information, referrals and various supports in addition to residential services.

3.1.13 Québec

Québec has developed an increased awareness, developed new policies, and increased consultation amongst the different intervention partners in order to address DV. During the 1970s, feminist activists raised social awareness on DV and the first residential facilities for abused women were then established. In 1985, the government of Québec introduced its first policy in regards to abused women; the Ministry of Health and Social Services (MSSS) adopted the *Politique d'aide aux femmes violentées* which aimed to diminish violence against women as well as to improve services to victims of domestic violence. The following year, the first *Politique d'intervention en matière de violence conjugale* was

introduced. This policy not only asserted the criminal nature of acts of violence committed in a domestic context, but it also aimed to humanize judicial intervention for victims, and to reduce social tolerance to DV. Although the term “*domestic violence*” is well-known in Canada, Québec’s government and community organizations rather use the terms “*conjugal violence*” to describe violence perpetrated within a conjugal relationship.

The first interministerial committee was formed in 1987. The mandate of the *Comité interministériel de coordination en matière de violence conjugale et familiale* was to ensure consistency and complementarity in connection with governmental actions. In 1993, this committee was mandated to elaborate a governmental policy, which led to the 1995 policy on domestic violence, the *Politique d’intervention en matière de violence conjugale: prévenir, dépister, contrer la violence conjugale* (Gouvernement du Québec, 1995). This policy outlines that an effort to prevent DV, promote equity and raise awareness towards DV are crucial aspects of the government of Québec’s actions. More specifically, this policy emphasizes the need for effective and accessible children’s services.

The governmental action plan of 2012-2017 (Gouvernement du Québec, 2012) hopes to intensify its efforts in regards to the security and the protection of victims of DV, as well as to respond to the needs of more vulnerable people, including the LGBTQ population, and First Nations peoples. This action plan includes four areas of intervention that are headed by the different governmental organizations and ministries: violence prevention and promotion of non-violence; screening and early intervention; psychosocial intervention, which comprises concerted interventions to children exposed to DV; and policy, judicial, and correctional interventions. This action plan also includes a complete section on Aboriginal peoples.

3.2 Service Types and Examples Identified Across Canada

This section details the findings from the provincial scan conducted across Canada for therapeutic services for mothers with children under the age of 4 who have experienced domestic violence. The search for services relied on the inclusion and exclusion criteria detailed in section 2.2 of this report. Examples of programs are discussed throughout this section to illustrate other types of services available within each Canadian region; these examples are not meant to be exhaustive, but rather a sample of what is available.

3.2.1 Atlantic Canada

The provincial scan revealed that in PEI and Newfoundland & Labrador available services are generally geared towards women affected by DV, such as shelters, transitional housing, supportive counselling, and information based services. Therapeutic counselling services in PEI are provided mainly by *Catholic Family Services Bureau* and *Community Mental Health Services*. Of relevance, the *Catholic Family Services Bureau* is able to offer play therapy to children over 4 where DV is identified as an area of intervention. No specific therapeutic services were found that addressed the needs of younger child victims of DV exposure (i.e., under 4) and their mothers.

Within the province of Newfoundland & Labrador, there is a strong presence of coalitions against violence, but these coalitions are not specific to family violence and no DV-related therapeutic services for children of any ages were found.

In New Brunswick, according to one general hospital, any sort of recognized trauma in children under 4 would result in a referral to the families’ paediatrician. It remains unclear if therapeutic services would be provided by the pediatrician. Targeted DV interventions for children older than 4 from non-profit social service organizations do exist at the provincial and community levels as well as within the private

mental health sector. New Brunswick has some promising services specifically located at *Family Enrichment and Counselling Services* in the capital city Fredericton; however, due to funding constraints and lack of trained professionals, therapeutic services are not currently available to children under 4. For children ages 5 and up, play-based therapy intervention that targets a variety of issues is available. It appears that for community based agencies, the understanding of emotional trauma to children under 4 is recognized; however, no designated services have been developed to target this population. At the provincial level, *Moving Forward*, a community-based program, funded by the Women's Equity Branch in nine different locations, aims for children and their mothers to heal from the hurt of living with DV; Children aged 4-16 and their mothers learn skills to heal from violence in their lives, create safety plans, and make social connections. Unfortunately, this program is not available for mothers with children under the age of 4. With respect to private mental health services, personal communication with the CEO of Sage Solutions revealed that the agency previously ran DV-centric groups for adults but lost funding, yet individual counselling is available using a systemic approach with families; a child under the age of 4 could potentially be treated in this manner. The program advisor for Women's Equity Branch of the Executive Council Office of the Provincial Government was contacted and not able to add to the already discovered information.

In Nova Scotia, children under 4 are generally referred to their family doctor or paediatrician for services. The justice department funds DV-related programs and the only treatment option for mothers and children under 4 is either through Victim Services or through the shelter system. Victim Services runs the *Criminal Injuries Counselling Program*, which covers the costs of private practitioners for children who have witnessed family violence after the police completed their investigation. Although therapeutic services may be available to children under the age of 4 through this manner, the victim has to first cooperate with the police investigation and there are no designated practitioners identified by our within-province informants that specialized in DV trauma to children under 4. In order to make the *Criminal Injuries Counselling Program* more accessible to children exposed to DV, the counselling sessions with the therapist can take place in a SchoolsPlus designated school, which recently expanded to 131 schools (Nova Scotia Advisory Council on the Status of Women, 2013). SchoolsPlus is a service coordination mechanism where the school acts as the centre of service delivery for children and families; once a school identifies a service need for a child, SchoolsPlus program staff connect the school and the child/family with the needed service providers as well as facilitates coordination and collaboration with the parties involved (Nova Scotia Department of Education and Early Childhood Development, 2016). However, once again, it is unclear whether service providers with appropriate expertise in dyadic work with mothers and young children who have experienced DV are available. Within the shelter system, services primarily target the mother. Somewhat of an exception to this approach is *Alice Housing* in Halifax, which offers *Healing the Bruises* program, a counselling and support program for children and mothers who witnessed violence in the home, trauma processing, supportive counselling and de-briefing. This program is available for children over 4. In addition, mothers with younger children residing at Alice Housing have access to bi-weekly therapeutic counselling sessions, trauma informed therapy and personal development workshops at the shelter. Finally, Nova Scotia houses Atlantic Canada's only CYAC, *SeaStar*, which co-locates child protection teams with medical, legal, police, therapeutic, and advocacy services in an effort to provide more coordinated child abuse investigations and supports. Although children are able to access treatment for DV-related abuse, treatment services are tied to police/maltreatment investigations and generally don't pertain to children under 4.

3.2.2 Western Canada

Canada's western provinces are quite varied in their response to DV. In Manitoba, counselling for children and youth who have been exposed to DV has been a part of the province's strategy, released in 2012. Currently, only *Fort Garry Women's Resource Centre* provides a therapeutic program for children less than 4 years who experienced DV; the therapeutic process uses art and play therapy to support self-exploration and healing in a safe, non-threatening way and aids in the expression of feelings that may otherwise be difficult for children to articulate. Further, Manitoba's 10 shelters run CAPC programming with children ages 0-6. Each shelter receives funding to hire staff for extra programming for children who are 0-6 years-old, where counsellors watch children in play groups for signs of effects of DV exposure. The goal is early detection and appropriate referrals (e.g., medical/dental/mental health/trauma). As part of the programs, three Early Childhood Education (ECE) staff offer whatever is needed to meet the needs of the children (e.g., soothing babies and toddlers). For children over the age of 4, there is some availability of DV-specific therapeutic services that target both children and caregivers. For example, at *North Point Douglas Women's Centre*, a counsellor offers sessions three times a week and works with children and adults to reduce the effects of trauma from the domestic abuse they experienced. A number of other women's centres offer counselling for older children who witnessed DV, typically in a single or multi-session counselling format; no structured programs have been identified. Manitoba has one CYAC in operation, which provides police and child welfare coordinated abuse investigations and advocacy services, but external referrals are needed for mental health support for children.

In Saskatchewan, the majority of shelters, hospitals, and crisis lines contacted for the purpose of identifying available therapeutic interventions for DV victims mentioned the lack of mental health services for children. Saskatchewan has a *Children Exposed to Violence Program* (also known as *Children Who Witness Violence* program) funded by the justice sector and available at nine locations for children 5-16 years-old and, concurrently, to their mothers. Although it is a Victim Services program, no court involvement is necessary for children to participate. One of the nine locations, *YWCA of Regina*, provides the program to children under 4, in both group and individual settings with support also available to their mothers. An evaluation of Saskatchewan's Children Exposed to Domestic Abuse Programs was conducted in 2008 and indicated that the program (ran at five locations at the time of the evaluation) was psychoeducational rather than therapeutic in nature "with the goal of relieving the children's taking responsibility for the violence between their parents, teaching about feelings and self-esteem, various forms of abuse, seeking help and making safety plans" (Tutty, LeDrew, & Abbott, 2008, pg. 52). Another two of the nine program locations (*Moose Jaw Transition House* and *Family Service Saskatoon*) indicated that they provide one-on-one counselling, play and art therapy, emotional support and parental work for children under 4. The goal of these programs is breaking the cycle of abuse. Saskatchewan has two CYACs in operation, but only *Saskatoon Centre for Children's Justice and Victim Services* include children's mental health as part of the service team.

Alberta has been a pioneer in addressing the issue of family violence in Canada. Many community organizations throughout Alberta provide services to families impacted by DV/family violence. *HomeFront*, *Central Alberta Women's Outreach Society* and *Today Family Violence Help Centre* use a coordinated response to address DV, working in collaboration with police, courts, and child protection. Additionally, there are programs designed to deliver DV services specific to the needs of certain ethnocultural groups (Alberta Justice and Solicitor General, 2014). However, therapeutic services for children exposed to DV, in particular children under 4 years of age, are limited. *Alberta Children's Hospital* Child Abuse Service provides therapy for children under 4 that focuses on recovery from PTSD and trauma related to child abuse, including DV, and service is accessible through *Sheldon Kennedy Child*

Advocacy Centre (i.e. CYAC) as well as directly. Personal communication with *Alberta Children's Hospital* revealed that children under 4 would be seen only if they experienced direct physical or sexual harm and have had involvement in a police or child protection investigation. The intervention uses the Modified Parent Child Interaction Therapy (MPCIT), which is a parent-focused treatment, designed to improve the quality of parent-child relationships and interactions. To our knowledge, similar services are not available from other Alberta hospitals or agencies. Alberta does have two more CYACs, *Zebra Child Protection Centre* and *Caribou CYAC*, both of which are able to provide therapeutic services to children, but without capacity for children under 4 who have been exposed to DV.

British Columbia uses a centralized model in their delivery of services to children; the Ministry of Social Services funds the ***Children Who Witness Abuse (CWWA)*** program, offered in 90 locations across the province to children 3-18 years-old. A detailed best practice program manual (Barbeau, 2009) is available and indicates that the program uses psychoeducational methods. The program includes structured individual and group interventions for children and mothers, where there are opportunities for the mother to understand the impact of the abuse on her child, help her address the child's concerning behaviours and heal the mother-child bond. The CWWA program typically puts together six to eight children in a group, where the children's age range is within two to three years. The length of the program for "preschoolers" groups would be at least 10 sessions of 45 to 60 minutes each (Barbeau, 2009, pg. 67). Individual sessions (typically 8-15 sessions) are utilized if this format is best suited to meet the child's needs or if there are not enough children within the child's age range to form a group. The type of support provided during the individual sessions depends on the training and experience of each counsellor; this may include general counselling and, at times, relaxation therapy, play therapy and/or art therapy (Barbeau, 2009). The negative consequences of exposure to DV for infants and toddlers (i.e., children under 3-years-old) are discussed in detail in the manual (e.g., disruption of attachments) and counsellors are encouraged to be cognizant of this information when supporting children in the program. However, the CWWA program only targets children over the age of 3 as the psychoeducational approach would not be appropriate for those who are younger. Barbeau (2009) does urge CWWA counsellors to collaborate with other professionals and refer externally when the needs of the child go beyond their skillset or the scope of this psychoeducational program, but it appears that there is no designated program to meet the needs of children under 3. A Child and Youth Services informant from BC Society for Transition Houses shared that CWWA counsellors would provide parental support and safety planning to mothers with children under 3, but no government funded programs are available for children under 4. Finally, British Columbia has two CYACs in operation, *Sophie's Place* and *Alisa's Wish*, both of which are able to provide counselling services to children. Three additional CYACs are currently in development.

3.2.3 Northern Territories

Domestic violence services in the territories are jointly organized by the department of Health and Social Services and the Justice sector. Most of the shelters, hospitals, and crisis lines contacted had mentioned the lack of therapeutic services for children. Interestingly, the territories seem to have a heavier focus on offender treatment services than the rest of Canada; this likely speaks to the particular context of Northern Canada where continuing contact between offender and victim is highly likely. Therefore, in

order to promote safety and encourage victims to report DV to the police, justice diversion programs and offender rehabilitation services take precedence, possibly at the expense of services for the victims.

General mental health agencies identified as able to provide counselling or therapeutic service to children under age 4. Specifically, they indicated that they often support parents rather than providing dyadic parent-child intervention or direct service to children. For example, *Child & Adolescent Therapeutic Services (CATS)* has counsellors who travel to Yukon's remote communities and provide counselling services to children, youth and their families who have experienced child maltreatment (sexual and physical abuse, neglect and witnessing family violence); counselling and treatment/support groups are available for children, non-offending parent(s) and siblings depending on age and need. *Northern Counselling and Therapeutic Services* is able to provide professional therapeutic services for family violence in all three territories, although it is subject to the same limitations for children under 4, where services are directed primarily at the parents. There appears to be slightly more capacity in the Northwest Territories for service to children under 4 as the *Children Who Witness Abuse (CWWA)* program is spreading to the territory's shelters (e.g., *Family Support Centre Hay River* and *Sutherland House Fort Smith*). Although CWWA programs in other Canadian regions target children older than 3, personal communication with the Family Violence Prevention Consultant at NWT Department of Health and Social Services revealed that mothers and children of all ages are able to access the NWT CWWA program. Finally, *YWCA Agvvik* has a dedicated program called *Parenting After Violence*; although it targets mothers only, its goal is to help mothers with children of any age gain confidence and develop more "effective" relationships. There are currently ongoing feasibility studies regarding the development of CYACs within NWT and Nunavut while the Yukon already has a CYAC in development.

3.2.4 Central Canada

In Québec, only registered professionals are able to provide services that can be classified as "therapy" or "psychotherapy." In Québec, Bill 21 has amended the professional code to provide a framework for the practice of psychotherapy. Therefore, since 2009, physicians and psychologists are the only professionals who can use the title "Psychotherapist," unless a member from another professional association holds a psychotherapist's permit (e.g., social workers). Hence, a worker can do psychosocial intervention but cannot provide therapeutic services unless she is a licensed psychotherapist or social worker. Ontario is also moving towards this model, but legislation does not go into effect until 2017. This situation may account for why a number of shelter-run programs describe themselves as delivering supportive counselling rather than therapy to victims of DV; issues of funding and training may prevent such places from hiring staff with the right area of expertise and credentials to deliver psychotherapy.

In Ontario there are a variety of programs that aim to meet the needs of DV victims, including children. It was anticipated that scanning through hundreds of Ontario services would reveal several treatment options for mothers and children under 4 who experienced DV, but that has not been the case. In fact, it appears that *Mothers in Mind*, developed by Child Development Institute, is the only program in Ontario (offered at 25 locations) that specifically targets mothers with children under 4 with DV and abuse histories and uses a trauma-informed therapeutic approach within joint mother-child group sessions. Further, *Mothers in Mind* is administered by qualified clinicians and during each 10-week program cycle helps mothers learn ways to manage stress and other challenging feelings, foster healthy self-esteem and respond to their children in a sensitive, supportive and effective manner.

With that said, there are a multitude of community based organizations, children's mental health centres and women's shelters that are able to provide individual/family therapy, play therapy, victim services, and other types of supports. Further, there are four operating CYACs in Ontario (i.e., *Koala Place CYAC*, *CAC Niagara*, *CAC of Simcoe/Muskoka*, and *CYAC at BOOST*) and four more in development.

An example of one of these services is *Mothercraft*, an Ontario organization that supports parenting and healthy child development. *Mothercraft's Connections* program addresses a mother's DV trauma and impact on her child's development (0-6 years old) with psychoeducation and group work with mothers. Children, however, are not included. This program is an example of a number of services that are complementary, but that lack at least one key element of the inclusion criteria: either the specialization in DV, the capacity to serve children under 4, or the dyadic mother-child trauma-informed psychotherapeutic service delivery model.

The situation in Québec is quite similar with regards to the absence of therapeutic programs that fully fit the inclusion criteria. According to Professor Simon Lapierre (University of Ottawa) who collaborates with the community milieu in the province of Québec, there is no intervention tool for this clientele. The approach rather aims to support women so that they are able to protect and support their children. This information was corroborated by SOS Violence Conjugale, an organization that offers evaluation, referral, and support services to victims of DV across the province, as well as the *Regroupement des maisons pour femmes victimes de violence conjugale* (n.d.), a shelter network that advocates for women's rights to physical and psychological integrity.

In Québec, there are psychosocial interventions that incorporate important elements from the inclusion criteria. Most notably, *Carrefour pour elle* offers group interventions through the *Pacifix* program (funded through CAPC), which includes some mother-child interaction and family counselling designed to reduce the consequences of DV for children under 12. According to the Interdisciplinary Research Centre on Family Violence and Violence against Women (CRI-VIFF), the *Centres intégrés de santé et de services sociaux* (CISSS), managed by the MSSS, there is more openness over the past few years to offering services to both abused women and their children exposed to domestic violence. Accordingly, social services are available in CISSS although they do not seem designed for preschoolers. Hospitals refer children to *Centres locaux de services communautaires* (CLSC), which deliver psychosocial services to both women who have lived in a situation of DV and their children exposed to such violence. These services may vary from one CLSC to another; some CLSCs offer workshops for children exposed to DV while others will provide family counselling or will refer women and their children to relevant community resources through collaboration among the different partners. One CYAC, *Centre d'expertise Marie-Vincent*, is in operation in the province of Quebec.

4.0 PROVINCIAL SCAN: SUMMARY & DISCUSSION OF FINDINGS

Mothers and children who are victims of domestic violence (DV) are at risk for poor mental health and maladaptive functioning. Research into best practices suggests that dyadic, trauma-informed therapeutic intervention is likely to be most effective in ameliorating the consequences of the DV victimization in young children. The provincial scan conducted by the Child Welfare Institute (CWI) between September 2015 and March 2016 revealed that pockets of good work are happening across Canada, but therapeutic interventions for children under 4-years-old are not readily available (please see Appendix B for a full list of programs/services mentioned in this report). The majority of services within all Canadian regions fall into one of the following three sectors:

1. Mental health (i.e., general children's mental health through hospital and community services)
2. Child Welfare (i.e., Child/Youth Advocacy Centres)
3. Violence Against Women (VAW) (i.e., Victim Services, shelters and family resource centres)

General mental health services for adults and children have been identified in every Canadian province and territory. Most commonly, general mental health services across Canada indicated that they are

able to provide counselling or therapeutic interventions for a variety of issues, including exposure to DV. Although all Canadian regions had children's mental health services for children over the age of 4, much fewer indicated capacity to see children younger than 4. The issue with general mental health services is that the type of service received would depend on the individual judgement of practitioners, who do not typically specialize in DV and do not tend to perform structured dyadic therapeutic interventions with mothers and their young children. Aboriginal healing centres may be an exception. For example, Saskatchewan's *White Raven Healing Centre* initially presents as a multi-service general mental health centre, but it does have dedicated DV services operating through a holistic model. Overall, it appears that within the mental health sector, even when DV-specific services have been developed, they tend to target the mother only. Ontario's *Mothers in Mind* program emerged as unique with its specialization on children under 4 and a dyadic focus.

The number of Child Advocacy Centres (CACs) or Child and Youth Advocacy Centres (CYACs) in Canada are steadily increasing. These centres specialize in child maltreatment and provide unique therapeutic services to children and parents involved with child welfare services. Although exposure to DV is a recognized form of maltreatment within provincial legislations governing child protection societies, research shows that these children are less likely to be identified than children experiencing other forms of abuse and even less likely to be identified as in need of a therapeutic intervention due to their DV experience. Further, the provincial scan revealed that CACs/CYACs may not have the capacity to provide services to children under 4 (e.g., Nova Scotia's *Sea Star Child and Youth Advocacy Centre*). Both of these factors preclude these services from addressing the needs of mothers and children under 4 with DV experience. Somewhat of an exception to this is *Alberta Children's Hospital Child Abuse Service*, where mother and children under 4 may be referred from the *Sheldon Kennedy Child Advocacy Centre*. However, children under 4 will only be seen if they have been directly physically or sexually abused and have a police or child welfare investigation in progress or completed; the treatment is mostly parent-focused, but does involve a parent-child relationship component.

The VAW sector provides multiple victim services that primarily include shelter programming, housing, and court support. Services from the VAW sector have been discussed quite extensively throughout this report as this is where the majority of DV interventions are located across Canada. The diverse programs across Canada have been mentioned in section 3.2 of this report as were the ways in which they do not fully meet the inclusion criteria set for the provincial scan. To summarize, many programs are aimed specifically towards mothers and children who experienced DV, but they are either designed for children over the age of 4 (e.g., New Brunswick's *Moving Forward*, Nova Scotia's *Healing the Bruises*, British Columbia's *Children Who Witness Abuse*) or are missing the clinical component (i.e. dyadic trauma-informed therapeutic intervention) as is the case with the numerous Community Action Programs for Children (CAPC) across Canada.

5.0 CONCLUSION

The provincial scan revealed that there is an existing gap in currently available services for mothers with children under 4 who are victims of exposure to domestic violence (DV). It appears that therapeutic intervention with young child victims of DV exposure and their mothers is happening in a structured way with the *Mothers in Mind* program and in a less structured way with a few practitioners across the country. Although many more service options are available for children over the age of 4, there is general census that therapeutic services for child victims of DV are lacking. Further, while all provinces and territories have DV/family violence prevention coordinating bodies affiliated with the government, specific policy attention to the need of child victims of DV is variable and seldom an explicit component.

The lack of a coherent federal policy or Action Plan addressing violence against women has a role in this outcome. As discussed by McInturff (2013), a research associate at the Canadian Centre for Policy Alternatives, federal funding for programs that address violence against women is spread across a number of departments and agencies. The federal government's *Family Violence Initiative* is the primary tool for addressing DV; however, research, services and funding are not specific to DV and include other forms of family violence (e.g., child abuse and elder abuse). Clear and DV-focused leadership at the national level would be a significant advance in promoting better outcomes for children and their caregivers.

REFERENCES

- Alberta Justice and Solicitor General (2014). A Domestic Violence Handbook For Police Services and Crown Prosecutors in Alberta. Retrieved from https://justice.alberta.ca/programs_services/families/documents/domesticviolencehandbook.pdf
- Antle, B. F., Barbee, A. P., Sullivan, D. J., & Christensen, D. N. (2009). The effects of training reinforcement on training transfer in child welfare. *Child Welfare, 88*(3), 5-26.
- Barbeau, E. (2009). Best practices for the children who witness abuse program. Retrieved from <http://endvaw.ca/wp-content/uploads/2016/05/Best-Practices-for-the-Children-Who-Witness-Abuse-Program-BCSTH-2009.pdf>
- Bosquet Enlow, M., Kitts, R. L., Blood, E., Bizarro, A., Hofmeister, M., & Wright, R. J. (2011). Maternal posttraumatic stress symptoms and infant emotional reactivity and emotion regulation. *Infant Behavior and Development, 34*(4), 487-503. doi:10.1016/j.infbeh.2011.07.007
- British Columbia Ministry of Children and Family Development (2012). Taking action on domestic violence in British Columbia. Retrieved from http://www.mcf.gov.bc.ca/podv/pdf/domestic_violence_response_booklet.pdf
- Calgary Domestic Violence Collective (2014). About CDVC. Retrieved from <http://www.endviolence.ca/about-cdvc/>
- Carpenter, G. L., & Stacks, A. M. (2009). Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature. *Children and Youth Services Review, 31*(8), 831-839. doi:10.1016/j.childyouth.2009.03.005
- Carrefour sécurité en violence conjugale. (n.d.). À propos. Retrieved from <http://csvg.ca/a-propos/>.
- CBC (2013). *Yukon's top judge sends message on violence against women*. Retrieved from <http://www.cbc.ca/news/canada/north/yukon-s-top-judge-sends-message-on-violence-against-women-1.1370735>
- CBC (2015a). *Domestic violence victims in Manitoba to get time off work with pay*. Retrieved from <http://www.cbc.ca/news/canada/manitoba/domestic-violence-victim-benefit-manitoba-1.3336751>
- CBC (2015b). *Saskatchewan to begin reviewing domestic violence deaths*. Retrieved from <http://www.cbc.ca/news/canada/saskatchewan/domestic-violence-deaths-to-be-reviewed-1.3289089>
- Centre de recherche interdisciplinaire sur la violence familiale et sur la violence faite aux femmes (CRI-VIFF). (2014). *Contexte d'intervention*. Retrieved from <http://www.enfants-exposes.criviff.qc.ca/contexte-dintervention>.

- Centre d'intervention en abus sexuels pour la famille (région de l'Outaouais). (2015). *Groupes thérapeutiques à l'intention d'enfants victimes*. Retrieved from <http://www.ciasf.org/#!/nos-groupes-thrapeutiques/c121g>.
- Coalition Against Family Violence (2013). *NWT family violence report card*. Retrieved from <http://www.statusofwomen.nt.ca/pdf/FVAW%20Kit/NWT%20Family%20Violence%20Report%20Card%202013%20-%20Final.pdf>
- Department of Family and Human Services (2015). *Family Violence Prevention*. Retrieved from <http://www.gov.pe.ca/sss/index.php3?number=1025806&lang=J>
- Doyle, O., Harmon, C. P., Heckman, J. J., & Tremblay, R. E. (2009). Investing in early human development: Timing and economic efficiency. *Economics and Human Biology*, 7(1), 1-6. doi:10.1016/j.ehb.2009.01.002
- Durrant, C. (2013). "None of that Paper Stuff Works": An anti-essentialist and anti-colonial analysis of efforts to end domestic assault in Nunavut. Retrieved from https://www.mcgill.ca/humanrights/files/humanrights/2013_ihri_wps_v1n4-durrant.pdf
- Fallon, B., Ma, J., Allan, K., Pillhofer, M., Trocmé, N., & Jud, A. (2013). Opportunities for prevention and intervention with young children: lessons from the Canadian incidence study of reported child abuse and neglect. *Child and adolescent psychiatry and mental health*, 7(4).
- Fallon, B., Van Wert, M., Trocmé, N., MacLaurin, B., Sinha, V., Lefebvre, R., Allan, K., Black, T., Lee, B., Rha, W., Smith, C., & Goel, S. (2015). Ontario Incidence Study of Reported Child Abuse and Neglect-2013 (OIS-2013). Toronto, ON: Child Welfare Research Portal.
- Fantuzzo, J. W., DePaola, L. M., Lambert, L., Martino, T., Anderson, G., & Sutton, S. (1991). Effects of interparental violence on the psychological adjustment and competencies of young children. *Journal of consulting and clinical psychology*, 59(2), 258.
- Fédération des maisons d'hébergement pour femmes. (n.d.). *Trouver une maison*. Retrieved from <http://www.fede.qc.ca/maisons>.
- Gjelsvik, A., Verhoek-Oftedahl, W., & Pearlman, D. N. (2003). Domestic violence incidents with children witnesses. *Women's Health Issues*, 13(2), 68-73. doi:10.1016/S1049-3867(02)00197-4
- Gordon, D. M., Oliveros, A., Hawes, S. W., Iwamoto, D. K., & Rayford, B. S. (2012). Engaging fathers in child protection services: A review of factors and strategies across ecological systems. *Children and youth services review*, 34(8), 1399-1417.
- Gouvernement du Québec. (2012). *Prévenir, dépister, contrer : Plan d'action gouvernemental 2012-2017 en matière de violence conjugale*. Québec: Gouvernement du Québec.
- Gouvernement du Québec. (2001). *Entente multisectorielle relative aux enfants victimes d'abus sexuels, de mauvais traitements physiques ou d'une absence de soins menaçant leur santé physique*. Québec : Gouvernement du Québec.

- Gouvernement du Québec (1995). *Politique d'intervention en matière de violence conjugale : prévenir, dépister, contrer la violence conjugale*. Québec: Comité interministériel de coordination en matière de violence conjugale et familiale.
- Government of Alberta (2013). *Family Violence Hurts Everyone: A framework to end family violence in Alberta*. Retrieved from <http://www.humanservices.alberta.ca/documents/family-violence-hurts-everyone.pdf>
- Government of British Columbia (2010). *Violence against women in relationships: Policy*. Retrieved from <http://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/victims-of-crime/vs-info-for-professionals/info-resources/vawir.pdf>
- Government of British Columbia (2014). *British Columbia's provincial domestic violence plan*. Retrieved from http://www.mcf.gov.bc.ca/podv/pdf/dv_pp_booklet.pdf
- Government of Canada. Department of Justice. (2013). *Making the Links in Family Violence Cases: Collaboration among the Family, Child Protection and Criminal Justice Systems*. Retrieved from <http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/mlfvc-elcvf/index.htm>
- Government of Canada. Department of Justice. (2002). *Final Report of the Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislation*. Retrieved from <http://justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/pol/index.html>
- Government of Manitoba (2012). *Manitoba's Multi-year domestic violence prevention strategy*. Retrieved from https://www.gov.mb.ca/asset_library/en/stoptheviolence/domestic_violence_prevention_strategy_2012.pdf
- Government of Manitoba (2015). *Family Violence prevention program*. Retrieved from <http://www.gov.mb.ca/fs/fvpp/>
- Government of New Brunswick (2011). *The Action Plan for Mental Health in New Brunswick 2011-18*. Retrieved from <https://www.gnb.ca/0055/pdf/2011/7379%20english.pdf>
- Government of New Brunswick (2013). *Woman victims of abuse protocols*. Retrieved from http://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/Violence/PDF/en/WVAP_%202014-E.pdf
- Government of New Brunswick (2015). *Violence prevention and community partnerships*. Retrieved from http://www2.gnb.ca/content/gnb/en/departments/women/Violence_Prevention_and_Community_Partnerships.html
- Government of Newfoundland and Labrador (2006). *Taking action against violence 2016-2012: Violence prevention initiative*. Retrieved from http://www.gov.nl.ca/VPI/initiative/actionplan2006_2012.pdf

- Government of Newfoundland and Labrador (2015). *Working Together for Violence Free Communities: An Action Plan for the Prevention of Violence in Newfoundland and Labrador 2015-2019*. Retrieved from http://www.gov.nl.ca/VPI/initiative/violence_free_communities.pdf
- Government of Nova Scotia (2010). *Domestic violence action plan*. Retrieved from http://novascotia.ca/just/publications/docs/Domestic_Violence_Action_Plan_EN.pdf
- Nova Scotia Advisory Council on the Status of Women (2013). *Update on government's actions to address domestic violence*. Retrieved from <http://nsdomesticviolence.ca/sites/default/files/documents/DV%20update%20report%20for%20WEB%20revised%20dec%204.pdf>
- Nova Scotia Department of Education and Early Childhood Development (2016). *SchoolsPlus*. Retrieved from <https://schoolsplus.ednet.ns.ca/schoolsplus>
- Government of Nunavut (2013). *Ilagitsiarniq GN family violence prevention framework for action*. Retrieved from http://www.gov.nu.ca/sites/default/files/fvp_framework_for_action.pdf
- Government of Ontario. (2005). *Domestic Violence Action Plan for Ontario*. Retrieved from <http://www.oaith.ca/assets/files/Publications/dvap.pdf>
- Government of Ontario. (2007). *Child Protection Standards in Ontario*. Retrieved from http://www.children.gov.on.ca/htdocs/english/documents/topics/childrensaidd/childprotections_tandards.pdf
- Government of Ontario. (2012). *CAS/VAW Collaboration Agreements Stakeholder Consultation*. Retrieved from <http://www.oaith.ca/assets/files/Publications/Government%20Documents/VAWCAS-consultation-report-FINAL-%20Feb-2011.pdf>
- Government of Ontario. (2015). *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment*. Retrieved from <https://dr6j45jk9xcmk.cloudfront.net/documents/4170/actionplan-itsneverokay.pdf>
- Government of Yukon (2014a). *Sharing common ground: Review of Yukon's Police Force*. Retrieved from http://www.policereview2010.gov.yk.ca/pdf/Sharing_Common_Ground_Executive_Summary.pdf
- Government of Yukon (2014b). *Sharing common ground*. Retrieved from <http://sharingcommonground.gov.yk.ca/>
- Gustafsson, H. C., Cox, M. J., & Blair, C. (2012). Maternal parenting as a mediator of the relationship between intimate partner violence and effortful control. *Journal of Family Psychology, 26*(1), 115-123. doi:10.1037/a0026283
- Heim, C., & Binder, E. B. (2012). Current research trends in early life stress and depression: Review of human studies on sensitive periods, gene–environment interactions, and epigenetics. *Experimental Neurology, 233*(1), 102-111. doi:10.1016/j.expneurol.2011.10.032

- Hester, M. (2011). The three planet model: Towards an understanding of contradictions in approaches to women and children's safety in contexts of domestic violence. *British Journal of Social Work*, 41(5), 837-853.
- Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child abuse & neglect*, 32(8), 797-810. doi: 10.1016/j.chiabu.2008.02.004
- Hornick, J. P., Boyes, M., Tutty, L., & White, L. (2005). The domestic violence treatment option, Whitehorse, Yukon: Final evaluation report. Retrieved from <http://www.crilf.ca/Documents/Domestic%20Violence%20Treatment%20Option%20-%20Final%20Report%20-%20Oct%202005.pdf>
- Institut national de la santé publique. (2006). *Trousse média sur la violence conjugale*. Québec : Gouvernement du Québec. Retrieved from <https://www.inspq.qc.ca/violence-conjugale/accueil>.
- Jenkins, J., Madigan, S., & Arsenault, L. (2015). Psychosocial Adversity (pp.330-340). In Tharpar, A., Pine, D., Leckman, J., Scott, S., Snowling, M., & Taylor, E. (Eds., 6th edition). *Rutter's Handbook of Child and Adolescent Psychiatry*, Blackwell: Oxford, UK.
- Katz, L. F., & Windecker-Nelson, B. (2006). Domestic violence, emotion coaching, and child adjustment. *Journal of Family Psychology*, 20(1), 56-67. doi:10.1037/0893-3200.20.1.56
- Kitzmann, K. M., Gaylord, N. K., Holt, A. R., & Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71, 339-352.
- Lapierre, S. (2008). Mothering in the context of domestic violence: The pervasiveness of a deficit model of mothering. *Child & Family Social Work*, 13(4), 454-463.
- Lessard, G., Lampron, C., & Paradis, F. (2003). *Les stratégies d'intervention à privilégier auprès des enfants exposés à la violence conjugale. Recension des écrits*. Institut national de santé publique du Québec.
- L'R des centres de femmes du Québec. (n.d.). *L'R des centres de femmes du Québec*. Retrieved from <http://www.rcentres.qc.ca/public/>.
- MacMillan, H. L., Wathen, C. N., Barlow, J., Fergusson, D. M., Leventhal, J. M., & Taussig, H. N. (2009). Interventions to prevent child maltreatment and associated impairment. *The Lancet*, 373(9659), 250-266.
- McInturff, K. (2013). The gap in the gender gap: Violence against women in Canada. Canadian Centre for Policy Alternatives. Retrieved from https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2013/07/Gap_in_Gender_Gap_VAW.pdf

- McWhirter, P. T. (2006). Community therapeutic intervention for women healing from trauma. *The Journal for Specialists in Group Work*, 31(4), 339-351. doi:10.1177/1524838014566720
- Ministère de la Santé et des Services Sociaux. (2016). *Violence conjugale*. Retrieved from http://www.msss.gouv.qc.ca/sujets/prob_sociaux/violenceconjugale.php.
- Nicklas, E., & Mackenzie, M. J. (2013). Intimate partner violence and risk for child neglect during early childhood in a community sample of fragile families. *Journal of Family Violence*, 28(1), 17-29. doi: 10.1007/s10896-012-9491-8
- Nelson, C. A., Bos, K., Gunnar, M. R., & Sonuga-Barke, E. J. S. (2011). The neurobiological toll of early human deprivation. *Monographs of the Society for Research in Child Development*, 76(4), 127-146. doi: 10.1111/j.1540-5834.2011.00630.x
- Nighswander, M., & Proulx, J. (2007). Children first: A guide for service providers working with children exposed to family violence. Retrieved from [https://umanitoba.ca/centres/resolve/media/Children_First_-_A_Guide_for_Service_Providers_2007\(1\).pdf](https://umanitoba.ca/centres/resolve/media/Children_First_-_A_Guide_for_Service_Providers_2007(1).pdf)
- Nores, M., & Barnett, W. S. (2010). Benefits of early childhood interventions across the world: (Under) Investing in the very young. *Economics of Education Review*, 29(2), 271-282. doi:16/j.econedurev.2009.09.001
- Northwest Territories Health and Social Services (2009). *NWT Family Violence Action Plan: Phase II (2007-2012)*. Retrieved from <http://www.learningtoendabuse.ca/sites/default/files/NWT-Family-Violence-Action-Plan.pdf>
- NunatsiaqOnline (2011). *Report: Nunavut family abuse law "failing"*. Retrieved from http://www.nunatsiaqonline.ca/stories/article/10984_report_nunavut_family_violence_law_failing/
- NunatsiaqOnline (2013). *Nunavut reveals draft family violence strategy*. Retrieved from http://www.nunatsiaqonline.ca/stories/article/65674nunavut_reveals_draft_family_violence_strategy/
- Nunavut Tunngavik Inc. (2014). *Annual report on the status of Inuit culture and society 13-14: Examining the justice system in Nunavut*. Retrieved from [http://assembly.nu.ca/sites/default/files/TD%20-4\(3\)%20State%20of%20Inuit%20Culture%20and%20Society%202013-2014%20-%20NTI%20Annual%20Report%20Examining%20the%20Justice%20System%20in%20Nunavut%20-%20English.pdf](http://assembly.nu.ca/sites/default/files/TD%20-4(3)%20State%20of%20Inuit%20Culture%20and%20Society%202013-2014%20-%20NTI%20Annual%20Report%20Examining%20the%20Justice%20System%20in%20Nunavut%20-%20English.pdf)
- Pan, P., Fleming, A. S., Lawson, D., Jenkins, J. M., McGowan, P. O. (2014). Within- and between-litter maternal care alter behavior and gene regulation in female offspring. *Behavioral Neuroscience*, 128(6), 736-748. doi: 10.1037/bne0000014.

- PEI Family Violence Prevention Services (2015). *Services*. Retrieved from <http://www.fvps.ca/services>
- Premier's Action Committee on Family Violence Prevention (2013-2014). *Activities Overview*. Retrieved from http://www.gov.pe.ca/photos/original/PAC_AR2013-14.pdf
- Prince Edward Island Advisory Council on the Status of Women. *2011 PEI Equality Report Card*. Retrieved from http://www.gov.pe.ca/photos/original/acsw_erc11_eng.pdf
- Public Health Agency of Canada. (2014). *Family Violence Initiative*. Retrieved from <http://www.phac-aspc.gc.ca/sfv-avf/initiative-eng.php>
- Québec. National Assembly. "An Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations." Bill 21, 39th legislature, 1st session, 2009. [Québec] : The Assembly, 2009. (Assented to June 19th, 2009).
- Québec. National Assembly. "An Act to amend the Youth Protection Act and other legislative provisions." Bill 125, 37th legislature, 2nd session, 2005-2006. [Québec] : The Assembly, 2006. (Assented to June 15th, 2006).
- Regroupement des maisons pour femmes victimes de violence conjugale. (n.d.). *Regroupement des maisons pour femmes victimes de violence conjugale*. Retrieved from <http://maisons-femmes.qc.ca/>.
- Shonkoff, J. P., & Levitt, P. (2010). Neuroscience and the future of early childhood policy: Moving from why to what and how. *Neuron*, 67(5), 689-691. doi:10.1016/j.neuron.2010.08.032
- Smith, N., & Landreth, G. (2003). Intensive filial therapy with child witnesses of domestic violence: A comparison with individual and sibling group play therapy. *International Journal of Play Therapy*, 12(1), 67-88. doi:10.1037/h0088872
- Statistics Canada (2013). *Family violence in Canada: A statistical profile*. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14114-eng.pdf>
- Strug, D. & Wilmore-Schaeffer, R. (2003). Fathers in the social work literature: Policy and practice implications. *Families in Society: The Journal of Contemporary Social Services*, 84(4), 503-511. doi: <http://dx.doi.org/10.1606/1044-3894.145>
- Table de concertation en violence conjugale de Montréal. (2010). *Protocol of Intersectoral Collaboration for Children Exposed to Conjugal Violence* [PDF document]. Retrieved from <http://www.tcvcm.ca/files/2015-12/protocol-for-intersectoral-collaboration-for-children-exposed-to-conjugal-violence.pdf>.
- Tarullo, A. R., & Gunnar, M. R. (2006). Child maltreatment and the developing HPA axis. *Hormones and behavior*, 50(4), 632-639. doi:10.1016/j.yhbeh.2006.06.010

- Teicher, M. H., Andersen, S. L., Polcari, A., Anderson, C. M., Navalta, C. P., & Kim, D. M. (2003). The neurobiological consequences of early stress and childhood maltreatment. *Neuroscience & Biobehavioral Reviews*, 27(1), 33-44.
- Tel-Jeunes. (2012). *Tel-Jeunes*. Retrieved from <http://teljeunes.com/accueil>.
- The Globe and Mail (2016). *Manitoba passes law to offer victims of domestic violence leave from work*. Retrieved from <http://www.theglobeandmail.com/news/national/manitoba-approves-bill-to-offer-victims-of-domestic-violence-leave-from-work/article29255554/>
- Tourigny, M., Mayer, M., Wright, J., Lavergne, C., Trocmé, N., Hélie, S., Bouchard, C., Chamberland, C., Cloutier, R., Jacob, M., Boucher, J., & Larrivée, M.-C. (2002). Étude sur l'incidence et les caractéristiques des situations d'abus, de négligence, d'abandon et de troubles de comportement sérieux signalées à la direction de la protection de la jeunesse au Québec (ÉIQ). Montréal : Centre de Liaison sur l'intervention et la Prévention Psychosociale.
- Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E.,...Holroyd, J. (2010). Chapter 5: Characteristics of Children and Families. In Public Health Agency of Canada (Ed.), *Canadian Incidence Study of Reported Child Abuse and Neglect-2008: Major Findings*. Ottawa: PHAC. Canadian Child Welfare Research Portal: Toronto, ON
- Tutty, L., LeDrew, S. A., & Abbott, P. (2008). *The evaluation of Saskatchewan's children exposed to domestic violence program final report*. Calgary: AB: RESOLVE Alberta. Retrieved from <http://www.ywcaregina.com/Programs/AbusePrevention/SKChildrenExposedInterReview.pdf>
- Watts-English, T., Fortson, B. L., Gibler, N., Hooper, S. R., & De Bellis, M. D. (2006). The psychobiology of maltreatment in childhood. *Journal of Social Issues*, 62(4), 717-736. doi: 10.1111/j.1540-4560.2006.00484.x
- Yukon Courts (2013). *Domestic Violence Treatment Option Court*. Retrieved from <http://www.yukoncourts.ca/courts/territorial/dvtoc.html>
- Zerk, D. M., Mertin, P. G., & Proeve, M. (2009). Domestic violence and maternal reports of young children's functioning. *Journal of Family Violence*, 24(7), 423-432.

6.0 APPENDIX A: CAPC PROGRAMS WITH FAMILY VIOLENCE FOCUS

The list below is an exhaustive list of CAPCs with family violence focus in Canada. The list was provided by the Family Violence Prevention Team of the Health Promotion and Chronic Disease Prevention Branch, PHAC.

Region	Name of Recipient	Project Name
Northern	For the Northern Unit, none of the three territories have a CAPC project that provide family violence related programming at this time	
Western (British Columbia)	Hiiye'ye Lelum House of Friendship Society	Healthy Children, Healthy Futures
		Healthiest Babies Possible
	Kootenay Kids Society	CAPC Central West Kootenay
		Bellies to Babies Nelson
		Kaslo Mother Care
	Interior Community Services	Interior Community Services Consolidated CAPC & CPNP Project
	Dze L'Kant Friendship Centre Society	Northwest CAPC Coalition
	Tillicum Lelum Aboriginal Society	Tillicum Lelum Aboriginal Society Consolidated CAPC and CPNP Project
	Sea to Sky Community Services Society	Sea to Sky CAPC Coalition
	Burnaby Family Life Institute	Fraser North CAPC Coalition
	Association of Neighbourhood Houses of British Columbia	Association of Neighbourhood Houses of British Columbia Consolidated CAPC Project
	Encompass Support Services Society	Langley Neighbourhoods CAPC Coalition/Best Babies of the Langleys
Hope Community Services	Communities for Children and their Families CAPC/ Better Beginnings CPNP	
Alberta	Lloydminster Interval Home Society	Child's Play Program
	The Association of Communities against Abuse (ACAA)	Child Abuse Prevention
MB/SK Region - Saskatchewan	Kapachee Training Centre	Healthier Families Program
	Mutual Equity Trade and Investment Services Inc.	Child and Family Enhancement Plan
	Canadian Métis Heritage Corp.	Marguerite Riel Centre
	Meyoyawin Circle Corp.	Children's Visiting Program – Pine Grove Correctional Centre
	Prince Albert Grand Council Urban Services Centre Inc.	Urban Referral and Parenting Support Services
	Native Coordinating Council	Children's Haven Crisis Centre
	Rainbow Youth Centre Inc.	Teen Parent Program
	Stony Rapids Family Wellness Inc.	Stony Rapids Family Wellness Program
TFHQ Safe Shelter Incorporated	Qu'Appelle Haven Childcare Counsellor	
MB/SK Region - Manitoba	The Laurel Centre	The Parenting Youth and Girl's Program
	Manitoba Association of Women's Shelters (MAWS)	Enhancement and Expansion of Children's Programs

Region	Name of Recipient	Project Name
	Wahbung Abinoonjiiag Inc.	Wahbung Abinoonjiiag
Ontario		Children's Aid Society for the District of Nipissing and Parry Sound
		Mothercraft/Breaking the Cycle
		Girls Inc of Durham
		Anishnawbe Health Toronto
		Minwasshin Lodge
		Birth to Six Parental Support Coalition
		Kingston, Frontenac and Lennox & Addington Health Unit
		Cabbagetown Youth Centre
Québec	Bas du fleuve	La Gigogne
	Bas du fleuve	La Débrouille
	Montréal	Carrefour Parenfants (anciennement appelé <i>Les Enfants de l'Espoir de Maisonneuve</i>)
	Côte-Nord	Subvention pour le programme PACE
	Montréal	Mouvement SEM (Sensibilisation à l'enfance maltraitée)
	Montréal	Carrefour Pour Elle
	Montréal	Halte-Femme Montréal Nord
	Québec	Maison communautaire Missinak
	Québec	Maison pour femmes immigrantes
	Québec	Centre des femmes de Charlevoix
Atlantic Region	There are no CAPC/CPNP/ AHS projects in the Atlantic region that are funded for family violence prevention programs.	

7.0 APPENDIX B: PROGRAMS/SERVICES REVIEWED IN THIS REPORT

The list below includes all the mental health, child welfare and VAW sector services that were included in this report. Please note that this list is **not exhaustive** of all services available within these sectors across Canada. This list is simply an inventory of all the services discussed in the body of this report with a brief description of their capacity to address domestic violence (DV) issues with children.

Region	Program & Agency	Description
Northern Canada	<i>Counselling at Child & Adolescent Therapeutic Services (CATS)(YK)</i>	Counsellors travel to Yukon's remote communities and provide counselling services to children of all ages and their families who have experienced child maltreatment (sexual and physical abuse, neglect and witnessing family violence). For children under 4, services primarily target the parent.
	<i>Therapeutic Services at Northern Counselling and Therapeutic Services(YK, NWT, NU)</i>	Provide professional therapeutic services for family violence in all three territories, For children under 4, services primarily target the parent.

Region	Program & Agency	Description
	<p><i>Children Who Witness Abuse (CWWA)</i> program (NWT) at: <i>Family Support Centre Hay River</i> <i>Sutherland House Forth Smith</i> <i>YWCA Yellowknife.</i></p>	<p>The Children Who Witness Abuse programs work to lessen the impacts of family violence on children. Some of the work involves primary prevention (e.g., promoting healthy relationships through school based programming). The programs also act as secondary prevention strategies (e.g., offer programming for children at risk of perpetrating or being victimized by violence later in life). Mothers with children of all ages should be able to access these programs.</p>
	<p><i>Parenting After Violence</i> at <i>YWCA Agvvik Nunavut</i> (NU)</p>	<p><i>Parenting After Violence</i> focuses on assisting women to be mothers and building their own capacity to help their children who are also victims of violence. Through group programs and one-on-one counselling, mothers are able to gain confidence and develop more effective relationships with their children.</p>
<p>Western Canada</p>	<p>Art and Play Therapy at <i>Fort Garry Women's Resource Centre</i> (MB)</p>	<p>This program offers art, play and art therapy for children between the ages of 2-12 who have experienced and/or witnessed domestic violence. The therapeutic process supports self-exploration/healing in a safe, non-threatening way and aids in the expression of feelings that may otherwise be difficult for children to articulate.</p>
	<p><i>CAPC</i> programs at <i>Manitoba Association of Women's Shelters (MAWS)</i> (MB)</p> <ul style="list-style-type: none"> • <i>NOVA House Shelter</i> • <i>The Portage Family Abuse Prevention Centre</i> • <i>Parkland Crisis Centre & Women's Shelter</i> • <i>Agape House Support for Women in Crisis</i> • <i>Thompson Crisis Centre: ;</i> • <i>Aurora House</i> • <i>Genesis House</i> • <i>Willow Place</i> • <i>YWCA Westman Women's Shelter</i> • <i>Ikwe-Widdjiitiwin</i> 	<p>Each shelter receives funding to hire staff for extra programming for 0-6-year-olds. Counsellors watch children in play groups for signs of effects of DV exposure for early detection and referrals (e.g., medical/dental/mental health/trauma). Three ECE's offer whatever is needed (e.g., soothing babies and toddlers).</p>
	<p><i>Counselling</i> at <i>North Point Douglas Women's Centre</i> (MB)</p>	<p>A counsellor offers sessions three times a week and works with children and adults to reduce the effects of trauma from the domestic abuse they experienced.</p>

Region	Program & Agency	Description
	<p><i>Children Exposed to Violence Program (SK)</i> at:</p> <ul style="list-style-type: none"> • <i>YWCA of Regina</i> • <i>Moose Jaw Transition House</i> • <i>Family Service Saskatoon</i> • <i>Catholic Family Services of Saskatoon</i> • <i>Catholic Family Services of Prince Albert</i> • <i>Catholic Family Services of the Battlefords</i> • <i>Envision Counselling and Support Centre</i> • <i>Mamawetan Churchill River Regional Health</i> • <i>Keewatin Yatthé Regional Health Authority</i> 	<p><i>Children Exposed to Violence Program</i> (also known as <i>Children Who Witness Violence</i> program) is a psychoeducational program funded by the justice sector and available at nine locations for children 5-16 years-old and, concurrently, to their mothers. Although a Victim Services program, no court involvement is necessary for children to participate. One of the nine locations, <i>YWCA of Regina</i>, provides a modified version of the program to preschoolers (3-4 year-olds) that is five weeks in length and focuses on art and play-based activities addressing safety and self-esteem as examples. In addition there are support groups for mothers, however children under 3 would attend childcare, with support available to their mothers. Another two of the nine program locations (<i>Moose Jaw Transition House</i> and <i>Family Service Saskatoon</i>) indicated that they provide one-on-one counselling, play and art therapy, emotional support and parental work for children under 4. The goal of these programs is breaking the cycle of abuse.</p>
	<p><i>Mental Health services at Saskatoon Centre for Children’s Justice and Victim Services (CYAC) (SK)</i></p>	<p>Mental health services are available to children involved in child protection investigations, but typically not for children under 4.</p>
	<p><i>Domestic Violence services at White Raven Healing Centre (SK)</i></p>	<p><i>White Raven Healing Centre</i> has dedicated DV services operating through a holistic model for the whole family.</p>
	<p><i>Therapy at Alberta Children’s Hospital (AB)</i></p>	<p>Clinicians at <i>Alberta Children’s Hospital</i> provide therapy for children that focuses on recovery from PTSD and trauma related to child abuse, including DV. The service is accessible through Child Abuse Service and the = <i>Sheldon Kennedy Child Advocacy Centre</i> (i.e. CYAC). Children under 4 would be seen only if they experienced physical or sexual harm and are, or have been, involved in a police or child protection investigation</p>
	<p><i>Mental Health services at Zebra Child Protection Centre (CYAC) (AB)</i></p>	<p>Mental health services are available to children involved in child protection investigations, but typically not for children under 4.</p>
	<p><i>Mental Health services at Caribou CYAC (AB)</i></p>	<p>Mental health services are available to children involved in child protection investigations, but typically not for children under 4.</p>

Region	Program & Agency	Description
	<i>Children Who Witness Abuse (CWWA)</i> program, offered in 90 locations (BC): Specific program locations are available through the BC Society for Transitional Houses http://bcsth.ca/directory/	<i>Children Who Witness Abuse (CWWA)</i> psychoeducational program, offered in 90 locations across the province to children 3-18 years-old. The program does include structured individual and group interventions for children and mothers, where there are opportunities for the mother to understand the impact of the abuse on her child, help her address the child's concerning behaviours and heal the mother-child bond.
	<i>Mental Health Services at Sophie's Place Child Advocacy Centre(CAC)</i> (BC)	Mental health services are available to children involved in child protection investigations, but typically not for children under 4.
	<i>Mental Health services at Alisa's Wish - Ridge Meadows Child Advocacy Centre (CAC)</i> (BC)	Mental health services are available to children involved in child protection investigations, but typically not for children under 4.
Central Canada	<i>Mothers in Mind (MIM) (ON)</i> at Child Development Institute (CDI) and 20 other licenced locations across Ontario. See full list of locations at https://www.childdevelop.ca/mothersinmind/about-mim/locations	MIM is a mother and child program specifically designed to meet the parenting needs of mothers who have experienced family violence, childhood abuse, neglect or sexual assault, and have children under the age of 4. The program focuses on the needs of mothers who find that these hurtful experiences are making parenting difficult. The 10-week program helps mothers learn ways to manage stress and other challenging feelings, foster healthy self-esteem and respond to their children in a sensitive, supportive and effective manner.
	<i>Mental Health services at Koala Place (CYAC)</i> (ON)	Mental health services are available to children involved in child protection investigations, but typically not for children under 4.
	<i>Mental Health services at Child Advocacy Centre (CAC) Niagara</i> (ON)	Mental health services are available to children involved in child protection investigations, but typically not for children under 4.
	<i>Mental Health services at Child Advocacy Centre (CAC) of Simcoe/Muskoka</i> (ON)	Mental health services are available to children involved in child protection investigations, but typically not for children under 4.
	<i>Mental Health services at Child and Youth Advocacy Centre (CYAC) at BOOST</i> (ON)	Mental health services are available to children involved in child protection investigations, but typically not for children under 4.
	<i>Connections program (CAPC) at Mothercraft</i> (ON)	<i>Mothercraft's Connections</i> is a family resource program that addresses mother's DV trauma and impact on her child's development (0-6 years old). Mothers attend weekly sessions without their children.

Region	Program & Agency	Description
	<i>Pacifix (CAPC) at Carrefour pour elle (QC)</i>	Pacifix aims to reduce the consequences of DV in children aged 12 and under. There are four intervention steps that include: individual meetings with the mother, group intervention for children that tackles specific topics related to DV, mother-child meetings, and family counselling with the worker.
	<i>Centre d'expertise Marie-Vincent (CYAC)</i>	Mental health services are available to children involved in child protection investigations, but typically not for children under 4.
Atlantic Region	<i>Play Therapy at Catholic Family Services Bureau (PEI)</i>	Community family service agency that offers play therapy to children over 4, where DV is identified as an area of intervention.
	<i>Play Therapy at Family Enrichment and Counselling Services (NB)</i>	Community counselling agency where professionally trained therapists use play therapy with children over 5 to deal with a variety of issues including parent's separation, abuse, anger, depression and grief.
	<i>Moving Forward Program (NB) at:</i> <ul style="list-style-type: none"> • <i>Fredericton Liberty Lane Inc.</i> • <i>Woodstock Valley Outreach</i> • <i>Saint John Moving Forward</i> • <i>Miramichi Family Violence Partnership Committee</i> • <i>Moncton Family Services Moncton Inc.</i> • <i>Edmundston Comité de la Violence Familiale du Nord-Ouest Inc.</i> • <i>Acadian Peninsula Services à la Famille de la Péninsule</i> • <i>Campbellton Restigouche Family Services Inc.)</i> • <i>Sussex Committee for the Prevention of Family Violence</i> 	A provincially funded community-based program at nine different locations, aims for children and their mothers to heal from the hurt of living with DV; Children aged 4-16 and their mothers learn skills to heal from violence in their lives, create safety plans, and make social connections.
	<i>Individual Counselling at Sage Solutions (NB)</i>	Individual counselling using a systemic approach with families; a child under the age of 4 could potentially be treated in this manner
	<i>Criminal Injuries Counselling Program (NS)</i>	Covers the costs of private practitioners for children of any age who have witnessed family violence after the police completed their investigation; counselling can take place at SchoolsPlus designated schools.
	<i>Healing the Bruises program at Alice Housing (NS)</i>	A counselling and support program for children and mothers who witnessed violence in the home; trauma processing, supportive counselling and debriefing is available for children over 4 as they explore their feelings surrounding the violence they have witnessed in their family.

Region	Program & Agency	Description
	<i>Mental Health services at SeaStar Child and Youth Advocacy Centre (CYAC) (NB)</i>	Mental health services are available to children involved in child protection investigations, but typically not for children under 4.