
Saskatoon Domestic Violence Court

Evaluation Report

September 6, 2005 to March 31, 2008

**Prepared by:
Mike Boyes, Ph.D.
Ogden/Boyes Associates Ltd.
403-560-9171**

**Prepared for:
Policy, Planning and Evaluation
Ministry of Justice and Attorney
General**

Executive Summary

Positive feedback from both clients and their victims indicate the DVC has been a positive experience for many. The option to receive a lesser penalty has for some been a very motivating factor. It also appears that for many clients, their “choice” to participate in the Treatment Option and its processes helps them to take “ownership” of their issues and helps them to see themselves as more of a “willing” participant in their treatment which often encourages them to reach their goals.

-A stakeholder

Victims often relate that having a DVCCW (victim case worker) to keep them updated on the court process as well as release dates, and support services has made such a big difference for them. They talk of how, if they choose to continue to work on their relationship, that the programming offered has made such a huge difference in their families lives. Initially, most think of the programming as ‘just another anger management program’ that the accused has taken before, but then realize that this is something that is very different and are grateful for it being available. We are also seeing more men coming forward and reporting intimate partner violence which, in itself, speaks volumes about the changing mindset of people. Where once men were ‘ashamed’ to speak of DV, they are now more willing to open up so their family can become healthy.

-A stakeholder

The majority of those who have successfully completed their DV programming, have stated in court that they are grateful for having the opportunity to participate in this type of programming. Many have commented on their lack of understanding as to exactly what constitutes DV as well as the impact that it has/had on their family as a whole.

- A stakeholder

Overall the Saskatoon Domestic Violence (SDV) Court is working well. It appears to be meeting all its objectives, some more so than others. But, this is to be expected in a project initiated three and a half years ago.

Despite the number of “issues” and “concerns” noted by stakeholders, there were also many positive comments about the current and future functioning of the SDV Court. Respondents made it clear that they strongly believe the SDV Court is having a positive impact upon the offenders who participate as well as on the victims and families involved in the cases. They commented on improved communication among stakeholders and its impact on sectors. They believed

Objectives of the SDV Court

- Consistent justice response to domestic violence
- Improved victim support and safety
- Timeliness of court process
- Offender accountability
- Cultural responsiveness
- Increased specialization in domestic violence

that the Court is encouraging offenders to take ownership of their actions and that victims are better protected. They stated that the Court has reduced the opportunity for manipulation of the criminal justice system by offenders and victims. And, they believe the Court is raising the awareness of the community that domestic violence is a crime as well as a family and social issue.

Between September 6, 2005 and March 31, 2008, 1624 individuals have appeared in the SDV Court. There was an average of 12 first appearances per docket and an average of 75 appearances per docket overall. The time from offence to first appearance dropped from 32 days (2005-06) on average to 25 days (2007-08). Over 4200 charges were handled in the Court with 55% classified as “core” charges associated with domestic violence such as assault, criminal harassment and mischief. Sixty per cent of the accused are making a first appearance in court within one month of charges being laid; 37% within two weeks – a favourable comparison to other courts.

Available case outcome data show the following:

- 39% of the accused plead not guilty and proceeded to trial where 90% of them were found guilty and sentenced;
- 13% had their charges withdrawn or stayed;
- 6% plead guilty and were sentenced;
- 41% elected to plead guilty and were referred to Probation Services for assessment; of these:
 - 20% were deemed inappropriate for treatment and were sentenced; and
 - 72% of those that entered treatment programs completed.

The majority of those who completed treatment programs received a sentence of absolute discharge. The patterns of sentences for non-completers were virtually identical to those for individuals found guilty at trial.

Probation Services

From the first sitting of the Court to March 31, 2008, 563 offenders entered a guilty plea, indicated they wanted to access the treatment option available in the Court and were referred to Probation Services for an assessment of their suitability for treatment. About one fifth were assessed as not suitable. Slightly over half (51%) were assessed as medium risk to reoffend; 31% as high risk; and 18% as low risk.

Treatment programs offered through Probation Services had a relatively high completion rate at about 85%. As expected, those offenders with higher risk levels were slightly less likely to complete treatment.

Mental Health Services Treatment Program

The larger proportion of offenders opting for treatment in the SDV Court were referred to either the ManAlive or Narrative program operated by Mental Health Services with the Saskatoon Health Region. Across both programs the completion rate was higher for the SDV Court referral group compared to those participants who self referred and the ones referred after trial and sentencing.

In addition pre- and post- tests indicated that the completion of the treatment program had positive effects on participants as follows:

- changes in attitude over the course of treatment;
- shifts in intention and commitment to make behavioural changes;
- changes in understanding of gender roles; and
- changes in belief that they needed to be the one to make changes.

As well, pre- and post-tests indicated a significant decrease in self-reported incidents of aggression including physical violence, sexual coercion and emotional abuse. However, although victim safety ratings were high, they did not improve over the time the offender attended treatment programs.

It was consistently found that there were few if any significant differences between program completers and non-completers at the time of pre-test. This suggests that it is the completion of treatment and not pre-existing group differences that are related to the positive changes reported for completers.

Victim Services

From the time of implementation when one domestic violence court case worker served victims in the SDV Court to March 31, 2008 when two case workers were working in the Court, over 1800 victims received services. This included information, emotional support, referrals to other agencies and practical help when needed. One victim referred to the case worker as “the one bright spot in an otherwise dark and confusing and scary process.”

Victims Speak

Victims appeared to feel safer as their partner progressed through the treatment program. However, the data showed a tendency for victims to perceive and increase in engagement in the program by their partner from the initial telephone interview during the course of the program to the mid point of the program but decrease towards the end data collection point. It is not clear if these differences reflect changes in partner behaviour or just changes in contextual factors.

Stakeholders Speak

The respondents represented a reasonably broad cross section of SDV Court partners, however, not all responded so some views and issues may not be fully represented.

Communication among SDV Court partners

Concerns over a perceived lack of communication among the partner groups and organizations most directly involved in the running of the SDV Court appeared in a number of places across the survey responses. There is a perception that the strong sense of shared purpose and cooperation that characterizes the formation and start-up of the SDV Court has receded somewhat with the operation of the Court over time. Some of this is to be expected as the representatives from organizations that came together to develop the core process model return to their home organizations and must attend to the issues and demands in their home organizations. This is particularly difficult for individual partner representatives who were part of the formation of the SDV Court as they are well aware of the hopes and goals of the SDV Court and can clearly see where things are falling short. Likewise it is difficult for new SDV Court participating partner representatives as they may be less clear about expectation and protocols as they were originally intended at the outset of the SDV Court.

Communication with groups outside of the SDV Court Core

Respondents consistently observed that groups outside of the SDV Court core such as private counsel, the judiciary, police, executive management in government ministries (Justice and Attorney General; Corrections, Public Safety and Policing; Health; Social Services) and the community did not fully appreciate what was going on within the SDV Court and were not fully supportive of its goals and processes. Examples included how the SDV Court is viewed by private counsel, how dockets and courtroom assignments are managed, and how domestic violence trials are assigned and scheduled.

Impact of offender volume

Many respondents stated that the volume of individuals moving through the SDV Court made it difficult at times for partners to move people along in a timely fashion. There were concerns about waitlists for treatment, the number and length of adjournments in cases before the Court, the demand for assessments and courtroom and docket space. Staff shortages with some of the SDV Court partners have contributed to these volume issues.

Communication about these issues is critical. For example, discussion may result in the waitlist issue being resolved by changing how it is handled. Waitlisting as a consequence of repeated adjournments prior to assessment or treatment assignment works strongly against the advantages of getting individual committed to treatment as soon as possible following domestic violence incidents. Agreement to develop protocols for check-in while waiting for assessment or treatment space may work more effectively.

Staff turnover

Staff turnover is a significant challenge for domestic violence courts. As new staff settle into work requirements and co-worker relations within their home organizations, they must do the same within the diverse range of connections that make up the SDV Court.

Related to staff turnover is the need for adequate numbers of staff to handle the volume of work.

Risk assessment

Respondents raised several issues about risk assessments:

- whether low risk offenders in domestic violence situations benefit from treatment;
- skepticism among some partners regarding the validity of the Ontario Domestic Abuse Risk Assessment (ODARA) as a risk assessment tool and its usefulness in SDV Court activities such as prioritizing treatment waitlists and request for changes to conditions; and
- feasibility of re-referring individuals for assessment and for possible program participation despite, in some cases, their having failed to attend assessment sessions or to participate in treatment programming when referred.

While the available data are not as robust as might be desired on the question of the validity of the ODARA as a recidivism prediction tool data consistently indicate that the ODARA is as good as or better at predicting reoffending than other tools currently available for this purpose (Campbell, 2007; Hanson, Helmus, and Bourgon, 2007; Hilton, Harris, Rice, Lang, Cormier, C.A., & Lines, 2004; Institute of Health Economics, 2008).

Consistency in no contact orders

Respondents raised the concern that the intended consistency in changing no contact orders no longer exists in the Court. The original approach was to have no contact orders remain in place until such time as an accused had determined his or her course of action by entering a plea. Responses indicated that there is a range of understandings among various staff involved in the SDV Court about the use of the no contact order in the management of domestic violence cases.

Sustainability

Funding and sustainability of the SDV Court is a primary concern identified by stakeholders. Most see the need for long term funding that adjusts to changes in SDV Court volume.

Another issue related to sustainability included the nature and extent of staff training and support necessary to ensure that staff turnovers do not have an impact on the SDV Court process and that operational standards are maintained.

Recommendations

For more details about the recommendations listed below refer to the discussion at the end of each section of this report.

Recommendation 1

Develop a process to track data in all sectors working in the SDV Court and for all offenders appearing in the SDV Court.

Recommendation 2

In order to gather more data on the impact of the SDV Court, undertake and complete the recidivism study planned for 2009-10.

Recommendation 3

Based on the positive relationship between treatment completion and attitude and behavioural change, develop methods that will increase program “buy-in” by potential treatment option participants.

Recommendation 4

Develop strategies that will increase the likelihood that offenders will complete treatment programs.

Recommendation 5

Develop a set of questions for the victims of those offenders attending treatment programs that are based on treatment milestones and progress through the treatment stages so that a more accurate picture can be gathered of the victim perception of the offender's progress over time.

Recommendation 6

In support of Recommendation 3, the level of partner resistance to change suggests increasing program "buy-in" would increase program commitment on the part of offenders and result in positive changes for victims and families.

Recommendation 7

Hold a series of "Where are we now? And where are we going?" meeting with SDV Court partners to review and revise partner protocols to ensure that they demonstrate the integrated operational process of the SDV Court and that they can be used by new SDV Court members to clarify partner roles and responsibilities.

Recommendation 8

Following the direction setting meeting in Recommendation 7, strategize about ways to increase awareness of and support for the processes of the SDV Court and ways to garner support and "buy-in" for the SDV Court model and goals from "outside groups" to address specific issues such as reducing time to trial.

Recommendation 9

All funding partners in the Court should develop a plan to stabilize treatment program funding at a level appropriate to the volume in the Court.

Recommendation 10

Expand current protocols or develop a separate set of consensual statements about optimal ways to deal with operational issues that may affect the effectiveness and efficiency of the Court.

Recommendation 11

To ensure the smooth transition of roles and responsibilities when new staff becomes part of the SDV Court, regularly review the partner protocols to ensure they are clear and up-to-date and supportive if efficient communication among partners.

Recommendation 12

Review the assessment and treatment referral process of the Court to:

- i) Examine ways that low risk offenders can be referred directly to the treatment programs from the Court.
- ii) Reinforce the continued use of the ODARA as one component of the assessment and suitability process.
- iii) Examine data to determine if re-referring offenders for assessment or treatment is a regular occurrence within the SDV Court. If so, take steps to review and discuss the practice in terms of possibly enhancing and increasing participant “buy in” or commitment to the treatment program and its completion.

Recommendation 13

Develop a common understanding of the requirements for a request in change of conditions, incorporate the description into the partner protocols document as part of typical practice in the SDV Court that could serve as guidelines to new SDV Court individual partners and remind existing partners about how actions should proceed if the founding principles of the SDV Court are to be upheld.

Recommendation 14

Develop a plan to ensure the sustainability of the SDV Court including a request to all core SDV Court partner organizations to consider their longer term roles on the ongoing funding and organizational support for the SDV Court.

Table of Contents

Throughout this report SDVC refers to the Saskatoon Domestic Violence Court and PADDs refers to the Prosecutions Automated Data and Document System.

Section 1: Introduction	1
Overview	
Development	
Court Process	
Court Supports	
Methodology	
Section 2: Saskatoon Domestic Violence Court Data	9
Charge Profile	
Time Between Charge and First Appearance	
Charge and SDV Court Outcomes	
JAIN Review of Uncertain Outcome Data	
Probation Services Data Set	
Sentences by Outcome Category	
Summary of Court Data	
Recommendations	
Section 3: Probation Services Data	27
Assessment Data	
Treatment Data	
Summary of Probation Data	

Section 4: Treatment Program Outcomes: Mental Health Services in the Saskatoon Health Region 39

Treatment Program Completion Rates
Pre-post Measure Results for Treatment Program Completers
 Relationship Belief Scale
 The URICA: Attitudes and Behaviours Scale
 Gender Role Conflict Scale (GRCS)
 Conflict Tactics Scale
 Multidimensional Measure of Emotional Abuse (MMEA)
 Analysis of Victim/Partner Reports
Starting Points: Are There Differences by Referral or Outcome?
Putting These Results Together
Summary of Mental Health Services Treatment Program Data
Recommendations

Section 5: Victim Data 73

Support for Victims in the Saskatoon Domestic Violence Court
Victim Perceptions of Safety and Program Progress
 Time 1: 4 to 6 Weeks into Treatment
 Time 2: 10 to 12 Weeks into Treatment
 Time 3: 15 to 18 Weeks into Treatment
Victim Perceptions of Program Effectiveness
 Time 1: 4 to 6 Weeks into Treatment
 Time 2: 10 to 12 Weeks into Treatment
 Time 3: 15 to 18 Weeks into Treatment
Summary of Victims' Views
Recommendations

Section 6: Survey of Stakeholders Involved with the Saskatoon Domestic Violence Court 89

Survey Method
Nature and Extent of Role in the SDV Court Process
Impact of the SDV Court on Case Management
Meeting Expectations
Strengths and Weaknesses of the Court
Challenges
The Court and the Community
Summary of Stakeholder Responses and Recommendations

References

123

Appendix A: Saskatoon Domestic Violence Court Partner Protocols	125
Appendix B: Saskatoon Domestic Violence Court Flow Chart	133
Appendix C: List of Victim Responses to the Telephone Survey	135
Appendix D: Survey of Stakeholders in Saskatoon Domestic Violence Court	161

Tables

Table 1: Core Charges	12
Table 2: Subsequent (to Core) Charges	13
Table 3: Additional Charges	13
Table 4: Estimated Outcomes of All SDVC Individual Participants	22
Table 5: Sentences for Program Completers and Non-Completers	24
Table 6: Saskatoon Probation Services Assessment Records	28
Table 7: PRA Risk Level by Treatment Recommendation 2005-2006	29
Table 8: PRA Risk Level by Treatment Recommendation 2006-2007	30
Table 9: ODARA Scores and Assessment Recommendations 2006-2007	33
Table 10: PRA Risk Level by Treatment Recommendation 2007-2008	31
Table 11: ODARA Scores and Assessment Recommendations 2007-2008	31
Table 12: URICA Stages at Referral to Treatment	35
Table 13: Treatment Outcomes	36
Table 14: All Completion Rates by Program Type	43
Table 15: Basic Completion Rates by Program Type	44
Table 16: Referrals Into Programs	44
Table 17: Referral Type By Treatment Out come By Program	45
Table 18: Relationship Belief Scale Time 1 Time 2 Results	49
Table 19: Relationship Belief Scale Time 2 Time 3 Results	50
Table 20: URICA: Attitudes and Behaviours Scale Time 1 - Time 2	52
Table 21: URICA: Attitudes and Behaviours Scale -- Categorical Data	53
Table 22: URICA: Attitudes and Behaviours Scale – Cross-tabulation	53
Table 23: Gender Role Conflict Scale -- Time 1 Time 2 Data	55
Table 24: Conflict Tactics Scale Total Raw Self Scores for Time 1 Time 2	58
Table 25: Conflict Tactics Scale Total Raw Partner Scores for Time 1 Time 2	58
Table 26: Conflict Tactics Scale -- Items for Past Year -- Self -- Scores for Time 1 Time 2	59
Table 27: Conflict Tactics Scale -- Items for Past Year -- Partner -- Scores for Time 1 Time 2	59
Table 28: Multidimensional Measure of Emotional Abuse (MMEA)	60
Table 29: Number of Calls Attempted, Completed, and Safety Ratings Collected	62
Table 30: Rates of Physical and Emotional Abuse by Call Time	63
Table 31: Safety Ratings of Changes Observed Since Partner Started Program	64
Table 32: Is The Program Helping Your Partner?	65
Table 33: Who Does Your Partner Believe Needs to Change?	65
Table 34: Distribution of Safety Comments at Times 1, 2, and 3	81
Table 35: Distribution of Treatment Program Effectiveness Comments at Times 1, 2, and 3	87

Figures

Figure 1: Count of First Appearances in SDVC	10
Figure 2: Count of Appearances in SDVC	10
Figure 3: Weeks Between Offence and First Appearance in SDVC	14
Figure 4: Outcomes of Cases Involving Core Charges in SDVC	17

Section 1

Introduction

This program evaluation report provides information on the core features of the Saskatoon Domestic Violence (SDV) Court and their impact on stakeholders, offenders and victims. The data used to produce this report represent court activities from September 20, 2005 to March 31, 2008.

In 2009-10 two other reports pertaining to the functioning of this Court will be produced:

- a data report on the 2008-09 fiscal year to March 31st; and
- a recidivism study.

Overview

The Saskatoon Domestic Violence (SDV) Court was the second specialized domestic violence court implemented in Saskatchewan. It held its first sitting on September 20, 2005. The main difference between the SDV Court and the existing court in Battlefords was that the Saskatoon model was a trial court with all charges

In Summary Between September 6, 2005 and March 31, 2008

- ▶ The data in this report show that the Saskatoon Domestic Violence Court is meeting its objectives.
- ▶ Stakeholders continue to work together to achieve better outcomes for offenders, victims and their families and the results compare favourably with other jurisdictions.
- ▶ 1624 individuals (1372 male; 152 female) appeared.
- ▶ 12 average first appearances per docket; 75 appearances per docket
- ▶ Time from offence to first appearance dropped from 32 days on average (2005-06) to 25 days (2007-08)
- ▶ 4223 charges dealt with
- ▶ Assault (Section 266) most common charge
- ▶ 60% of accused appear within a month; 37% in first two weeks
- ▶ 41% plead guilty and referred for assessment
- ▶ SDV Court referrals completed programming to greater extent than self-referred and sentenced groups

involving domestic violence staying in that Court throughout the criminal justice process.

Development

In March 2004, at the invitation of the Provincial Court, members of the justice system and stakeholders with an interest in domestic violence began a coordinated effort to develop a domestic violence court in Saskatoon. The collective actions of this group that included representatives from the judiciary, Public Prosecutions, Legal Aid, private defence counsel, Probation Services, Saskatoon Police Service, RCMP, the Saskatoon Health Region (Addiction Services, Community Mental Health Services), community agencies providing services to victims of domestic violence and First Nations and Métis agencies resulted in a plan for the Court that was presented to the Ministry of Justice and Attorney and the Ministry of Corrections, Public Safety and Policing.

This group reached consensus on the definition of domestic violence the Court would use:

Any verbal, physical or sexual act of an abusive nature by one person against another in the context of an intimate relationship that in any way harms or threatens the physical or emotional well being of the victim or damages or threatens to damage the victim's property.

In addition to the above, any charges based upon the violation of bail, probation, conditional sentences or other court orders made in domestic violence cases will be referred to the DVC. Offences against the administration of law and justice that relate to domestic violence situations may also be referred to this court.¹

¹ Saskatoon Domestic Violence Court proposal, p.6

It also agreed that the Court would work towards the following goal and objectives:

The goal of the Saskatoon DVC is to ensure that domestic violence is recognized as a serious concern and that this is reflected throughout the policies and processes of the Saskatoon DVC and the practices of the partner organizations.

The Saskatoon DVC has the following objectives:

1. *Consistent justice response to crimes involving domestic violence: Provide a single forum to deal with the majority of domestic violence cases with clearly established roles and protocols to ensure that the cases are handled in a consistent fashion from first appearance to sentencing.*
2. *Improved victim support and safety: Provide for a consistent, proactive support network for the victims of domestic violence that will be timely and available from the initial time of the offence to its eventual resolution in court at final disposition. This would include referral to appropriate resources, victim input throughout the court process and court preparation for all cases where the victim is a witness.*
3. *Timeliness of the court process: Expedite the processing of cases through the court system by reducing the time to first appearance, shortening adjournments and providing early trial dates.*
4. *Offender accountability: Hold offenders accountable for their behaviour through legal sanctions and provide an option for qualified offenders to access structured and managed treatment programs.*
5. *Cultural responsiveness: Address the cultural needs of the diverse ethnic backgrounds of the people within the community.*
6. *Increased specialization in the area of domestic violence: Develop expertise of all partners in handling domestic violence cases and the unique and specific problems associated with these crimes.²*

² Ibid

Governance was placed with a coordinating committee chaired by the judiciary. It was tasked with providing policy leadership, overseeing the SDV Court budget when appropriate, overseeing the development, implementation and maintenance processes and connecting the various levels of government and community. The committee has representation from all SDV Court partners.

A second committee, a sub-committee of the coordinating committee described previously, was established to discuss the weekly activities of the SDV Court. This committee consists of representatives from Public Prosecutions (co-chair), Probation Services (co-chair), Community Mental Health Services and Family Service Saskatoon as well as the domestic violence court case workers. Other partners are invited to attend as required.

In order to clarify roles and responsibilities and ensure smooth transitions when there was staff turnover, each core partner in the Court produced a protocol that related to the functioning of the SDV Court (Appendix A).

Court Process.

Appendix B contains the flowchart showing the court process.

Initially the SDV Court was held each Tuesday in Court Room # 6, with docket matters at 9:00 AM and trials set for 10:30 AM and 2:00 PM. As the docket became busier, trials were set only in the afternoon and eventually Mondays and Wednesdays were reserved as domestic court trial dates. Due to pressures on court availability, this has since been reduced to Wednesday only and other days when available. The initial goal was to set these trials within 90 to 120 days of the offender entering a plea. The length of time to trial is now seven to eight months which has a direct impact on the Court objective related to timeliness and expeditious court process.

The Court hears all domestic violence cases in Saskatoon. This includes all spousal assaults, (including common law and same sex couples) harassment charges, peace bonds, breaches and any other charges that arise out of a domestic situation. If the accused elects to participate in the treatment option program, a guilty plea is entered and an Agreed Statement of Facts is signed.

Before each docket, the Crown prosecutor, domestic violence court case workers, probation officers and Aboriginal court workers are available at 8:45 a.m. to discuss possible options for cases, set any trial or preliminary hearing dates and provide any further information about the Court and programming to accused or their lawyers.

All cases that meet the SDV Court programming criteria for the treatment option are assessed by Probation Services to determine the accused's suitability for programming. The matter is adjourned four to five weeks to have this assessment completed. Some of the criteria that Probation Services considers are:

- the acceptance of responsibility by the accused;
- the ability of the accused to attend weekly treatment sessions for several months;
- no other charges pending that involve violence;
- what programming the accused has participated in previously; and
- no psychiatric or psychological issues which would prevent participation in the program.

Once the assessment is completed by Probation Services, the officers prepare a report for the Court. If the accused is accepted into the treatment option program, the matter will be adjourned approximately two months. Written updates on the accused's progress in the treatment program are submitted to the Court with the accused attending Court for periodic judicial reviews until programming is completed. Successful treatment program completion is a mitigating factor considered by the judiciary in sentencing. If the accused fails to complete the treatment, the judiciary will sentence the accused, and the failure to complete treatment would be taken into account when passing sentence.

Cases that do not meet the criteria are returned to the Court and proceed to sentencing in the normal fashion. All appearances occur in the SDV Court

If an accused elects not to participate in the treatment option program and then changes their plea to guilty prior to the trial date, he or she may be considered for the treatment option program, if they meet the criteria. However, an objective of the Court is early resolution of cases. Plea reversals resulting in delayed program entry do not occur very often.

Court Supports

The Court is designed to recognize the impact of domestic violence on the family unit, to respond to victim's needs, and to provide early treatment and supervision to offenders. Offenders are given a treatment option, which would be completed prior to sentencing and provide the accused with a mitigated sentence if treatment is successfully completed.

The Court utilizes existing treatment programming through Probation Services and the Saskatoon Health Region (Community Mental Health Services). Domestic violence treatment programs include:

- Relationship Abuse Prevention Program (RAPP delivered by Probation Services when the Court was first implemented, discontinued in 2007-08 and reinstated in April 2009);
- Man Alive (delivered by Mental Health Services in the Saskatoon Health Region);
- Narrative Therapy (delivered by Mental Health Services in the Saskatoon Health Region); and
- Women's Anger management and Self Esteem (WASE, delivered by Mental Health Services, Saskatoon Health Region).

As well, addictions treatment programming is offered through Saskatoon Health Region and two new treatment programs have been developed to better meet the needs of the Court:

- Napewak e-acimoyahk - "Men Telling Stories" (a culturally-responsive program developed specifically to respond to male Aboriginal offenders in the SDV Court; delivered by Mental Health Services in the Saskatoon Health Region with in-kind contributions for facilitator and Elder assistance from the Justice and Attorney General funded Aboriginal Family Violence Program at the Saskatoon Indian and Métis Friendship Centre); and
- Women's Alternatives to Violence Program (delivered by Mental Health Services, Saskatoon Health Region).

Prior to the implementation of the Court, Family Service Saskatoon was provided with funding to hire one domestic violence court case worker to provide services and supports to victims in the Court. This was increased to two positions in 2006-07 and a third position was added in 2008-09. These workers contact all victims and provide them with support throughout the court process. The case workers provide information to the Court from the victim's perspective and are an advocate for the victim. An objective of the Court is to have the victims as active participants, rather than observers on the sidelines. As well, the case workers ensure that court orders are tailored to meet the needs of the victim. The victim is contacted throughout each stage of the process and is encouraged to provide input on how the treatment is proceeding.

Methodology

Several sources were used in gathering data for this report, including:

- court record data gathered through a downloaded extract from Justice Automated Information Network (JAIN) provided by technical staff within Public Prosecutions Central Office;

-
- assessment and referral (for treatment) information from EXCEL spreadsheets outcome records maintained by Probation Services;
 - outcome data within treatment programs groups from a database maintained by the treatment programs operated within the Saskatoon Health Region.; and
 - qualitative data acquired through a survey/interview protocol e-mailed to all members of the coordinating committee.

A record of charges, appearances, and dispositions is essential to the ongoing monitoring and evaluation of the activities of the SDV Court. The relevant charge, appearance code and disposition information could be obtained through the Prosecutions Automated Data and Document System (PADDS) that already received regular JAIN downloads. Discussions led to the development of a query to PADDS that produced the list of variables for the court data required.

The court data reported in Section 2 of this report was obtained in April of 2007. The downloaded file was in MS-Access format and was managed and queried within the MS-Access program. A review system was constructed within a custom built MS-Access database that accepts these downloaded updates and processes them for addition to the SDV Court record database. Beyond the end of this evaluation process (and prior to the withdrawal of the evaluator) it would be advisable to work out a system for routinely downloading and summarizing the court record data to support the ongoing monitoring, evaluation, and management of the SDV Court. A report on the parameters of this recommendation was produced last fall and provided to Saskatchewan Justice.

Section 2

Saskatoon Domestic Violence Court Data

The data in this section include records of all charges addressed through appearances in the SDV Court. It also includes all previous appearances related to these matters. This means that the data can go back as far as several years from recent docket dates in some cases.

Between September 6, 2005 (the first sitting of the SDV Court) and March 31, 2008, 1624 individuals (1372 male, 152 female) appeared in the SDV Court, for a total of 2302 cases. For an explanation of the difference between individual, charge and case data refer to the text box on this page.

Figure 1 shows the number of appearances in the SDVC over this period. Each bar in the figure refers to a single docket date. These data show the number of *individuals* who appeared in SDV Court. While strictly speaking, each individual has as many appearances as they have non-finalized charges to be spoken to, this figure presents a count of people-appearances not charge appearances. There was an average of 75 appearances per docket over this time.

Figure 2 shows the number of first appearances by docket for the same time period. There was an average of 12 first appearances per docket over this time.

Individuals, Charges and Cases

- Cases follow from particular incidents that result in charges. Charges are attached to police informations. In this report it is helpful to keep in mind that more than one charge can be attached to a particular police information and that more than one police information can be attached to each case.
- It also follows that an individual may have more than one case currently being considered within the SDV Court.
- Dispositions or outcomes, strictly speaking, are attached to charges. In addition, however, individuals are referred for assessment and for treatment at a more global level (i.e., not on a charge by charge basis).
- As a result of this data comparison issue, efforts will be made through this report to be clear as to the unit of analysis being described – be it individuals, cases, informations or charges.

Figure 1

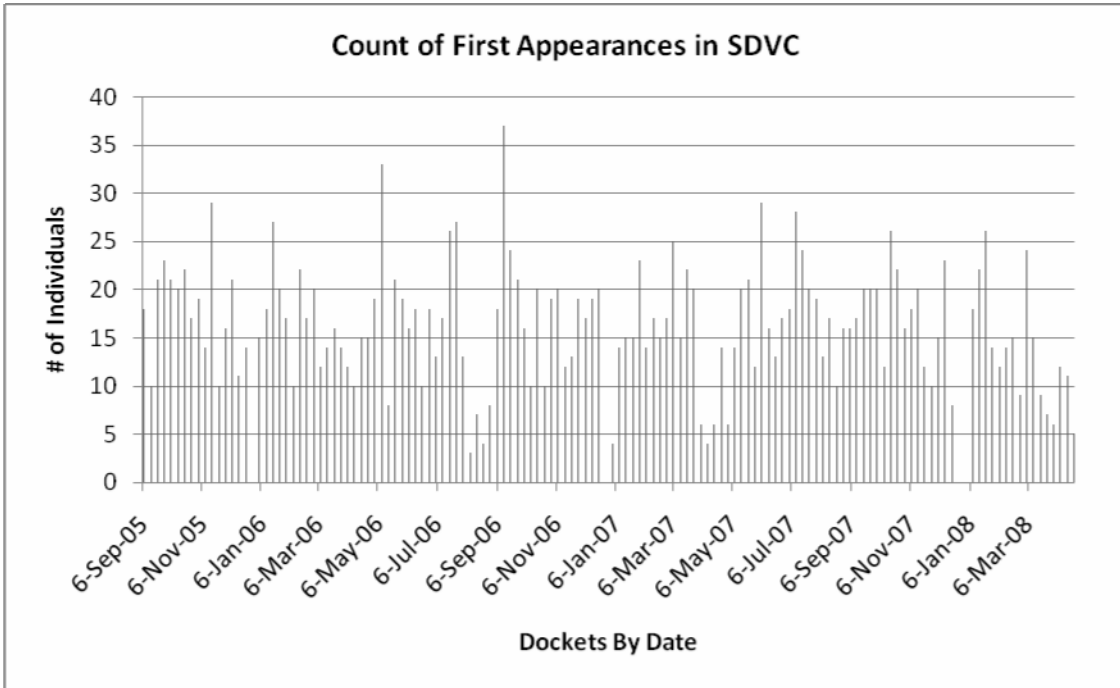
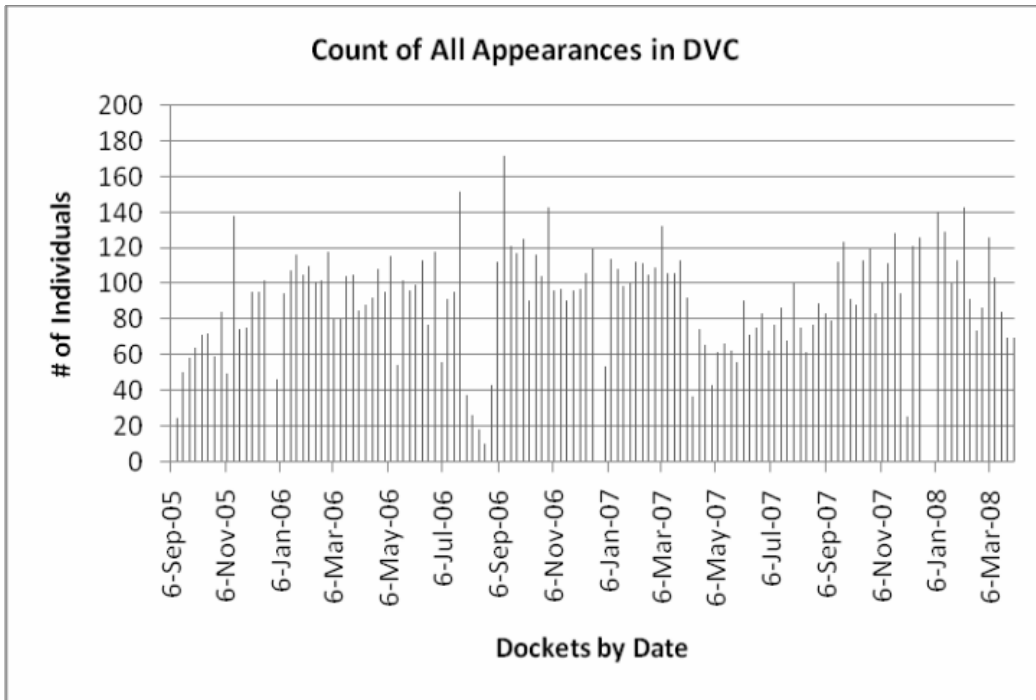


Figure 2



Charge Profile

A total of 4223 charges were addressed through the SDV Court between September 6, 2005 and March 31, 2008. To simplify the analyses the charges were categorized into three groups:

- As shown in Table 1, the first group is comprised of “Core Charges.” These are the kind of charges that are most easily associated with domestic violence incidents. It is the outcome of these charges that will begin to clarify the proportions of various outcomes that can be observed within the SDV Court.
- Table 2 shows the second charge category called “Subsequent (to Core) Charges.” It consists of the kind of charges that tend to be added to cases down the road as a result of actions of the accused such as failure to appear in court or failure to meet the conditions of an order.
- Table 3 lists the charges in the final category, “Additional Charges.” It is comprised of charges that are not easily identifiable as related to domestic violence, though they could be.

The column on the tables titled “Overall %” shows the percentage of charges related to the total number of charges in all three categories. The percentage of charges falling into each category were as follows:

- 55% of the charges addressed in the SDVC were Core Charges;
- 44% were Subsequent Charges; and
- Just over 1% were Additional Charges.

Table 1: Criminal Code Core Charges

CC Section #	Charge Description	Count	% of Category	% Overall
266	Common Assault	1295	55.7	30.7
264.1(1)(a)	Utter Threat To Cause Death Or Bodily Harm	189	8.1	4.5
430(4)	Commit Mischief	165	7.1	3.9
267(a)	Assault With A Weapon	140	6.0	3.3
267(b)	Assault Causing Bodily Harm	93	4.0	2.2
264(3)	Criminal Harassment/Uttering Threats	83	3.6	2.0
129(a)	Obstruct A Peace Officer	55	2.3	1.3
348(1)(b)	Break and Enter & Commits an indictable offence	49	2.0	0.9
334(b)	Theft Under \$5000.00	45	1.9	1.1
279(2)	Confines, Imprisons or Forcibly Seizes A Person	32	1.4	0.8
810	Fear Of Injury Or Damage Property	23	1.0	0.5
268(1)	Aggravated Assault	23	0.9	0.5
88	Possession Of A Weapon	21	0.9	0.5
349(1)	Break And Enter With Intent	20	0.8	0.4
270(1)(a)	Assaulting A Peace Officer	16	0.7	0.4
270(1)(b)	Assaults a person with intent of avoiding arrest	13	0.6	0.3
271	Sexual Assault	10	0.4	0.2
175(1)(a)(i)	Causing a Disturbance by Fighting Shouting Swearing	7	0.3	0.1
430(3)	Commit Mischief, Value Exceeding \$5,000.00.	6	0.3	0.1
90	Carrying a Concealed Weapon	6	0.3	0.1
140(c)	Mischief: False Report	4	0.2	0.1
87	Point A Firearm At Another Person	4	0.2	0.1
72(1)	Forcible Entry	3	0.1	0.1
322	Theft	3	0.1	0.1
235	Murder	3	0.1	0.1
177	Trespass at Night	2	0.1	0.0
349	Being Unlawfully in a Dwelling or House	2	0.1	0.0
86(1)	Handle A Firearm In Careless Manner	2	0.1	0.0
107(1)	False Statement	2	0.1	0.0
239	Attempted Murder	1	0.0	0.0
245	Poisoning	1	0.0	0.0
272(1)(a)	Sexual Assault with a weapon causing bodily harm	2	0.1	0.0
344	Robbery	1	0.0	0.0
351(2)	Disguise with Intent	1	0.0	0.0
372(3)	Indecent Phone Call	1	0.0	0.0
423(1)(b)	Intimidation	1	0.0	0.0
		2324		

Table 2: Criminal Code Subsequent (to Core) Charges

CC Section #	Charge Description	Count	% of Category	% Overall
145(3)	At Large On Undertaking	636	34.3	15.1
145(2)(a)	Fail To Attend Court	563	30.4	13.3
145(2)(b)	Fail To Appear	270	14.6	6.4
733.1(1)	Breach Of Probation Order	217	11.7	5.1
145(5.1)	Fail To Comply With Condition, Probation Order	103	5.6	2.4
733.1((1))	Breach Of Probation Order, Condition, Recognizance	46	2.5	1.1
139(2)	Obstructing Justice	5	0.3	0.1
810(1)	Peace Bond	4	0.2	0.1
708	Contempt For Failure to Give Evidence	3	0.2	0.1
127	Disobey A Lawful Order	2	0.1	0.0
137	Fabricating Evidence	2	0.1	0.0
145(1)(a)	Escapes from Lawful Custody	2	0.1	0.0
117.01(1)	Firearm Possession Contrary to Order	1	0.1	0.0
733.1)	Transfer of Order (Probation)	1	0.1	0.0
		1855		

Table 3: Criminal Code Additional Charges

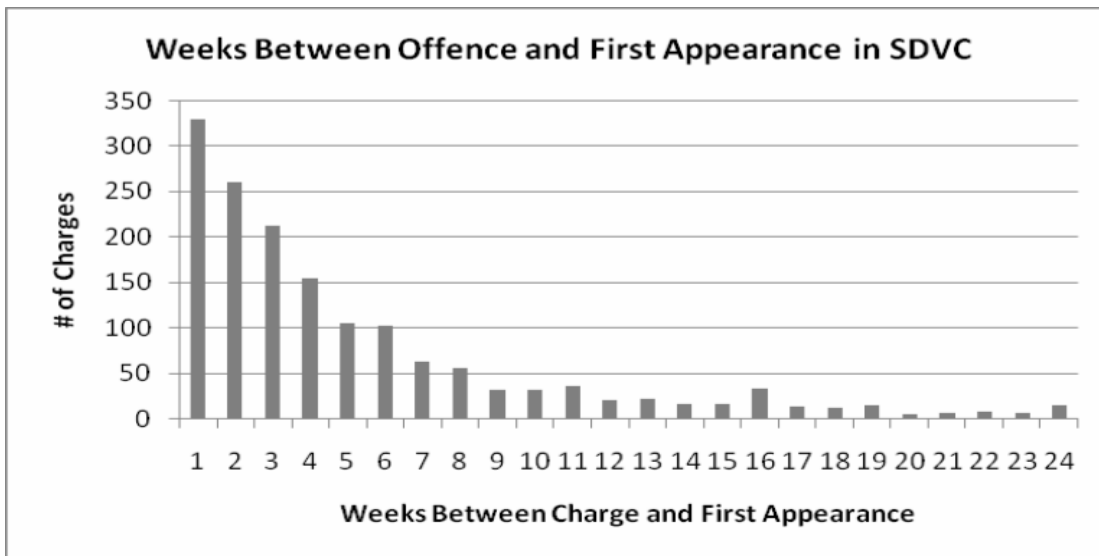
CC Section #	Charge Description	Count	% of Category	Overall %
355(b)	Possession Of Property	6	13.6	0.1
259(4)	Operation While Disqualified	5	11.4	0.1
344(b)	Robbery	5	11.4	0.1
249(1)(a)	Dangerous Driving	4	9.1	0.1
253(b)	Operating While Impaired, Exceeded 80 Milligrams	4	9.1	0.1
253(a)	Operating While Impaired	3	6.8	0.1
335	Taking a Motor Vehicle Without Consent	3	6.8	0.1
368(1)	Uttering a Forged Document	3	6.8	0.1
213(1)	Communicating For Prostitution	2	4.5	0.0
355	Possessing Stolen Property	2	4.5	0.0
252(1)	Failure to stop at Scene of an Accident	1	2.3	0.0
254(5)	Failure or Refusal to Provide a Breathe Sample	1	2.3	0.0
264(2)(b)	Communicate Directly Or Indirectly	1	2.3	0.0
364(1)	Fraudulently obtaining food, beverage or accommodation	1	2.3	0.0
393(3)	Fraudulently Obtaining Transportation	1	2.3	0.0
4(1)	Possession Of Drugs	1	2.3	0.0
86(2)	Improper Storage of a Fire Arm	1	2.3	0.0
		44		

Time Between Charge and First Appearance

A key objective of domestic violence courts is to minimize the amount of time that elapses between when an individual is charged and when he or she first appears in the court. Shorter times reduce the collapse rate of cases before the court as they reduce the effect of the dynamics of abusive relationships on such things as perpetrator remorse and victim willingness to come forward. Expediency was one of the objectives of the SDV Court.

The four graphs in Figure 3 show the elapsed time between when charges are laid and when individuals made their first appearance in the SDV Court. The data refer to charges and not individuals (as each may have more than one charge). As well, this figure contains data only for Core Charges that were laid on or after September 1, 2005.

Figure 3A



These numbers indicate that 60% of the accused made their first appearance within a month of being charged and 37% within the first two weeks. An additional 21% appeared within two months. It is clear that the critical factor of getting individuals into court quickly is being consistently fulfilled in the SDV Court.

Changes occurred in the “time to court” distribution since the first sitting of the Court in September 2005. Figures 3B and 3C show that the time between offence and first appearance averaged 32 days in the first six months of implementation of the Court (September 2005 to March 2006) and in the first full fiscal year of operation (April 2006 to March 2007). An examination of the frequency distribution in 2006-07 shows that there were more cases clustering around the approximately four week average. In 2007-08 the time between offence and first appearance dropped to 25 days on average.

Figure 3B

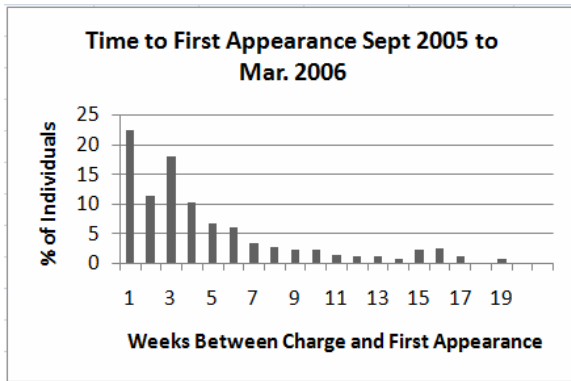


Figure 3C

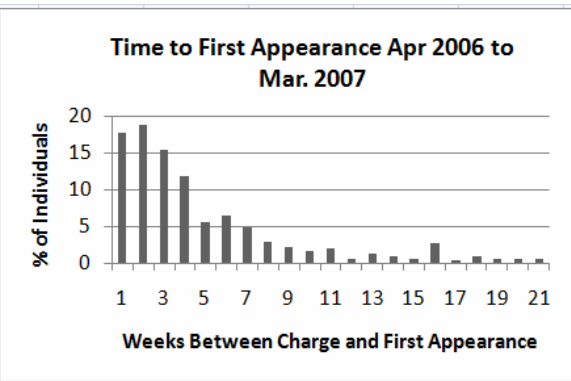
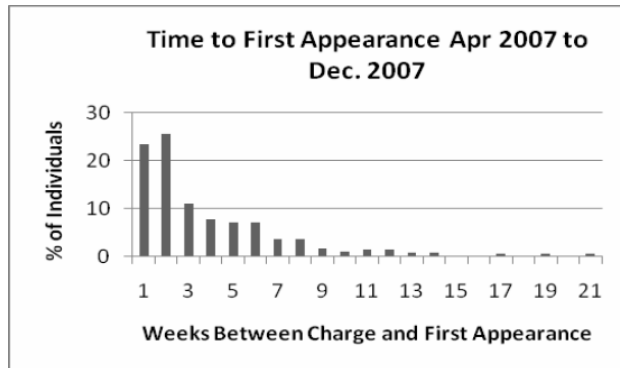


Figure 3D



Charge and SDV Court Outcomes

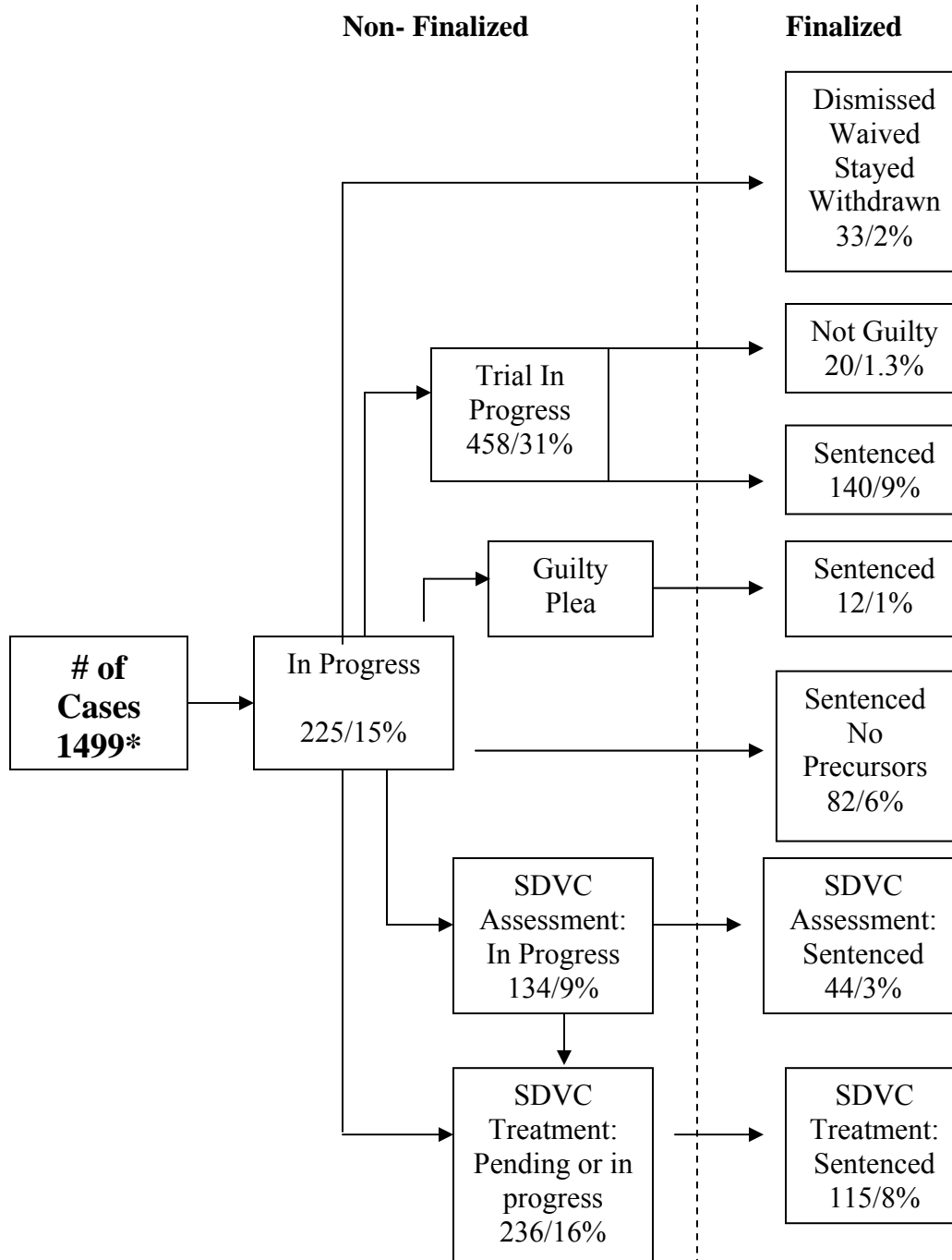
Figure 4 shows the pattern of outcomes of cases within the SDV Court that arise from Core Charges. The goal in presenting the data for this table was to try to provide a perspective on the outcomes for individuals (as opposed to cases, informations, or charges) appearing before the SDV Court. To avoid the potential confusion of outcomes caused by the inclusion of Subsequent Charges, the data were first restricted to Core Charges. Next, the case data were carefully reviewed, case by case and appearance by appearance, to ensure that an individual-level picture of outcomes would be shown clearly.

The following caveats and limitations must be considered in reviewing these data:

- These data were originally case-based. The number of individuals appearing more than once in this outcome analysis is shown below Figure 4. The numbers are small enough that they do not affect the individual outcome data in Figure 4.
- The status of cases noted as “In Progress” is somewhat unclear. Some of the cases in this category refer to cases that did not yet enter pleas and/or elections. Other cases appear from the PADDs data to have been “In Progress” for a very long time and may in fact have been grouped with other cases and finalized but not recorded. Others may have been moved along for trial (perhaps in other courts) or plead out without being recorded. It is not possible to distinguish among these sub-categories within the PADDs data. In reviewing all the cases in the dataset those that appear to have been “In Progress” (i.e., stagnant or un-finalized) for an inordinate amount of time were marked and exported to the Ministry of Justice and Attorney General for review and clarification.
- It is usually clear when a trial is concluded because the result (e.g., disposition) is entered. Some cases appear to have been “Trial In Progress” for an exceedingly long time and it is not possible to check beyond the “Trial In Progress” status listed in the PADDs data. Therefore, a list of queries and a sample were forwarded to the Ministry of Justice and Attorney General to identify the concluded case status..

Figure 4

**Outcomes of Cases Involving Core Charges in SDVC
Between September 6, 2005 and March 31, 2008**



-
-
- On the trial side of the data, if a trial has occurred it is usually clear when an additional outcome is entered whether it resulted in a dismissal, a finding of guilt and a sentence, or not guilty. However, as plea information is not entered into the PADDs dataset it cannot be confirmed that all those in the “Sentenced No Precursors” category all plead guilty and did not go to trial or did not elect the treatment option.
 - While no notes suggesting treatment option involvement or assessment were found for those cases in the “Sentenced No Precursors” category it cannot be ruled out until these data are linked to the treatment program and probation data. A check on a sample of these sorts of cases following the last numbers report suggests that the vast majority of these cases involved guilty pleas followed by sentencing.
 - The presumption is that all those individuals who eventually end up in the treatment option start with a SDV Court assessment conducted by Probation Services; however this was not always clear in the PADDs data. A review of Probation Services data following the last report on outcome numbers suggested that this is, in fact, routinely the case.
 - There were 44 cases in the PADDs dataset that were finalized via sentencing immediately following a domestic violence assessment. It is not clear from the PADDs dataset whether these assessments were part of a pre-sentencing report on a guilty plea (and the individuals were deemed inappropriate for a treatment option) or whether they, in fact, participated in a treatment option that was not recorded. In fact, a review of the Probation Services dataset would suggest that this category is comprised of individuals who were assessed and deemed to be inappropriate for the treatment option and returned to the SDV Court for sentencing.
 - Finally, outcomes of the treatment option are not indicated within the PADDs dataset. This means that it is not possible to sort successful treatment program completions from collapses. Outputs from these data need to be linked with those from the treatment programs.

Since the previous data reports the overall proportions of cases within each status remained about the same with a few changes. There was a decrease in the number of cases where the individual was sentenced but the pre-cursors to that sentence were unclear. The number and proportion of cases that were in progress increased as did the number and proportion of cases that were within the “Trial in Progress” disposition category.

Several steps have been initiated in an effort to remedy the uncertainties in the data. First, a criteria was developed for deciding when an “In Progress” or “Trial in Progress” disposition ought to be viewed as having been in place long enough to begin to raise doubts as to its authenticity. Essentially six months or more with no activity on the case was used to invoke a “Why Not Finalized?” label. Queries were built to extract indeterminate data from the PADDs download dataset and forward a sample of these cases to Policy Planning and Evaluation, Ministry of Justice and Attorney General where a staff member searched the JAIN system for information to resolve the uncertainties of the in-progress dispositions that are more than five to six months old. Finally, the datasets provided by Probation Services were closely examined as they also contain outcome or disposition indicators that may provide information about the actual status of some of these cases. These analysis are presented later in this section

JAIN Review of Uncertain Outcome Data

A sample from several categories of cases with uncertain outcomes was drawn. Policy, Planning and Evaluation staff searched the court database (JAIN) by offender name and information number to determine if more definitive finalization information was available. A second sample was drawn from each category for review to check the consistency of the outcomes found in the first sample. The results were quite clear and quite consistent between the two samples.

“Trial in Progress” Cases with 6 or More Months of Inactivity

In the first sample of 12 cases sent for clarification from this category it was determined that all 12 cases were concluded or finalized. Of those, eight resulted in the charges being stayed by the Crown. The remaining four cases went to trial and resulted in two sentences with jail time and two with conditional discharges.

A further 12 cases from this category were randomly selected and sent for review to determine if this pattern of outcomes was consistent. It was found to be quite consistent, with eight of those additional 12 cases also finalized with stays. All four of the remaining cases were finalized with findings of guilt, two resulting in incarceration and two in conditional sentences with probation orders.

The JAIN review also provided data on the length of time it took to finalize the sample cases. Almost all were finalized within one to three months of their leaving the SDV Court with two cases taking about a year.

Sentenced: Precursors Unclear.

Of the 10 sample cases in this category sent for JAIN review, all were concluded. As the category indicates all 10 were sentenced but it was not possible to determine what path the offenders had taken to get to the point of sentencing.

According to the JAIN review, three individuals were sentenced after entering not guilty pleas and being tried and convicted (two conditional sentences and one suspended sentence). The other seven individuals plead guilty with four receiving suspended sentences, two conditional discharges, and one conditional sentence.

A further sample of 10 cases from this category were reviewed and revealed generally similar outcomes. All 10 cases had guilty pleas entered. Half (5) resulted in jail time, three received suspended sentences with probation orders and two received conditional sentences with probation orders.

A review of probation records indicated that none of the individuals in this category had been referred for assessment (nor was a referral indicated in the code on their case records). What this makes clear is that this category consists of individuals who plead guilty and declined the treatment option route, opting instead for immediate sentencing.

Pending/Open File Status.

Of the 12 individuals whose cases were examined in this category, nine individuals were sentenced, four with incarceration, two with suspended sentences, two with fines and one with a conditional sentence. One individual was placed on a peace bond, one had their charges stayed and one was at large with a bench warrant issued. It is clear that the individuals in this category tend not to elect to plead guilty and enter the treatment stream nor are they inclined to plead not guilty and proceed to trial. Rather, they seem inclined to eventually plead guilty and end up being sentenced.

A second set of 12 cases were randomly selected and their details extracted from JAIN. Of these 12 individuals, four had cases that were still pending and had bench warrants issued, five plead guilty and were sentenced to incarceration and two plead guilty and received suspended sentences with probation orders. One plead not guilty and the charges were stayed. These outcomes are in close agreement with the ones found in the previous sample.

What is also clear from the sample cases reviewed is that the apparent time delay of over six months used as a criteria for review is just that – apparent. In fact, the cases in this category were likely shifted to other courts and as such were no longer appearing in the dataset that was used to generate the case flow shown in Figure 4 earlier in this report. In fact, the majority of sample cases reviewed were finalized within two to four months after they left the SDV Court (although two cases took about a year to be finalized).

It may well be that these individuals are using the time that elapses between their first appearance and finalization dates to assess their options, including waiting to see if

the case against them will proceed. The individuals in this group could be viewed as a primary “market” for the SDV Court process. In hindsight it could be pointed out to them that had they plead guilty and entered the treatment stream they could have completed treatment and received an absolute discharge in the same length of time it took them to be sentenced and begin their sentence of incarceration or probation. Of course, many of them may not have been deemed acceptable for treatment. It would be worth reflecting on whether there might be some ways to increase the opportunity for members of this group to consider the treatment option route.

Revised Charge and SDV Court Outcome Data

With these sample data in hand and following a close review of all outcome data, it is possible to estimate what the overall outcome picture will look like when all non-finalized SDV Court cases are finalized. It must be kept in mind that the numbers in Table 4 consist of actual numbers gathered as described previously in this section and estimates based on the sampling procedure described above. However, the table provides a fairly accurate picture of what the overall outcome distribution would look like if and when all in progress and outcome uncertain designations are resolved.

Table 4

Estimated Outcomes of All SDV Court Individual Participants

	All Individuals	SOP or WDN	Trial Not Guilty	Trial Guilty	Plead Guilty	DV Assessment Sentenced	DV Treatment Completed	DV Treatment Not Completed
N	1242	162	55	430	80	103	297	115
%	100	13%	4%	35%	6%	8%	24%	9%

Probation Services Data Set

The data in Figure 4 refers to cases and not to individuals. When the number of individuals who were or are being assessed or treated was extracted the total number drops from 482 (cases) to 440 (individuals). This compares to the total number of 476 individuals who appear at least once in either the probation assessment or probation “orders” (treatment referral) datasets. The Probation Services Dataset will be discussed in the next section.

Sentences by Outcome Category

Sentences for those participants with finalized SDV Court involvement are shown in Table 5. Note that the numbers of people in each row do not match the numbers in Figure 1. This is because the numbers in Figure 1 refer to cases and not to individuals while the data in Table 5 refer to individuals.

In line with the principles of the SDV Court, it is clear that those who elect to plead guilty, go into treatment and complete treatment are vastly more likely than non-completers and non-treatment electors to receive an absolute discharge upon final sentencing. They are also about half as likely to receive a probation order at sentencing and to receive shorter probation orders or suspended sentences.

Those who fail to complete treatment have a sentence/probation profile that is very similar to that of individuals who elected to go to trial and were found guilty, and to that of individuals who plead guilty and opted not to enter the treatment option.

Finally, individuals who requested an assessment to consider them for the domestic violence treatment option but who were denied access to it as a result of their assessment were more likely to receive a sentence of incarceration to a suspended sentence and a longer probation order than members of the other groups.

Table 5

**Sentences for Participants Completing and Not Completing DVC Treatment
and for Participants Found Guilty After Trial or Pleading Guilty**

	AFS		Sentenced Jail			Absolute Discharge		Conditional Discharge		Suspended Sentence		Conditional Sentence		Probation Order		
	#	Row %	#	Row %	Ave Length	#	Row %	#	Row %	#	Row %	#	Row %	#	Row %	Ave Length
Completers (# = 75)*	5	5	0	0	0	52	55	5	5	10	11	3	3	17	18	0.3 Mo.
Non-Completers (# = 55)	18	33	3	5	7.3 Mo.	1	2	10	18	18	33	5	9	26	47	10.0 Mo.
Trial - Guilty (# = 138)	52	38	7	5	9.1 Mo.	3	2	14	10	54	39	8	6	52	38	10.9 Mo.
Assessed - Declined (# = 34)	2	6	3	9	3 Mo.	3	9	7	20	12	35	7	21	14	41	11.8 Mo.
Sentenced Prec. Unclear and Plead Guilty (# = 94)	19	20	7	7	7.9 Mo.	4	4	10	10	39	41	15	16	53	56	10.9 Mo.

* Note: Row percentages do not add to 100 as it is common to have both a sentence and a probation order.

Summary of Court Data

From September 6, 2005 through March 31, 2008 1624 individuals passed through the SDVC at some point.

- an average of 12 first appearances per docket;
- an average of 75 appearances overall per docket;
- 55% of charges were “core charges” that are easily associated with cases involving domestic violence (e.g., assault, criminal harassment, mischief); and
- 37% of accused appeared within two weeks of their charges being laid and 60% made their first appearance within a month meaning that the primary goal of avoiding delay in pushing for responsibility is being met by the SDV Court.

Court data and charge finalization data was not readily available at a detailed level. With additional research the following pattern appears to be fairly consistent. Of those individuals appearing in the SDV Court:

- 39% plead not guilty and proceeded to trial; 90% of this group was found guilty and sentenced;
- 13% had their charges withdrawn or stayed;
- 6% plead guilty, did not want the treatment option and were sentenced ; and
- 41% elected to plead guilty and attempt to enter the treatment option; of these:
 - 20% were deemed inappropriate for treatment and were sentenced; and
 - of the 80% who entered treatment, 72% completed treatment.

Most of the treatment completers received sentences of absolute discharge. The patterns of sentences, suspended sentences and conditional sentences for non-completers were virtually identical to those for individuals found guilty at trial.

Recommendations

Recommendation 1

Beyond the end of this evaluation process (and prior to the withdrawal of the evaluator) a process must be developed to make more efficient use of the Justice Automated Information Network (JAIN), the court database, in order to follow individuals in the SDV Court and those whose trials occur outside of the SDV Court more systematically so that accurate data can be routinely made available. This would make it possible to track the number of adjournments more efficiently and identify those cases where the accused may be using delays in the court to increase their likelihood of obtaining a stay. It would also allow the collection of reliable, valid data that is needed to form the basis for good decision making.

Recommendation 2

It appears that the SDV Court is functioning as originally planned and is meeting all its objectives to some extent. It is important to conduct the planned recidivism study to further inform court outcomes and see if the recidivism patterns mirror the disposition and sentence patterns found here.

Section 3

Probation Services Data

This section of the report provides a summary of Probation Services assessment and treatment data recorded in Excel spreadsheet for the period October 2005 to March 31, 2008. The lack of treatment data from the programs delivered by Mental Health Services in the Saskatoon Health Region prevents linking Probation Services progress and outcome reports to outcomes reported by the treatment programs for those offenders referred to Mental Health Services treatment programs in the Region.

Saskatoon Probation Services, Ministry of Corrections, Public Safety and Policing plays a pivotal role in the management of SDV Court cases. Individuals are referred from the SDV Court for assessment and, where offenders are deemed suitable for treatment, for referral to a treatment program either within Probation Services or externally to Mental Health Services in the Saskatoon Health Region.

Assessment consists of face-to-face contact with the individual and completion of the Primary Risk Assessment (PRA) tool as a means of predicting the individuals' level of risk to re-offend. As well, since the fall of 2006 the Ontario Domestic Assault Risk Assessment (ODARA) has been completed with individuals meeting its criteria. As well, the probation officer gathers additional information from other sources such as the domestic violence court case workers and treatment providers.

A recommendation about the individual's

Future Plan for Data Collection

The CANFIT system is already set up to facilitate referrals for assessment and for treatment referral from the SDVC to Probation Services and from Probation Services to partner treatment programs. A reporting function has been added whereby progress reports can be entered into the system and forwarded back to Probation Services from the treatment program. If desired, these reports can also be forwarded back to the SDV Court using the CANFIT system.

suitability for treatment, based on the clinical interview, the PRA assessment and the ODARA, is provided to the Court. Once an individual has been referred for treatment Probation Services monitors individual progress and records an outcome ranging from in-group collapse to successful completion. Information on sentences is also recorded.

Currently, this information is collected in two Excel spreadsheets. A form in spreadsheet format is used when a formal progress report is required.

Assessment Data

The table below shows the probation outcomes or recommendations for the first six months of operation of the SDV Court (October 2005 to March 31, 2006), the 2006-2007 fiscal year (April 1, 2006 to March 31, 2007) and the 2007-2008 fiscal year (April 1, 2007 to March 31, 2008).

Table 6

Saskatoon Probation Services Assessment Records

Outcomes/Recommendations	2005-2006		2006-2007		2007-2008*	
	#	%	#	%	#	%
Pending	6		9		35	
On Hold	0	0	8	4.4	0	0
Cancelled	0	0	3	1.7	0	0
Other Region/Arrangements	2	1.3	7	3.9	8	4.5
Pre-Sentence Report	1	0.7	4	2.2	2	1.1
Bench Warrant	6	3.9	12	6.6	5	2.8
To Trial	2	1.3	2	1.1	2	1.1
Sentenced	6	3.9	30**	16.6	13	7.3
No Show	5	3.2	9	5	16	8.9
Not Appropriate	10	6.4	11	6.1	12	6.7
Treatment Option	121	79.1	95	52.4	121	67.6
Totals	159		190		214	

* Note: The pending assessments were NOT included in the total (to permit comparisons across fiscal years).

** Includes 3 who were deemed low risk and 11 who opted out of the treatment stream.

In the first six months about 80% of the offenders referred for assessment were deemed suitable for the treatment option. This number dropped to approximately 50% in the next fiscal year and rose to about 70% in the third fiscal year. Fluctuations such as these are expected in the initial operating stages of an initiative.

Fiscal year 2005-06 (October 2005 to March 31, 2006)

In the six months the Court was operating in 2005-06 a total of 159 individuals (144 male; 15 female) being considered for the SDV Court treatment option were referred to Probation Services for assessment, and of those 134 were actually assessed. Table 7 shows the results of these assessments broken down by PRA risk level and treatment recommendation.

Table 7
PRA Risk Level by Treatment Recommendation
 October 2005 to March 31, 2006

		Treatment Recommendation		
		Appropriate	Not Appropriate	Other ^Δ
PRA Risk Level	Low	26	1	2
	Medium	45	4	6
	High	39	5	6
	Not Assessed	11	3	5

Δ sentenced, bench warrant, did not report etc.

Consistent with other jurisdictions, it is clear from the table that the majority (110/134 or 82%) of individuals who were assessed were deemed appropriate for treatment. Note that the assessments conducted involved more than just the completion of a PRA and therefore it is not anomalous that a number of individuals were deemed appropriate or not appropriate without PRA data. Eleven individuals entered treatment even though there were no PRA scores available for them.

Fiscal year 2006-07 (April 1, 2006 to March 31, 2007)

The proportion of assessed individuals recommended for treatment (76%) is somewhat higher than the proportion for the previous partial year (82% for 2005-2006).

Table 8
PRA Risk Level by Treatment Recommendation*
 April 1, 2006 to March 31, 2007

		Treatment Recommendation		
		Appropriate	Not Appropriate	Other ^Δ
PRA Risk Level	Low	13	4	5
	Medium	45	6	2
	High	19	2	5

In the 2006-07 fiscal year Probation Services began using the Ontario Domestic Assault Risk Assessment (ODARA) tool. As its results only cover part of the year the table below should be interpreted with caution.

Table 9
ODARA Scores and Assessment Recommendations
 2006-07 (partial year – use caution interpreting results)

	Treatment Option	Not Appropriate For Treatment	Other Arrangements
	#	#	#
ODARA Scores	0	0	1
	1	-	-
	2	0	1
	3	0	1
	4		
	5		
	6		
	7		2
	8	2	1
	9+	1	1

Fiscal year 2007-08 (April 1, 2007 to March 31, 2008)

The proportion of assessed individuals recommended for treatment (76%) is lower than the proportion for the previous year (76% for 2006-2007) and comparable to the rate in the first year of operation (82%).

Table 10
PRA Risk Level by Treatment Recommendation*
 April 1, 2007 to March 31, 2008

		Treatment Recommendation		
		Appropriate	Not Appropriate	Other ^Δ
PRA Risk Level	Low	14	4	18
	Medium	70	4	5
	High	39	4	4

Results using the Ontario Domestic Assault Risk Assessment (ODARA) tool are shown in Table 11.

Table 11
ODARA Scores and Assessment Recommendations
 April 1, 2007 to March 31, 2008

	Treatment Option	Not Appropriate For Treatment	Other Arrangements
	#	#	#
1	-	-	2
2	2	0	0
3	10	0	3
4	14	0	4
5	11	1	1
6	12	1	1
7	14	3	2
8	15	1	1
9+	16	2	3

Overall, consistent with other domestic violence courts, the majority of participants fall into the medium risk area. Those deemed as appropriate for treatment generally fall in the medium to high risk categories, though risk alone is not predictive of assessing suitability for the treatment program route. Other considerations such as accepting responsibility, showing up for assessment and making positive plans to attend treatment sessions can also be important parts of the decision to offer or not offer the treatment option to offenders.

Treatment Data

The treatment programs available that receive referrals from the SDV Court include:

- Relationship Abuse Prevention Program (RAPP delivered by Probation Services when the Court was first implemented; was discontinued but reinstated in April 2009);
- Man Alive (delivered by Mental Health Services in the Saskatoon Health Region);
- Narrative Therapy (delivered by Mental Health Services in the Saskatoon Health Region);
- Women’s Alternatives to Violence Program (delivered by Mental Health Services, Saskatoon Health Region);
- Women’s Anger management and Self Esteem (WASE, delivered by Mental Health Services, Saskatoon Health Region); and
- Napewak (a culturally-responsive program developed specifically to respond to male Aboriginal offenders in the SDV Court; delivered by Mental Health Services in the Saskatoon Health Region with in-kind contributions for facilitator and Elder assistance from the Justice and Attorney General funded Aboriginal Family Violence Program at the Saskatoon Indian and Métis Friendship Centre).

This section will only report outcome measures for treatment programs when the data has been captured by or provided to Probation Services. While some data are

presented for programs offered by Mental Health Services, more extensive data from these programs are contained in the next section.

It is important to note that the spreadsheets provided by Probation Services containing assessment, treatment program referral and outcomes or completion rates were compiled for use within Probation Services and were not intended to be used as formal outcome evaluation data sources. Consequently, as local needs and personnel shifted the spreadsheet datasets changed and did not continue to include detailed treatment outcome data (as that was being recorded and reported at the treatment program level. As a result, the tables in this section show treatment assignments and outcomes in detail for 2005-06, in partial form for 2006-07 and not at all for 2007-08. As well, data for the results of the URICA were only available for 2005-06.

The URICA

In 2005-06 prior to being referred to a treatment program all offenders completed a version of the University of Rhode Island Change Assessment for Domestic Violence (URICA-DV) designed for use with perpetrators of domestic violence. Data from this measure are available for this year only.

The measure is grounded in the Transtheoretic Change Model that describes the ways in which individuals think about and/or approach the issue of changing their behaviour. The behaviour at issue could be health related (e.g., smoking or dieting, other addictions) or, as in the present application, could focus on dangerous or dysfunctional aspects of interpersonal behaviour. The Model suggests that individuals are in a range of stages, as follows:

- **Precontemplation** is when they are not reflecting at all on their behaviour, its consequences, or the need to change.

-
- **Contemplation** is when the individual begins to reflect upon their behaviour and its consequences and begin to consider the possibility of change. They are not yet mobilizing for action but may do so over the ensuing 6 months.
 - **Preparation** stage is next and it is when the individual is gearing up to begin the change process (which may actually commence within the next 30 days). They are signing up for groups or therapy and are getting reads to get started.
 - **Action** is a stage in which the individual begins to take real steps to change their behaviour and their related attitudes. This is most often observed and acted upon in the context of some sort of group or other therapeutic change relationship.
 - **Maintenance** is the final stage and involves the individual taking steps to ensure that the gain and positive changes are maintained over time.

Movement through these stages is rarely linear but more often follows a spiral pattern with individuals gaining a bit more ground with each advance between relapses. What this means is that while a pre- and post-assessment with the URICA-DV provides a very useful snapshot of the individuals recent activities and attitudes in relation to necessary change, a more long term view is needed if the overall change experience is to be assessed.

This is in no way intended as a criticism of the way in which Probation Services is currently using this tool. Its use in a pre and post manner is an essential part of ethical and best practices in dealing with perpetrators of domestic violence. It is important to bear these caveats in mind, however, when interpreting the pre and post data. The expectation that all participants in treatment programs for domestic violence will routinely exit at higher Transtheoretic Change Model stages than those at which they entered treatment is inappropriate. It is more appropriate to look at general trends in Change Model stage scores and to also look to see if there are relationships between stage scores and successful treatment program completion.

Fiscal year 2005-06 (October 2005 to March 31, 2006)

According to Probation Services records for October 2005 to March 31, 2006, 89 (86 male, 12 female; 47 Aboriginal, 50 non-Aboriginal) individuals were referred to one of the available treatment programs or to individual counseling.

Table 12
URICA Stages at Referral to Treatment
October 2005 to March 31, 2006

	Pre- Contemplation	Contemplation	Preparation	Action	Action/ Maintenance	Total
#	25	14	17	22	10	88
%	28.4	15.9	19.3	25.0	11.4	100.0

Perhaps not surprisingly, over a quarter of the perpetrators were at the Precontemplative Stage prior to starting treatment. More optimistically, over half of the perpetrators (56%) were at the Preparation Stage or higher indicating a potential readiness to engage in the treatment process.

Treatment Programs

The extent at which the individuals completed their treatment programs (subject to attendance requirements) is shown in Table 13. For ease of comparison the tables for the past two fiscal years are shown together. The numbers for the most recent fiscal year are small; especially at the treatment program level, and as such do not permit cross program comparisons of outcome rates. Likewise, the numbers are small for comparisons on the basis of sex or First Nations status.

Overall, across all data, the completion rate is nearly 60%. This rate compares very well with the rates found in other jurisdictions.

Table 13

Treatment Outcomes for 2005 2006

	Programs**											
	RAPP		Man Alive		Cultural		Narrative		WASE		Total*	
	#	%	#	%	#	%	#	%	#	%	#	%
In Progress	0		4									
Did Not Complete	3	19	13	52	5	36	3	43	5	56	29	41
Completed	13	81	12	48	9	64	4	57	4	44	42	59
Totals	16		25		14		7		9		71	

* 2 cases had no program assignment

**Relationship Abuse Prevention Program (RAPP) = Probation Services Treatment Program; ManAlive = Mental Health Men’s Program; WASE Women’s treatment program run by Mental Health; Narrative = Mental Health Narrative Therapy-Based Men’s program; Cultural = Co-developed/operated by SK Indian and Metis Friendship Centre and Mental Health.

Treatment Outcomes for 2006 2007 (Limited)

	Programs**											
	RAPP		Man Alive		Cultural		Narrative		WASE		Total*	
	#	%	#	%	#	%	#	%	#	%	#	%
In Progress	2		6		2		7		1			
Did Not Complete	1	13	7	64	0	0	2	50	4	67	14	44
Completed	7	88	4	36	3	100	2	50	2	33	18	56
Totals	8		11		3		4		6		32	

* 30 cases had no program assignment recorded

Remembering that risk level is not the only factor considered in assessing suitability for treatment programming, it is interesting to note that the completion rate varies somewhat with the risk level of the participant as determined by the risk assessment tools used by Probation Services. The completion rates for those assessed at low or medium risk to re-offend were virtually identical at 79% while the program completion rate for high risk offenders was 56% (Chi² (2 df) = 5.4, p < .07).

The overall collapse rate is similar to that found in other jurisdictions. However, it remains to be seen what the actual rate will be once the “in progress” cases are converted to outcomes. As well, for many treatment participants, Probation Services is not the treatment program manager as it only offered one of the treatment programs.

Summary of Probation Data

Probation Services conducts risk assessments, makes recommendations about the offenders' suitability for treatment, runs treatment programs and passes treatment progress and outcome information back to the SDV Court. The number of assessments conducted has increased over each year that the SDV Court has been in operation starting with 159 in the first fiscal year (not a complete year) to 190 in Year 2 and 214 in Year 3.

Those offenders asking for the treatment option (344 for whom data were available) were first assessed for risk using the Primary Risk Assessment (PRA) and the Ontario Domestic Abuse Risk Assessment (ODARA) tools. Risk category assignments were as follows:

- 18% Low Risk (of those 14% were deemed inappropriate for treatment),
- 51% Medium Risk (of those 8% were deemed inappropriate for treatment),
- 31% High Risk (of those 10% were deemed inappropriate for treatment),

Treatment programs offered by Probation Services had a completion rate of about 85%. Those with higher risk levels were less likely to complete treatment.



.



Section 4

Treatment Program Outcomes Mental Health Services in the Saskatoon Health Region

Several domestic violence treatment programs are operated through Mental Health Services in the Saskatoon Health Region. Of over 550 individuals referred for assessment for appropriateness for treatment over 60% of them (337) were referred for treatment. This section will provide information on program completion rates and attitudinal and behavioural changes measured through pre- and post- tests in two of the treatment programs:

- ManAlive is the centerpiece Alternatives to Violence Treatment Program offered by Mental Health Services. Two groups run for 16 weeks, meeting once a week with about 20 -30 individuals in each group.
- The Narrative program is designed to offer complementary service to the ManAlive program. That is, it offers a closed group that focuses on individual stories of the times the men did not use violence and seeks to make the peaceful story the dominant story lived out in each man's life.

As will be discussed in more detail below, a crucial variable to consider in designing domestic violence treatment programs is program completion. Anything that can be done to increase buy-in to the program and thus increase the likelihood of completion should be seriously considered as completion of the program is essentially the best predictor of lower rates of re-offending available. As such, the differences between the ManAlive and Narrative programs may actually be more differences of approach or cultural fit than core treatment components. A good cultural fit makes participants feel more comfortable and confident which in turn increases the likelihood they will remain in the program until completion.

The Saskatoon Mental Health Treatment programs have routinely been having participants complete a detailed set of measures upon their arrival at the program and then repeat those measures towards the end of their involvement in the program. The measures themselves are described in detail below along with the questions that will be addressed.

The research literature examining the effectiveness of domestic violence treatment programs consistently shows that the completion of a treatment program is a key factor in their effectiveness in reducing the rate of recidivism or re-offending among participants. The recently completed three year follow-up study of recidivism rates among participants in the Battlefords Domestic Violence Treatment Options Court supported this finding. Recidivism rates were lowest among those individuals who completed the treatment program and highest among those who entered but failed to complete the program. This finding is consistent with others reported in the research literature (Gondolf, 2001) which suggests that failure to complete programming and re-offending together are a signal to judiciary to impose harsher punishments. Therefore, the first set of analyses reported below focuses upon the program completion rates observed among treatment program participants from the start of the SDV Court in September 2005 until March 31 of 2008 when data collection was closed for the preparation of this evaluation report.

As part of these initial analyses the question of whether the nature of the referral by which individuals enter treatment makes a difference in the rate of program completion was examined. Data for SDV Court, Post-Sentencing, and Self Referrals were included in these analyses. A large group (n = 209) of treatment program participants were not identified according to their referral source as they entered the program prior to permission being obtained from the Saskatoon Health Region privacy authorities to track their data. As they participated early on in the time frame under study it is likely that this group consists largely of a mix of Self Referrals and Post Sentencing referrals.

The next set of analyses described in this report consists of pre-post treatment measure score comparisons for those individuals who completed one of the treatment programs. These analyses will speak to the question of just what it is that might be seen to change in the treatment program participants who complete the program. That is, the analyses will shed some light on those areas where participants' attitudes and self reported behaviour change positively as a result of their participation in one of the treatment programs. The measures included in these analyses have been used widely in similar projects and situations outside of the SDV Court. Consequently, they provide an opportunity to take a reasonably objective look at the outcomes for the participants of these particular domestic violence programs.

The next question to be at least partially addressed concerns whether or not the program completion and possible psychological and attitudinal changes seen in program participants actually translate into behavioural changes in their relationships. To address this treatment program staff attempted to contact the current or former partners of the men in the program once every six weeks while the men were in the program and asked them a series of questions regarding their feelings about their own safety and about the extent to which they were noticing any changes in their partners' behaviour. The issue of recidivism will be addressed in a subsequent piece of research to be undertaken over the next few months.

Finally, as program completion is central to obtaining the positive benefits that have been seen to accrue from domestic violence treatment programming, a series of analyses were run to see if there were any systematic differences between individuals who completed the treatment program and those who did not, but for whom the pre- or time-1 measure scores are available in the dataset. These analyses are not intended as a means to identify ways to screen out non-completers before they take up space in programs they will not complete. Rather, the hope is that if there are clear differences in the measured profiles of those in the treatment program completer and non-completer

groups, these differences could potentially provide some guidance for efforts designed to find ways to increase the rates of program completion across all attendee groups.

Treatment Program Completion Rates

As stated earlier, the completion of a treatment program is, by itself, a reasonable predictor of lower recidivism rates among those who come before a domestic violence court. In order to examine the general completion rate data, outcomes for individual program participants were divided into six distinct outcome categories as follows:

1. **Basic Program Completers** who attend and complete one treatment program
2. **Basic Program and Maintenance Program Completers** who attend and complete a treatment program and who then attend and also complete a Maintenance Program (intended to reduce recidivism rates by consolidating program gains)
3. **Attended Two Program Cycles and Completed the Second** who attend and fail to complete one treatment program but who then attend and complete another treatment program (or another group of the same program)
4. **Basic Program Completers – Maintenance Program Non-Completers** who attend and complete a treatment program and who then attend but fail complete a Maintenance program
5. **Non-Completers** comprised of individuals who withdrew or were dropped from treatment programs
6. **Two Time Non-Completers** comprised of individuals who attended two distinct program or groups and failed to complete either

The completion rates for each of the treatment programs are shown below in Tables 14 and 15. In Table 14 all of the completion categories are shown; in Table 15 the completion categories are collapsed into Completers (Categories 1 through 4) and Non Completers (Categories 5 and 6). There is a significant difference in the completion rates between the Narrative and ManAlive programs (Chi Squared (1) = 14.3 p< .001)

indicating that a greater percentage of participants completed the Narrative than the ManAlive program.

This does not tell us anything about the functionality of these two programs as participants were not entirely randomly assigned to the programs. While the assignment of individuals to each of the two programs was random when both options were available, this was not always the case. The ManAlive program runs with continuous entry while the Narrative program only accepts participants up to its start date. It is not clear just how this could impact the random assignment of people to programs but it should be born in mind as one looks at the apparent differences in completion rates across these two programs. There may well have been a different referral pattern across these two programs and that question is examined next following the two tables below.

Table 14
All Completion Rates by Program Type

	ManAlive		Narrative	
	#	%	#	%
Completed Program	60	20.91	44	44.44
Completed Program and Maintenance	30	10.45	6	6.06
Completed Program After 2 Tries	7	2.44	4	4.04
Completed Program But Dropped Maintenance	37	12.89	14	14.14
Withdrew From or Dropped from Program	126	43.9	26	26.26
Tried Program Twice: Failed to Complete	27	9.41	5	5.05
Totals	287		99	

Table 15
Basic Completion Rates by Program Type

	ManAlive		Narrative	
	#	%	#	%
Completed Programming	134	46.69	68	68.69
Did Not Complete Programming	153	53.31	31	31.31
Totals	287		99	

As shown in Table 16, the rates of referral into the two main treatment programs were different (Chi Squared (1df) = 8.15, $p < .02$). The proportion of Self-Referred individuals attending the ManAlive program was significantly larger than that attending the Narrative program. Given the consistently low completion rates found for this type of referral, this may account for some of the difference in overall program completion rates.

Table 16
Referrals Into Programs

	ManAlive		Narrative			
	#	%	#	%		
Referrals	DVC	75	69	34	31	100%
	Self	30	86	5	14	100%
	Sentencing	19	54	16	46	100%
		124		55		

The patterns of referrals into treatment programs are examined in the next four tables. They are shown separately by program due to the earlier analysis suggesting that completion rates may vary by program. The first two tables included in Table 17 show the referral types and detailed completion records by program; the second two show the referral types and the basic completed versus not completed program outcomes.

The completion rate is higher for the domestic violence court referrals to both programs and this advantage is stronger in the Narrative group data than in the ManAlive data (Chi Squared's (2df) = 15.9 (p< .01) and 4.5 (p< .1) respectively). Since assignment to each of these programs was mainly random, these differences in completion rates across programs may be attributable to possible differences in the two programs. It may well be that the closed nature of the Narrative program contributes to greater engagement in the program by participants thus contributing to greater completion rates. What is very clear is that the overall treatment program completion rates are highest among those individuals referred to treatment by the SDV Court followed by self-referrals and sentencing referrals in that order. This suggests that the SDV Court process is achieving its primary aim of getting individuals into treatment quickly and working to maximize the rate at which they complete treatment.

Table 17: Referral Outcomes
Referral Type by Treatment Outcome and Program

	ManAlive					
	DVC Referral		Sentencing Referral		Self Referral	
	#	%	#	%	#	%
Completed Program	11	14.67	2	10.53	8	28.57
Completed Program and Maintenance	17	22.67	1	5.26	0	
Completed Program After 2 Tries	2	2.67	0		2	7.14
Completed Program But Dropped Maintenance	18	24.00	0		2	7.14
Withdrew From or Dropped from Program	21	28.00	11	57.89	11	39.29
Tried Program Twice: Failed to Complete	6	8.00	5	26.32	5	17.86
	75		19		28	

Narrative

	DVC Referral		Sentencing Referral		Self Referral	
	#	%	#	%	#	%
Completed Program	16	47.06	1	14.29	1	20.00
Completed Program and Maintenance	3	8.82	0		0	
Completed Program After 2 Tries	2	5.88	0		0	
Completed Program But Dropped Maintenance	7	20.59	1	14.29	1	20.00
Withdrew From or Dropped from Program	5	14.71	3	42.86	3	60.00
Tried Program Twice: Failed to Complete	1	2.94	2	28.57	0	
	34		7		5	

Total Completed and Not Completed by Referral Type and Program

ManAlive

	DVC Referral		Sentencing Referral		Self Referral	
	#	%	#	%	#	%
Completed Programming	48	64.00	3	15.79	12	42.86
Did Not Complete Programming	27	36.00	16	84.21	16	57.14
	75		19		28	

Narrative

	DVC Referral		Sentencing Referral		Self Referral	
	#	%	#	%	#	%
Completed Programming	28	82.35	2	28.57	2	40.00
Did Not Complete Programming	6	17.65	5	71.43	3	60.00
	34		7		5	

Pre-Post Measure Results for Treatment Program Completers

Attention is now turned to the question of what sort of psychological and attitudinal impact program attendance and completion had upon those who completed the programs. These analyses were limited to program completers as they are only group that completed time 2 or “post-test” data instruments for each measure.

The measures used in the intake assessment at Mental Health Services include:

- the Relationship Belief Scale;
- the Attitudes and Values Scale (URICA);
- the Gender Role Conflict Scale;
- the Conflict Tactics Scale; and
- the Multidimensional Measures of Emotional Abuse Scale.

Each of these measures will be described in more detail as they are introduced below. As well, the extent to which the scores on the scales contained on these measures change in positive directions as participants move through a treatment program is examined.

Relationship Belief Scale

The Relationship Belief Scale provides a snapshot picture of the respondent’s attitudes toward their partner and of his (or her) assumptions about the nature of the relationship and of appropriate behaviours and expectations within the relationship. The scale produces an overall score and the 50-item version produces scale scores in the following areas:

- **Respects Differences (8 items)**. Does the respondent react positively when there are differences between their views and opinions and those of their partner?
- **Considerate (3 items)**. Does the respondent respond in a considerate manner to their partner?
- **Equality (5 items)**. Does the respondent acknowledge the fundamental equality of both members of their relationship?

-
- **Use of Force (3 items)**. Does the respondent believe that it is appropriate to use force within the relationship to maintain control?
 - **Partner as Property (1 item)**. Does the respondent believe that their partner may and should be viewed as a chattel or property within the relationship?

Care should be taken in interpreting these scale scores when using the 20-item version of the measure as some of the scales are represented by only a few items on this version of the scale, as shown by the item counts in brackets after scale names above. As a result the Respects Differences and Equality scales may be viewed as reasonably stable. The Use of Force and Considerate scales are interpretable but should be viewed with some caution, while the Partner as Property scale has only a single item and should not be given very much interpretive weight at all and should perhaps mainly be used as a clinical indicator.

The following reflects data entered into the MS-Access measures information system provided to Mental Health Services for this purpose. This preliminary report on numbers is intended to provide initial feedback as to the functionality of the measures and to indicate what sorts of summary numbers the system can routinely produce. It is intended also to provide an opportunity for discussion with program staff as to what sorts of number reports they wish to be able to produce with the system.

Pre-post Numbers for the Relationship Belief Scale

Between February, 2005 and June, 2008, 465 clients completed the Relationship Belief scale. Of these, 243 completed it once, 180 clients completed the measure a second time and 42 clients completed it three times. The average time between completions was 24.6 weeks.

Overall scores on the Relationship Belief Scale ranged from 1 to 5 and reflect the average rating respondents given to the 20 items on the scale. Higher scores reflect more positive, socially acceptable responses to the items. The results obtained for this measure over the stated time period are displayed in Table 18.

Table 18
Relationship Belief Scale Time 1 Time 2 Results

	Time 1		Time 2		Significance		% Showing Positive Change
	Average	St Dev*	Average	St Dev	Average	F value (1,222)	
Respects Differences	3.64	0.74	4.18	0.64	0.54	112.2***	77.7
Property/Chattel	3.55	1.27	3.99	1.14	0.44	26.89***	48.5
Considerate	3.58	0.87	4.19	0.80	0.61	96.7***	68.2
Use of Force	3.77	0.98	4.34	0.82	0.57	62.2***	60.5
Equality	3.80	0.88	4.28	0.69	0.48	54.3***	65.2
Overall Score	3.69	0.72	4.56	0.61	0.50	135.1***	77.3

*** p > .001

*Standard deviation

These results suggest clearly that the ManAlive and Narrative programs have a significant positive impact upon the attitudes their participants express towards their partners and their position in the relationship(s) they share. From the time 1 to time 2 assessments there are statistically significant changes in the average scores on all scales as well as on the Overall Scale score. In addition, it is clear that on the Overall Scale a strong majority of participants (77%) show positive change in their Relationship Belief Scale scores indicating that the significant positive changes are not likely simply due to large positive changes by a few participants but due, rather, to a general positive trend in scale scores. It remains to be seen if these changes will be sustained over time.

It is also possible that participants learn, through their participation in the group, what the socially appropriate and more clinically acceptable answers to the scale questions are. It will be important to see how these individual scores vary in relation to program completion rates and outcomes as well as how they vary with scores on the other

measures and surveys collected as part of this evaluation. The relationship between changes in these scores and partner survey responses will be of particular interest.

While there were fewer individuals (42) with a third assessment it is possible analyze what effects continued program involvement has on Relationship Belief scores. Note that the time 2 scores in Table 19 vary slightly from those in the previous table as they are based on the 42 respondents who have three data points on this measure.

Table 19
Relationship Belief Scale Time 2 Time 3 Results

	Time 2		Time 3		Difference	Significance	% Showing
	Average	St Dev	Average	St Dev	Average		Positive Change
Respects Differences	4.18	0.64	4.19	0.72	0.01	NS	74.5
Property/Chattel	3.99	1.14	4.02	1.18	0.03	NS	27.7
Considerate	4.19	0.80	4.15	0.99	-0.04	NS	46.8
Use of Force	4.34	0.82	4.42	0.80	0.08	NS	42.6
Equality	4.28	0.69	4.28	0.79	0	NS	53.2
Overall Score	4.22	0.61	4.25	1.56	-0.55	NS	48.9

A check on the time 1 to time 2 scores for this restricted group of 42 respondents showed that they had a significant positive change from time 1 to time 2 like the rest of the participants shown in Table 18. It would seem that the bulk of positive change in the areas reflected in scores on this measure occur over the participants' first exposure to programming.

The URICA: Attitudes and Behaviours Scale

As stated in the previous section, the University of Rhode Island Change Assessment for Domestic Violence (URICA-DV) Attitudes and Behaviours Scale is based upon the transtheoretic change model. It provides an indication of where the respondent is currently working on a continuum of behaviour change states ranging from:

- Precontemplation (not giving it any thought); through
- Contemplation (thinking that perhaps some change in one's behaviour is needed); to
- Action (taking steps to change behaviour); and
- Maintenance (following change reflecting that things need to be done to ensure that changes are maintained).

The scoring routine used for this measure produces a score for each state of the underlying model. As well, it is possible to produce a single (most likely) state score for each respondent. These are based on data gathered in previous studies and may shift slightly as more normative data become available. The categorical scoring produces five scores including Precontemplation (defined above), Contemplation (defined above), Preparation (gathering resources and thoughts for change), Action with High Relapse rate, and Action with Low Relapse rate. Average scores for this measure are somewhat difficult to interpret as they are built around a model of states as distinct categorical states. While there is a fairly clear order to the early states, it is less clear what the order of later states will or should be. Table 20 shows the means, standard deviations and significance tests on the difference scores.

Table 20
URICA: Attitudes and Behaviours Scale Time 1 - Time 2

	Time 1 (n = 181)		Time 2 (N = 65)		Difference	Significance	% Showing
	Average	St Dev	Average	St Dev	Average	T value (217df)	Positive Change
Precontemplation	3.03	3.23	2.23	2.78	-0.05	2.56***	66
Contemplation	16.12	3.62	15.58	3.55	1.39	2.47**	67.7
Action	16.74	3.39	17.20	3.54	0.34	-1.74*	61.5
Maintenance	11.64	4.44	10.34	5.11	1.35	3.88***	67.7

* p > .10
 ** p > .05
 *** p > .01

These numbers are difficult to interpret as they show only significant decreases in the average amount of Contemplation and Maintenance over time in the program. It makes more sense to examine the categorical state scores and their distributions at time 1 and at time 2 as well as an examination of whether respondents changed their designation from time 1 to time 2 and if so how.

Between February, 2005 and June, 2008, 459 people completed this measure at time 1 and 219 completed it at time 2 within an average of 24.4 weeks. Thirty-nine people completed it three times with an average of 26.3 weeks between time 2 and time 3. The distributions of categorical scores at these two assessment times are shown in Table 21. Note that the time 1 distribution is depicted twice, once with all time 1 respondents and once with those having time 2 data available.

Table 21
URICA: Attitudes and Behaviours Scale – Categorical Data

	Time 1 (n = 458)		Time 1 (N = 219)		Time 2 (N = 219)	
	Number	%	Number	%	Number	%
Pre-contemplation	42	9.15	17	7.76	16	7.31
Contemplation	90	19.61	37	16.89	23	10.50
Preparation	148	32.24	77	35.16	64	29.22
Action: High Relapse Rate	46	10.02	22	10.05	19	8.68
Action: Low Relapse Rate	133	28.98	66	30.14	97	44.29

While there appears to be a slight trend for some respondents to move from Contemplation to Preparation, there appears to be no strong general trends in this data. The actual shift patterns from time 1 to time 2 are shown in Table 22.

Table 22
URICA: Attitudes and Behaviours Scale – Cross-tabulation

Time 2

		Precontemplation	Contemplation	Preparation	Action: High Relapse Rate	Action: Low Relapse Rate
Time One	Precontemplation	3	2	3	0	9
	Contemplation	3	4	11	0	19
	Preparation	7	9	30	11	20
	Action: High Relapse Rate	0	1	11	5	2
	Action: Low Relapse Rate	3	7	9	3	44

Overall, 37% of participants showed improvement, while 39% remained the same. Of those that remained the same, 92% were at the Preparation state or higher.

There are several patterns that seem to be emerging from these data:

- First, it seems clear that participants who are in a Contemplative state at the start of the program are most likely to move to the Preparation and to Action states with a low relapse rate.

-
- Second, participants starting in the Preparation state seem quite likely to stay there.
 - Finally, two thirds of the participants in the Action: Low Relapse Rate states at time 1 remain there at time 2 while the other third are spread across the other states. This may reflect a proportion of participants who have an unrealistic view of their circumstances at time 1. Through their participation in the program, they become more aware of what they have yet to accomplish and their time 2 state designations reflect this better understanding.

It is equally interesting that very few people enter the program in a Precontemplative state. This speaks positively to the impact that involvement in the SDV Court prior to referral into the treatment programs can have on offenders.

Gender Role Conflict Scale

The understanding a person has about gender roles – of what it means to be a man or a women – influences how he or she perceive and act within their relationships. People are socialized to view the gender roles in their social environment and the roles that they enact in particular ways. At times this socialization can result in a “gender role conflict [that] is defined as a psychological state in which socialized gender roles have negative consequences on the person or others.”(O’Neil et al 1995). Ultimately, gender role conflicts lead to restrictions upon the social freedoms of men and of those with whom they interact by placing potentially rigid restrictions on how men believe they are “supposed” to behave in a range of social circumstances. The Gender Role Conflict Scale (GRCS) allows an assessment of potential gender role conflicts in four areas: Success, Power, and Competition that deal with the implications of the masculine gender role of individual achievement and success; and Restrictive Emotionality, that deals with the masculine stereotype of avoiding or devaluing emotional expression or receptivity; Restrictive Affectionate Behaviour Between Men or Homophobia, reflects an application

of this concept of emotional uncertainty in areas involving relationships between men where the experience or expression of emotion towards other men is experienced as unacceptable; and conflicts between work and leisure – family relations where the demands of job and career negatively impact home life. One of the general goals of the domestic violence treatment programs are to try and move participants in the direction of less conflicting gender role models as extreme gender roles are clearly a contributing factor to partner violence.

Between February, 2005 and June, 2008 433 program participants completed this measure at least once. Of these, 208 completed the measure a second time an average of 24.3 weeks after their first assessment. Thirty-five people completed it a third time, an average of 25.9 weeks after time 2 . In total only six people completed the measure three times, a number too small to analyze or interpret. These data will not be reported here (though this could change should the number of participants with third assessments increase). Table 23 shows the results of these two assessments using the GRCS.

Table 23
Gender Role Conflict Scale – Time 1 Time 2 Data

Scale		Time 1	Time 2	Significance df = 206	% Showing Positive Change	
		N = 432	N = 208		T1 to T2	T1 to T3
Success, Power Competition	Average	3.39	3.02	t = 5.25*	65.7	77.1
	St. Dev.	0.94	0.90			
Restrictive Emotionality	Average	3.22	2.80	t = 6.96*	67.6	77.1
	St. Dev.	1.16	0.95			
Restrictive Affectionate Behaviour	Average	3.58	3.25	t = 3.72*	61.9	77.1
	St. Dev.	1.28	1.28			
Work - Leisure Conflicts	Average	2.81	2.61	t = 3.51*	55.2	62.9
	St. Dev.	1.06	1.03			
Overall	Average	3.29	2.94	t = 7.00*	71.9	82.9
	St. Dev.	0.86	0.82			

* p < .01

Note: Only Restrictive Affectionate Behaviour shows continued significant positive change from Time 2 to Time3.

The data in this table indicate that, over the course of the treatment programs, there is a significant positive shift in the average scores of participants on all four of the GRC scales as well as on the overall scores. This indicates that the program is having a positive impact upon this aspect of the participants' psychological functioning. The fact that a positive shift is evidenced in the responses of 63% to 83% of individual participants is very encouraging.

It would be interesting to look further at these results to see if the average improvement in GRCS scores reflects more movement among men who had more negative scores at time 1. This would suggest that change occurs among those who need to change and not among those who do not. One strategy would be to establish cut off scores beyond which a participant would be designated as "needing improvement" in that area. Analysis could take place to determine whether those that needed improvement or change actually accomplished it over the course of their involvement with the program.

Conflict Tactics Scale

The Conflict Tactics Scale (CTS) provides an indication of the profile of negative ways in which respondents conduct themselves when engaged in conflicts with their partners. As with other scales that examine the history of ways in which individuals have conducted themselves in past social interactions (conflicts in the case of this measure) the Conflict Tactics Scale is *most properly* considered a clinical tool. It provides program staff with an indication of how each participant has historically approached partner conflict and differences. As such, the measure is not really amenable to use as a pre-post outcome measure. The scale poses questions about behaviour over the course of the respondent's life and about behaviour over the past year (recent behaviour). If the scale is to be used as a pre-post measure the time span referred to in the "recent behaviour" questions must be adjusted to fit the program circumstances. In the case of these treatment programs this would involve having the "recent behaviour" questions answered

with reference to time since the start of the participant's involvement in the program. An additional issue arises as the time periods for pre- and post-comparisons are difficult to match up. It does not make sense to compare respondents' reports on tactics used over their whole life to those they have used since starting the program as the relatively smaller time frame in the latter category would guarantee smaller numbers.

It is more appropriate to use the CTS results to characterize the general nature of the behaviour of program participants prior to their entering the program and to see, for example, if these indicators vary by age, nature of referral, or program outcome success. Those analyses appear later in this section. For now the CTS data has been organized into four tables. Table 24 and 25 show the "lifetime" data from reports on the self and the partner by program participants, and Tables 26 and 27 show the same data for the "past year". The time 1 time 2 data is included to show that the above described issue clearly means that there are no significant differences in accumulated behaviour demonstrated in this area over the 22 weeks between time 1 and time 2. It needs to be remembered however, that this does not, in any way, reflect negatively on the program but reflects that the time frames considered do not match the program time frame.

Table 24
Conflict Tactics Scale Total Raw Self Scores for Time 1 Time 2

Scale		Time 1	Time 2	Average	Significance	% Showing Positive Change	
		N = 460	N = 193	Difference		T1 to T2	T1 to T3
Negotiation	Average	60.97	57.01	3.96	ns	50.24	40.00
	St Dev	37.83	40.28				
Psychological Aggression	Average	36.14	24.16	11.98	t = 5.86**	84.69	73.33
	St Dev	30.04	25.53				
Physical Assault	Average	10.3	8.24	2.05	ns	45.93	60.00
	St Dev	18.76	16.27				
Injury	Average	3.01	2.03	0.98	ns	31.58	33.33
	St Dev	7.76	5.38				
Sexual Coercion	Average	3.89	2.62	1.26	t = 1.89*	22.97	16.67
	St Dev	8.96	8.09				

* p > .05

** p > .01

Table 25
Conflict Tactics Scale Total Raw Partner Scores for Time 1 Time 2

Scale		Time 1	Time 2	Average	Significance	% Showing Positive Change	
		N = 179	N = 59	Difference		T1 to T2	T1 to T3
Negotiation	Average	57.01	52.79	4.22	ns	49.28	30.00
Psychological Aggression	Average	34.89	25.97	8.92	t = 3.90**	52.63	56.67
Physical Assault	Average	12.97	9.96	3.02	ns	45.93	43.33
Injury	Average	2.97	2.16	0.82	ns	42.58	36.67
Sexual Coercion	Average	2.96	2.51	0.46	ns	19.62	16.67

Table 26

Conflict Tactics Scale -- Items for Past Year -- Self -- Scores for Time 1 Time 2

Scale	Average	Time 1	Time 2	Average	Significance	% Showing Positive Change	
		N = 179	N = 59	Difference		T1 to T2	T1 to T2
Negotiation	Average	5.21	4.9	0.31	T = 2.36*	77.03	70.00
Psychological Aggression	Average	4.32	3.49	0.83	t = 5.18**	75.60	73.33
Physical Assault	Average	3.53	2.68	0.84	t = 3.87**	70.33	80.00
Injury	Average	0.88	0.61	0.27	t = 3.26**	85.17	86.67
Sexual Coercion	Average	0.47	0.3	0.17	t = 2.71**	90.91	83.33

* p < 0.05
 ** p < 0.01

Table 27
Conflict Tactics Scale -- Items for Past Year -- Partner -- Scores for Time 1 Time 2

Scale	Average	Time 1	Time 2	Average	Significance	% Showing Positive Change	
		N = 179	N = 59	Difference		T1 to T2	T1 to T2
Negotiation	Average	5.07	4.73	0.35	t = 2.46**	74.16	66.67
Psychological Aggression	Average	4.09	3.32	0.77	t = 4.65**	76.08	60.00
Physical Assault	Average	3.24	2.35	0.89	t = 4.04**	73.68	80.00
Injury	Average	1.33	0.87	0.46	t = 4.43**	81.34	86.67
Sexual Coercion	Average	0.33	0.27	0.06	ns	88.52	83.33

Multidimensional Measure of Emotional Abuse

The Multidimensional Measure of Emotional Abuse (MMEA) is useful both because it is sensitive to the non-physical aspects of abusive relationships and because it is specific to a more limited time range (six months). As such, if assessment times are carefully selected (so that the second assessment covers time beginning after the arrest or start of the program – it could be adjusted to precisely this if desired), the MMEA should provide a useful pre-post picture of this aspect of participant’s self-reported behaviour during and following their time in the program.

Between February 2005 and June 2008, 442 individuals completed this measure once and 200 of them completed it a second time with an average of 23.5 weeks between. A small number of individuals completed the MMEA three times (N = 33), an average of 29.2 weeks after the second assessment. The time 1 and time 2 data for the participants self reports of emotionally abusive behaviours are presented on Table 28. It is also possible to analyze the participants’ ratings of their partners’ behaviour in this area and to compare that to the self ratings but these analyses will be done later in this section.

Table 28
Multidimensional Measure of Emotional Abuse (MMEA)

Scale		Time 1 Time 2 Self Scores			Significance	% showing Pos. Change (scores)	% showing Pos. Change (7 counts)
		Time 1 N = 179	Time 2 N = 60				
Restrictive Engulfment	Average	1.21	0.80	t = 4.45***	59.0	49.0	
	St Dev	1.18	1.15				
Denigration	Average	1.09	0.74	t = 4.00***	51.5	42.5	
	St Dev	1.22	1.06				
Hostile Withdrawal	Average	2.14	1.53	t = 5.01***	58.5	44.5	
	St Dev	1.49	1.46				
Dominance Intimidation	Average	1.22	0.81	t = 4.52***	54.0	44.5	
	St Dev	1.12	1.17				

* p < 0.05 ** p < .01 *** p < .0001

In Table 28 the reference to “7 counts” in the last column refers to the number of items on each scale where the “7” response (i.e., I have not done this in the past six months but I have done it before) was endorsed. It is clear from this table that there are positive changes in all four of the average scale scores from time 1 to time 2 (which are reflective of significantly different mean scores). Given this, the percentages of respondents showing improvement from time 1 to time 2 may seem a bit disappointing. These numbers may reflect a level of improvement that is somewhat lower than what occurred because the 23.5 weeks (average) between assessments means that the six month period the respondents are asked to reflect upon at the second assessment could include a number of weeks prior to their starting the program. This possibility is supported by the finding that the percentages showing improvements in the scale scores are higher than the percentages showing improvement on the “7-counts”. It would be advisable to reword the second assessment version of this measure to refer to “Since you started this program” as opposed to “The past 6 months”.

Analyses of Victim/Partner Reports

Treatment program staff phoned victims/partners identified as being connected with program participants on a regular basis while their partners were involved in treatment programming. The goal was to contact as many partners as were available and willing to respond every 6 weeks. The average was 6.2 weeks. Victims/partners were asked some questions about how they perceived their partner to be behaving. A copy of the survey questions is contained in Section 5.

One of the factors that may have resulted in a lower response rate was that many of the victims were not in consistent contact with their partners due to no contact orders. As well, some had decided to end the relationship and had no further contact with the offender.

At the beginning of each call partners were asked if they were comfortable

speaking and if they felt it was safe for them to do so. They were asked if it was currently a good time to talk and their wishes (e.g., not talking, talking later) were carefully respected. They were then asked if their partner had been physically or emotionally abusive since he last started attending the program, and if he had, whether the intensity of the abuse had increased, decreased or remained the same since before he started attending the program. Respondents were also asked if they felt that their level of safety had changed since their partner started the program and for a rating of their current perceived level of safety. Finally, they were asked if they felt the program was helping their partner end their use of violence and whether the partner seemed to be focused on changing themselves, changing their partner or both. The response rates are shown in Table 29.

Table 29
Number of Calls Attempted, Completed, and Safety Ratings Collected

	Time 1	Time 2	Time 3	Time 4	Time 5
Calls Attempted	229	186	154	131	102
Calls Completed	138	110	81	67	56
% Completed	60	59	53	51	55
Number Providing Safety Rating	115	80	59	41	36
% of Completed Calls with Risk Rating	83	73	73	61	64

A series of analyses were run to see if any of these responses varied in relation to which program the respondent's partner was attending. There were no significant differences between programs so responses were pooled for the purpose of analysis.

The rates of physical and emotional abuse reported by victims since their partner started in the programs are shown in Table 30.

Table 30
Rates of Physical and Emotional Abuse by Call Time

	Calls Completed	Physical Abuse		Emotional Abuse	
	#	#	%	#	%
Time 1	138	12	8.7	54	39.1
Time 2	110	12	10.9	43	39.1
Time 3	81	6	7.4	35	43.2
Time 4	67	3	4.5	26	38.8
Time 5	56	4	7.1	17	30.4

These rates are in line with those reported elsewhere in the literature. The number should not be viewed cumulatively as victims were asked about types of abuse they had experienced “since their partner started the program” at each interview. The percentage re-abuse values should be averaged to provide an estimate of the proportion of victims re-abused since their partners started attending the program. With that in mind, data in this table indicates that about 8 to 10% of program participants engaged in acts of physical abuse since starting the program while about 40% engaged in acts of emotional abuse though that same period.

The reports the victims provided regarding how safe they felt were examined and assessed in two ways:

- a descriptively anchored 5-point scale from “a lot less safe” (than before he started the program) to “a lot more safe”; and
- a 10-point unanchored scale with one indicating “fear for one’s life” and 10 representing “no safety worries at all”.

Ratings on the 5-point anchored scale are arrayed over time as shown in Table 31 below. There is a trend (not quite statistically significant) for there to be an increase in

the proportion of respondents stating that they feel “a bit more” or “a lot more safe” over the time their partner is in the program. The apparent drop in ratings across times 4 and 5 may simply be a reflection of both decreasing numbers and the likelihood that those individuals remaining in contact with program staff may have felt at higher levels of risk through the process and perhaps feel safer staying in contact with the program.

Table 31
Safety Ratings of Changes Observed Since Partner Started Program

(N)	A Lot Less Safe		A Bit Less Safe		As Safe As Before		A Bit More Safe		A Lot More Safe	
	#	%	#	%	#	%	#	%	#	%
Time 1 (111)	1	0.9	2	1.8	44	39.6	62	55.9	2	1.8
Time 2 (82)	0	0.0	4	4.8	26	31.3	51	61.4	1	1.2
Time 3 (58)	0	0.0	3	5.2	16	27.6	39	67.2	0	0.0
Time 4 (42)	0	0.0	5	11.9	13	31.0	23	54.8	1	2.4
Time 5 (35)	0	0.0	4	11.4	11	31.4	20	57.1	0	0.0

On the 10-point unanchored scale the overall average safety rating is about 5 out of 10 and this does not vary statistically across times 1 through 5. In fact the ratings across the five time periods are highly (and significantly) correlated with an average correlation of 0.5. This would seem to suggest that the largest predictors of victim perceptions of their safety are things that pre-date the processes learned by their partner in the course of program participation. Such things as their partner’s arrest, admission of guilt and speedy entry into a treatment program as well as the establishment of no-contact orders as appropriate account for the lion’s share of the safety ratings.

Table 32 shows the distribution of responses to the question of whether the treatment program is helping their partner. Clearly the strong majority believe that the program is, in fact, helping and this pattern is consistent across the calls. Some of these responses and those presented in the previously discussed Safety Ratings data may be due to the fact that in each call the respondents were asked if they observed changes since

their partner started the program (rather than since the previous call). As such, the present data does not speak very clearly to the question of whether these issues change at all as the partners move through the treatment programs.

Table 32
Is The Program Helping Your Partner?

Time (N)	No		Yes		Not Sure	
	#	%	#	%	#	%
Time 1 (113)	0	0.0	100	88.5	12	10.6
Time 2 (78)	2	2.6	68	87.2	8	10.3
Time 3 (59)	3	5.1	51	86.4	5	8.5
Time 4 (41)	3	7.3	35	85.4	3	7.3
Time 5 (36)	3	8.3	26	72.2	7	19.4

Table 33 shows the array of answers to the question, “Who does your partner believe needs to change for things to get better?” While it is encouraging to see the proportion of abusers who appear to believe that they need to change themselves increasing over time as they proceed through the program it is disappointing (but not surprising) to see that the proportion never reached 50%.

Table 33
Who Does Your Partner Believe Needs to Change?

(N)	Himself		His Partner		Both	
	#	%	#	%	#	%
Time 1 (76)	21	27.6	9	11.8	46	60.5
Time 2 (58)	16	27.6	11	19.0	31	53.4
Time 3 (47)	17	36.2	8	17.0	22	46.8
Time 4 (36)	17	47.2	5	13.9	14	38.9
Time 5 (30)	14	46.7	8	26.7	8	26.7

Starting Points: Are There Differences by Referral or Outcome?

The last set of analyses conducted on these data involves the question of whether there are different starting places for those who enter into one of the treatment programs. Do scores on the time 1 (intake or pre- measures) vary systematically by treatment outcome (completion versus non-completion)? And what about differences by referral source (self, sentenced or domestic violence court)? Addressing these questions with the time 1 measures data begins to shed some light on the question of whether outcomes noted in other work (e.g., higher recidivism rates among non-completers seen in the Battlefords Domestic Violence Treatment Options Court recidivism study) are due to “pre-existing” differences among the individuals who end up in the different outcome groups or whether the differences are due to differences in how the group treatment process goes for those who end up in one outcome groups as opposed to the other. If the latter possibility is more likely it may be that these analyses could suggest some possible approaches (e.g., enhancing treatment program buy-in) that could increase the likelihood of program completion.

Relationship Belief Scale

On the question of whether there were differences between program completers and non-completers at the start of their involvement with the programs the answer is definitely “no” as reflected in the scores on the five sub scales of the Relationship Belief Scale (Respects Differences, Views Partner as Property, Considerate, Uses Force, and Equality).

There were differences at the start of program involvement across the three main referral groups (self, sentenced and domestic violence court). ANOVAs produced F values (1, 165) of 3.8 to 30.7, $p < .05$ or better). The pattern was very consistent. On all subscales self-referrers scored significantly more negatively than either domestic violence court or sentenced referrals which did not differ from each other.

Multidimensional Measure of Emotional Abuse.

Analyses failed to show any significant difference on the subscales of this measure for either completion status or referral type.

Conflict Tactics Scale.

The only significant result on this measure was in relation to referral type and appeared on the scale referring to the use of physical aggression by the offender. In a direct parallel to the Relationship Belief Scale Use of Force Scale results, the self-referring individual scored highest on this subscale as well ($F(2,159) = 4.8$ $P < .01$) while the sentenced and domestic violence court referrals scored lower and did not differ from each other. It is not completely possible to determine if the higher scores of the self-referred individuals reflect levels of physical force that are actually higher or whether it just reflects greater honesty about the level of force used by this group.

The URICA: Attitudes and Values Scale

Analyses failed to show any significant difference on the subscales of this measure for either completion status or referral type.

Gender Role Conflict Scale.

Analyses failed to show any significant difference on the subscales of this measure for treatment program completion status (that is, program completion versus non-completion). There were, however, significant referral group differences on all subscales except Work-Leisure Conflicts. ANOVA results for referral type were found for Power Competition, Restrictive Emotionality, and Restrictive Affectionate Behaviour ($F(2,161)$ from 3.0 to 8.9, $p < .05$ or better). Self-referrals scored highest (most negative) on all three scales with domestic violence court and sentenced referrals scoring lower and not differing from one another. The question about whether this reflects actual differences or whether it reflects reporting biases applies here as well, although there is no reason beyond speculative possibility to believe it is the case.

Regression Analysis

On the possibility that a combination of all these measures could, together, predict which individuals complete and which fail to complete treatment programs, a regression analysis was run and then a categorical analysis conducted to see how well the combination of measures scores predict program completion. The results mirrored what has been discussed already. Only 57% of individuals were correctly classified using the combination of measure scores. Given that non-completers accounted for 57% of the sample, this result is completely unremarkable statistically (as one could have attained it simply by predicting that all participants would be non-completers).

Putting These Results Together.

Despite having reasonably large numbers in the sample there is actually very little to talk about here in the way of results. Self-referring individuals score more negatively than other groups on all subscales of the Relationship Belief Scale and on all but one of the Gender Role Conflict Scale Subscales. These results would seem to suggest that this group of referrals is different than other groups before they start programming. This, and not just a lack of commitment or external authority enforcing attendance, may at least partially account for the characteristically high drop-out rate of this referral group.

There are no systematic differences between individuals who go on to complete one of the treatment programs and those that fail to complete one of the programs. While it could possibly be the case that there may be completion group differences in other areas *not captured* by these measures the fact that there are no differences on the broad range of assessment tools used here suggests an interesting possibility. If there are no obvious “pre-existing” differences between program completers and program non-completers at the start of the program, then it may well be that the differences that lead to some individuals completing and some not completing programming *arise* as they move through the treatment program itself. Given the significantly higher recidivism rates for non-completers found in the Battlefords Domestic Violence Treatment Options Court

recidivism study, it may be that (as suggested in other studies) program completion, in and of itself, produces distinctly more positive short and medium term outcomes for participants. That is, that completing the program should be a goal in and of itself. These results support this observation and suggest that a useful course of future action would be to investigate ways of increasing the “buy-in” of participants into the treatment program they attend, thereby increasing the likelihood that they will remain committed to the program, complete it, and potentially go on to be less likely to re-offend.

Summary of Mental Health Services Treatment Program Data

By far the larger proportion of individuals opting for treatment in the SDV Court ended up with referrals to either the ManAlive or Narrative program operated by Mental Health Services with the Saskatoon Health Region. Since Mental Health also accepts post sentencing referrals and self referrals, the aggregate data from these two other groups can be used as a comparison for the treatment outcomes of the SDV Court referrals.

- Program completion rates were examined.
- A series of analyses looked at pre-post measures that were routinely administered to all program participants to see if there is normative evidence of the impact of the treatment program on the participants.
- Data arising from the regular (every four to six weeks) contacts made by program staff with the victims of the participants in treatment were examined to see if there were noticeable changes in the participants’ behaviour.
- The scores of program completers at the start of their treatment programs (time 1) were compared to the time 1 scores for participants who did not complete programming to see if there were data patterns.

Findings

- The completion rate was higher for the Narrative program though this was possibly due to there being a higher proportion of self referrals selecting the Manalive program.
- Consistently and significantly the group with the highest completion rate was the SDV Court referral group.

Changes over the course of treatment for Completers

- *Attitudes.* All five scales on the Relationship Belief Scale showed significant positive changes over the course of treatment.
- *Intention to Change.* Two thirds of participants showed positive shifts in their intention to and commitment to make behavioural changes (the URICA measure).
- *Positive Understanding of Gender Roles (The Gender Role Conflict Scale).* All subscales on this measure showed significant positive changes among those completing treatment.
- *Self Reported Aggression.* Self reported incidents of physical violence and sexual coercion decreased significantly during the treatment program (The Conflict Tactics Scale).
- *Emotional Abuse.* Self reported incidents of emotional abuse decreased significantly across all four scales of the MMEA measure over treatment.
- *Victim Safety Reports.* Victim safety ratings were acceptably high but did not improve over time in treatment (likely this is partially due to how the questions were asked).
- *Who Needs to Change.* More positively, there was a significant increase over time in the number of victims who believed that their partners were beginning to realize that they themselves needed to change.

Time 1 Analyses

It was consistently found that there were few if any significant differences between program completers and non-completers at the start (time 1) of the treatment process. This seems to suggest that it is the completion of treatment and not pre-existing group differences that are related to the positive changes reported above over treatment for completers.

Recommendations

Recommendation 3

It is recommended that the stakeholders consider the importance of program completion and that strategies be developed to find ways to increase the program “buy-in” for all participants.

Recommendation 4

Stakeholders should identify and implement actions to increase the likelihood that individuals will complete treatment as the completion of treatment seems to be a strong predictor of positive behavioural, attitudinal and psychological change.



Section 5 Victims Data

This section contains information on the process used by the Court to provide services and supports to victims of domestic violence in the SDV Court. It also provides insight into the perceptions of victims about their safety, the progress the offender is making in treatment and the impact on the family.

Between September 2005 and March 31, 2008, 1803 victims, 93% female and 7% male, were served by the domestic violence court case workers in the SDV Court, 502 in 2005-06 (six months), 736 in 2006-07 and 565 in 2007-08. Services included:

- Information about how being a victim of a crime or trauma affects people;
- Information about the criminal justice process
- Information about community services;
- Emotional support
- Practical help to get or do something that was needed; and
- Help in making contact with criminal justice system personnel.

As well, over 1400 referrals were made to other agencies.

Victims who completed client surveys agreed that the domestic violence court case workers treated them with courtesy, respect and compassion in a non-judgmental, way.

XXX was the one bright spot in an otherwise dark and confusing and scary process. It was thru her in these offices that I felt there was an understanding that each case is unique.

I was satisfied with the service and supports. They helped me out a lot when it comes to trust, they were cooperative.

Support for Victims in the Saskatoon Domestic Violence Court

Improved victim support and safety is a goal of the SDV Court. In order to achieve this, a domestic violence court case worker position was established with Family Service Saskatoon and located at the Saskatoon Police Service. Since September 2005 two more case worker positions have been added, one in 2006-07 and another in 2009-10.

The roles and responsibilities of the case workers described in the project proposal were designed to provide support and services to victims that would assist them in meeting their basic safety, support and survival needs, encourage their participation in the criminal justice system and ensure the victims' voices are heard in the process.

Responsibilities included:

- Contacting victims in a timely manner using a number of communication tools;
- Assisting victims when protection orders are needed;
- Connecting victims with community resources such as financial assistance and interpreters;
- Supporting victims in court and in other justice-related activities such as reporting breaches to police;
- Assisting parents and guardians to identify appropriate services to meet the needs of children exposed to violence;
- Providing education and awareness sessions to stakeholder groups; and
- Dealing with culturally sensitive issues appropriately

The domestic violence court caseworkers also have a critical role when a request for change in release conditions for the accused is made to the Court. They discuss the request with the offender, victim and others involved in the case, administer the ODARA risk assessment instrument and provide a report to the Court containing the recommendation based on all the data gathered.

Victim Perceptions of Safety and Program Progress

As part of the series of victim contact/outreach calls made by staff associated with the treatment programs offered through Mental Health Services, victims are asked several questions about their perceptions of their partner's behaviour since he started attending the treatment program and about their own feelings concerning their personal safety. A representative sample of those responses appears immediately below. All of the actual responses from the victims to each question appear in Appendix A. By scanning the responses, the reader will get a feel for the impact that the victims believe the treatment programs have on their lives and the lives of their families.

The responses to each question have been roughly sorted into several categories reflecting different degrees of change. Each category has several examples of victim statements. The victim is asked the same questions at three different points during the offender's treatment process: 4 to 6 weeks after the start date, 10 to 12 weeks after and 15 to 18 weeks after.

An important companion piece for this discussion is the Analysis of Victim/Partner Reports in the previous section where the following factors were rated:

- physical and emotional abuse throughout the offenders' attendance in treatment sessions (Table 30);
- victim perception of safety (Table 31);
- victim perception of attitudinal and behavioural change in the partner (Table 32); and
- victim perception of whom the partner believes needs to change (Table 33).

Each question includes a sample of actual responses. For a list of all the responses to each question refer to Appendix C.

Safety

Question 1: Do you feel more or less safe since your partner started attending the program and in what way(s)?

Time 1: 4 to 6 weeks into treatment

- ☎ 45% (135/300) of those victims contacted answered this question at time 1.
- ☎ The answers were placed into five categories: 'much safer', 'safer', 'same', 'less safe' and 'much less safe'.
- ☎ Some answers fell outside these categories and were called 'other constraints'.

3% of the respondents in this group were very clear that things had improved significantly in terms of how their partner acted towards them and consequently, how safe they felt.

Arguments now will not lead to violence because of program; he does not argue to the bitter end with me anymore.

He is changing a lot -- not yelling.

More awareness.

I no longer feel threatened by him.

46% of the respondents in this group believed that things had improved somewhat since their partner started programming and they felt a bit safer as a result.

Able to talk about things. He demonstrates increased self-control. Seeing others in program and learning from that.

Anger under control, calmer, considerate.

Because he has a place to talk about things. He seems calmer.

Feels safer because of the consequences of his actions, not necessarily because of the group or program.

Has gotten better over time -- but he dropped out of the program a while back.

He started the program and got clean.

He talks about what he's learning.

Not as much conflict. Uses time outs to cool down.

28% of the respondents thought that things were pretty much the same with their partner as they had been before the program started.

About the same because it's up to him - but feels more hope.

His attitude hasn't changed.

Sense of safety has remained the same. Partner was never physically abusive and never felt that she was in any kind of danger.

Shows patience and respect. He listens more. He's handling himself completely different. Not scared to talk with him anymore. He answers my questions.

Still calls a lot.

Leaving him has helped me feel safer.

Still feeling wary.

Too soon to tell.

5% of the respondents expressed MORE concern for their safety since their partner started in the program.

Does not feel safe right at the moment as he will be angry regarding judge's decision -- got a suspended sentence -- Court-ordered Restraint continues. Will be asking for periodic drug testing.

He's still not owning his violence / the impact.

"I know I have to get out."

I am scared of him; he's a big guy. He has hit the dog / the dog is afraid of him ... will start peeing when he's around.

1.5% of the respondents were MUCH MORE concerned about their safety since their partner started in the program.

He is stalking me, getting my phone records, threatening. More afraid than ever. "Said he will kill me."

He's a walking time bomb; very threatening behaviour -- not respecting my boundaries at all.

Tells her that she's making up the physical violence / no responsibility.

1% of the respondents spoke of other constraints on their partner that were helping them to feel safer.

Because my family knows he's attending and helps make him responsible for his violence/anger.

It's a step toward getting help and he is following-through.

He is better at times. Right after classes, he's better.

By talking to partner's mom "it sounds like he is getting better".

** No Contact Order helps.

I have supports (not about him being in the Program).

Incarcerated, so feels safe. Does not abuse unless drinking or on drugs.

I've gotten rid of him, not because of progress. And I've gone to Police.

Miss him (Restraining Order).

Incident has brought us closer – we talk more.

NCO issued. Police and legal involvement has appeared to help him realize the consequences.

Time 2: 10 to 12 weeks into treatment

☎ The same question was asked about 6 weeks later when the victims were called again.

☎ 36% (84/ 231) of those victims called answered the question at time 2.

☎ Their answers are ordered into the same categories as the responses at time 1.

51% of the respondents believed that things had improved somewhat since their partner started programming and they felt a bit safer as a result.

Arguments have decreased, increased positive communication.

Better control of himself.

Has been doing much better. Calms down -- "No Leaving when Angry". Feels safe, but unsure if it will continue. Sceptical at present.

He has made some changes. Starting to trust him somewhat. Temper doesn't go from 0 – 10 so quickly -- more of a progression.

He seems to be more respectful toward me. How he talks, not as rude.

He's changing; not as frustrated.

He's getting answers to what abuse is all about. Taking responsibility.

His willingness to go to the program tells me he's taking responsibility.

More emotionally safe since he began program. Can share more sometimes.

More self-control.

Now knows consequences of anger.

8% of the respondents thought that things were pretty much the same with their partner as they had been before the program started.

"Always felt safe."

I've never felt unsafe.

More physically safe, but not emotionally.

No different. He walks away, we don't talk until we calm down.

15% of the respondents reported MORE concern for their safety since their partner started in the program.

"Less safe because he lives in area."

Brings up issues for him; he is more moody at home now. Increased agitation.

He's not attending any more. I feel less safe since he stopped attending because it all comes down to his mood rather than his choice.

I think any changes he is making are false because he wants me back now that he broke up with his 24-year-old girlfriend.

It's been up-and-down. Bottom line: He just wants me back; and when he doesn't get his way, he blows!

Never felt in physical jeopardy. Still walking on egg shells. Things getting worse (emotionally) -- gradually, since Jim completed Stage I. (Information re: Maintenance Group)

24% of the respondents spoke of other constraints on their partner that were helping them to feel safer.

"These questions seem ridiculous."

Because he is attending Program (and) No Contact Order.

More safe actually. He is getting some place. I no longer live with him.

More safe because of Restraining Order.

Separated. He's also really changed in attitude and behaviour.

Time 3: 15 to 18 weeks into treatment

- ☎ The same question was asked about six weeks later by victims.
- ☎ 36% (84/231) of the victims called responded to the question.
- ☎ Their answers were sorted into the same five categories of safety.

58% of the respondents believed that that things had improved somewhat since their partner started programming and they felt a bit safer as a result.

2nd round, encouraging to me. He is doing better.
He is not mean as he use to.
Feel safer. He seems to be learning more.
He talks to me more. More mature.
He wants to change. He's trying to change.
He's a better person. He's nicer to me.
He's just calmer; knows how to control anger better.
Increased/improved communication.
I've noticed a big difference in him since he started the program.
People are helping him. He's learning how to control self.

15% of the respondents thought that things were pretty much the same with their partner as they had been before the program started.

Does not feel "more safe" nor "less safe".
He still has the entitlement attitude.
No change.

13% of the respondents reported MORE concern for their safety since their partner started in the program.

I don't believe him -- I'm not ready to believe that he's changed.
Physical abuse has stopped. Not safe because he's so jealous.

15% of the respondents spoke of other constraints on their partner that were helping them to feel safer.

I feel safe -- same as before program because I left and have no contact.
Just don't see each other.
More safe - because I'm on my own. He has calmed down a bit, but has a ways to go.
Same or less. Depends on the day. Ended up reporting him for his behaviour.
Is hoping for a Restraining Order.

Discussion

The distributions of these comments on safety across the three time periods surveyed are shown in Table 34. There is a consistent increase, over time in the number of respondents stating that they feel safer than before their partner began treatment. Note that the numbers in Table 34 reflect the application of a code (from ‘much less safe’ to ‘much safer’) applied by the evaluator determined by the content of the safety statements from the victims. Consequently they are somewhat different than the numerical ratings of perceived safety generated by the victims themselves as shown in Table 31. However, although the total numbers of ratings are slightly different, the overall distribution of ratings in Table 34 are very similar to those reported in Table 31. This suggests that together these ratings likely provide a reasonably consistent picture of victims’ perceived level of safety.

Caution should be taken when interpreting these results as detailed information about the status of no-contact orders is not factored in. Likewise, it is not clear how the respondents formed their responses given that the same question was asked at each interview, that is, the questions always asked them to report on partner behaviour “since the start of the treatment program”. That said, it is clear that the treatment programs appear to be encouraging positive changes in their participants that are being noted by their partners outside of the program.

**Table 34
Distribution of Safety Comments at Times 1, 2, and 3**

		Much Safer	Safer	Same	Less Safe	Much Less Safe	Other Constraints	Total
Time 1 (4 to 6 weeks)	N	3	64	38	8	2	15	130
	%	2	49	29	6	2	12	
Time 2 (6 to 12 weeks)	N	0	43	7	13	0	20	83
	%	0	52	8	16	0	24	
Time 3 (12 to 18 weeks)	N	0	36	9	8	0	9	62
	%	0	58	15	13	0	15	

Victim Perceptions of Program Effectiveness

Question 1: Is the program helping your partner end their violence?

Question 2: Is your partner focusing on what they need to do to end their violence or are they telling you that you need to change?

Time 1: 4 to 6 weeks into treatment

☎ 43% (128/300) answered the questions about the effectiveness of treatment programming their partners were attending at time 1.

☎ The answers were placed into four categories based upon statements made about the extent to which the treatment program participants were actively engaged in the process of treatment: ‘engaged in the process’, ‘neutral - no positives, no negatives’, ‘resisting or ignoring process’, ‘other constraints (e.g., no-contact orders).

42% of respondents made statements suggesting that they perceived their partner as having become somehow actively engaged in the treatment program.

He's more aware of his behaviour. Attends Group -- increased his awareness. Arguments now will not lead to violence because of program; he does not argue to the bitter end with me any more. Taking accountability now all for himself; only he can change himself.

Definitely he is changing.

He's focusing on himself and what he needs to change.

He seems happier -- threatening behaviour has discontinued.

I think it's done a world of wonders! It's about respect that he's changed.

His changes -- that's been the biggest thing.

It is helping end his violence.

He does not tell me to change.

Seems to be learning things that he hadn't thought of before.

11% of respondents made statements suggesting that they perceived their partner as having remained neutral with respect to having become engaged in the treatment program.

I wish – hard to say.

Hopes so. Thinks it is. Don't talk about class. We don't discuss class. Difficult for him.

To a point. If he does get angry, anything can still be possible.

Too soon to tell.

Doesn't really think he has a problem.

39% of respondents made statements suggesting that they perceived their partner as having clearly failed to become properly engaged in the treatment program.

Always telling me that I need to change. Has trouble focusing on himself..

Does not know. Has a pattern. Gets better, then becomes abusive again.

He seems to be realizing that he needs to take responsibility for his behaviour; vacillates.

Focuses on me and what I "should" do.

He's not hitting me, but emotional violence has increased.

At first, he was focusing only on himself, but, lately, he's been slipping back into blaming me.

He's not taking responsibility. Doesn't think he needs help. Blames others.

I don't think so -- he's bluffing his way through.

Doesn't talk about anything; he doesn't have a problem as far as he's concerned.

Sometimes it's okay, but sometimes it's too much.

Yes & No. He does not open up or talk but he states he wants to. She has seen him not get mad at things that normally would anger him.

Yes, but he has missed a lot.

He is trying hard to stay safe.

8% of respondents made statements indicating that other considerations (e.g., no-contact orders, having left the relationships) meant that they were not in a position to comment of their partner's engagement in treatment.

I do not know because he is not here.

I don't know -- I stay away from him.

I feel safe now, but when the No Contact Order ends ???

I hope program is helping – I don't know.

Time 2: 10 to 12 weeks into treatment

☎ 39% (90/231) answered the questions on program effectiveness.

☎ The answers were sorted into the same four categories.

52% of respondents made statements suggesting that they perceived their partner as having become somehow actively engaged in the treatment program.

Thinking before saying..

Focuses on own change.

Told him to do it for himself.

Able to really control his anger.

Stays more calm.

He takes time to think.

He's acting different; he's kinder.

Learned how to control and deal with anger. Thinks before acts. Watches language.

More self-focused; will admit his stuff.

6% of respondents made statements suggesting that they perceived their partner as having remained neutral with respect to having become engaged in the treatment program.

Back and forth.

Don't know yet. He doesn't think she should change at all. He says he's changed and would just like her to forgive him.

Not sure.

31% of respondents made statements suggesting that they perceived their partner as having clearly failed to become properly engaged in the treatment program.

Somebody to show him his actions are improper.

Does acknowledge he has work to do.

Tells me that I should change.

But he dropped out and then things deteriorated.

He was starting to take responsibility for his behaviour and not focusing on me.

He says "himself" -- but I think he's faking it to get me back.

He says everyone feels sorry for him at group.

Mostly focused on me.

He uses group against me; blames me for everything.

Tells me I should change; "it's all me".

Me and the dog are scared of him. I think it helped for a day after -- a reminder that he needs to try to change and that his violence is his responsibility.

Not as violent as often -- now when he is violent, he takes responsibility.
Not blaming others – focusing on own responsibility.

11% of respondents made statements indicating that other considerations (e.g., no-contact orders, having left the relationships etc.) meant that they were not in a position to comment of their partner's engagement in treatment.

How can he, he is in jail!

Feel safe: If I file for divorce, it would go down to a '1' -- or any time I stand my ground.

Program Helping: Maybe -- in that he is actually sticking to it -- he is making it a priority.

He's not focusing on his own changes -- he's always telling me it's my fault.

No contact since February 2005.

Time 3: 15 to 18 weeks into treatment

 30% (57/188) responded to the questions at time 3.

44% of respondents made statements suggesting that they perceived their partner as having become somehow actively engaged in the treatment program.

A lot more knowledgeable, values what is learned, but less empathy -- concerned about level of empathy in partner. More inclined to "leave" if getting angry.

Discusses "Fatal Peril" and uses body signals. More inclined to take responsibility for his behaviours.

He can recognize when it's beginning.

Helps in thinking about his anger before acting-out.

Both - but in ways to work together to make changes.

It opened his eyes.

Learning how to deal with issues in a non-violent way.

Most definitely. He does not use his anger as much. We are working together.

Teachings about respect. Positive support.

Yes, helping; he walks away; he deals with his anger differently.

7% of respondents made statements suggesting that they perceived their partner as having remained neutral with respect to having become engaged in the treatment program.

But he isn't in it any more. Taught him different ways to deal with situations.

Says that "I should change". (sometimes)

39% of respondents made statements suggesting that they perceived their partner as having clearly failed to become properly engaged in the treatment program.

"Don't know; still pushy."

"He is changing some; not a whole lot."

He doesn't focus on me, but he is always giving explanations and reasons for his behaviour. I don't know if it's helping – I'm thinking he's just getting to be a better actor and will get an award – just wants to keep me in his life.

He is taking responsibility, but he still doesn't know what to do when he's angry -- besides being verbal/emotionally abusive.

But thinks he has changed enough – also tells me I should change.

He's not focusing on his changes at all.

I think while he's attending he does better – but when he drops out, he gets "out of control".

Still not good enough. He's focusing somewhat on himself though – but his mom (who he lives with) colludes with his controlling behaviour.

Not talking about the program and what he's learning and doesn't see it as pertaining to him and says it's stupid – separating himself from the other men – "They're worse" than he is. Says program doesn't apply because he's not a daily wife beater.

11% of respondents made statements indicating that other considerations (e.g., no-contact orders, having left the relationships) meant that they were not in a position to comment of their partner's engagement in treatment.

I don't know No contact.

I hope so.

No idea.

Don't know.

States he is "worrying about his own problems". Very little contact, so hard to judge.

Discussion

The distributions of these comments on program effectiveness across the three time periods surveyed are shown together in Table 35 below. There is no consistent trend over time in the proportion of partners who report that their partners appear to be engaged in their treatment programs. Caution should be taken when interpreting these results as detailed information about the status of no-contact orders is not factored in. Likewise, it is not clear how the respondents formed their responses given that the same questions were asked at each interview (all asking them to report on partner behaviour “since the start of the treatment program”). These numbers suggest that about 50% of the victims believe that their partner is actively engaged in treatment and trying to change.

Table 35
Distribution of Treatment Program Effectiveness Comments at Times 1, 2, and 3

		Engaged in Treatment Process	Neutral No Pos. No Neg.	Resisting Ignoring Process	Other Constraints	Total
Time 1 (4 to 6 weeks)	N	54	14	50	10	128
	%	42	11	39	8	
Time 2 (6 to 12 weeks)	N	47	5	28	10	90
	%	52	6	31	11	
Time 3 (12 to 18 weeks)	N	25	4	22	6	57
	%	44	7	39	11	

Summary of Victims' Perceptions

Victims were asked if they felt safer since their partner started a treatment program, if they thought the program was helping their partner and if that help was positive.

- There was a trend for victims to feel safer as their partner's program progressed, though this is complicated by how the questions were asked.
- There was a tendency for victims to perceive and increase in engagement in the program by their partner from the first to the second data point. This positive perception was reduced at the third data point. It is not entirely clear if these differences reflect changes in partner behaviour or just changes in who is answering the questions.

Recommendations

Recommendation 5

It is recommended that the questions asked of victims be adjusted so as to take into account after Time 1 that the questions have been asked before in order to give a better picture of the victim's perception of partner progress.

Recommendation 6

The level of partner resistance to change suggests that the efforts recommended above to increase program "buy-in" should also be geared to increase program commitment on the part of participants in the hopes that the changes seen in the program will generalize to the accused home settings.

Section 6

Survey of Stakeholders Involved with the Saskatoon Domestic Violence Court

Members of the SDV Court oversight committee made up of stakeholders with an interest in the Court were sent a survey asking about their views (past and current) regarding the process and functioning of the SDV Court and its related programs. The methodology of the survey and its results are summarized in this section of the report.

Survey Method

Over the course of a five month period, anyone who had participated significantly in the Saskatoon Domestic Violence Court process as a staff member of a contributing partner agency or program or ministry were asked to respond to a series of open-ended questions. The questions (Appendix D) focused upon the assumptions, hopes and expectations that were held by participants on the oversight committee as the SDV Court moved towards its starting point.

The respondents were also asked to reflect and comment upon their experiences with the transition from the planning phase of this start-up process to the implementation and early operations phase. The survey started with questions about each partners' understanding of their own role in the SDV Court development and implementation process and then moved to talking about interaction and transactions among partners. Representative comments and interpretation by the evaluator are presented according to the order of the questions on the survey.

Names have not been attached to the respondent statements; however, it is acknowledged that the small group size and the specific nature of the partner activities will sometimes make it clear which sector and, at times, which individual is speaking. The focus should be on the issues raised rather than on the individuals who are raising them.

A final note about style...

All partner quotes are presented in double indented (right and left) format, in plain text.

All survey questions are indented at the left and bolded.

Subsequent (response elaboration queries) were further indented but also bolded for ease of identification.

Summary or review comments added are my own and are presented in italics in regular paragraph format within text boxes such as this for easy identification.

Nature and Extent of Role in the SDV Court Process

Could you describe your understanding of the part you and/or your organization plays in the functioning of the SDVC?

The first part of this section of the survey provided an opportunity for respondents to describe their role in the SDV Court process in general terms. The evaluator indicated either in the cover note or on the phone that this was mainly a ``warm-up`` part of the interview. As such, there was no perceived need to review and summarize this material. Rather, in cases where the respondent began to talk about changes in procedure and protocols over the tenure of the Court these were carried forward and considered as part of the analysis relating to the second part of this section which asked specifically about process changes.

Have aspects of that process changed over the time that the Court was running?

Not that I know of.

No, the Crown's role has remained the same.

Yes

In order to address the overwhelming volume of work associated with this court, we are attempting to gain the court's agreement to establish criteria to disqualify some offenders from the SDVC process (for example – long history of serious criminality).

The lack of consistency and support for the initial goals and objectives as implemented by the various stakeholders, namely “a consistent justice response to domestic violence while providing a single forum to ensure that cases are handled in a timely fashion from first appearance to sentencing” [is an issue].

Currently there has been some discussion on the use of the ODARA as a tool to assist in assessing the safety of the victim when addressing requests for changes to conditions. Not all those involved in the court agree that this is a viable tool to use, resulting in inconsistent decisions being made resulting in disturbing outcome on occasion. Often times comments will be made about ‘in the old days all one had to do was ask and the conditions would be removed’.

The purpose of the DVC was to address these inconsistencies, provide information in a timely manner, expediency in the overall court process, and education to the public in general that DV is a serious matter that needs to be addressed.

Shortage of staff, shortage of available programming, and waitlists for programming have all contributed to an increase in adjournments which unfortunately hinders the positive and beneficial aspects of addressing these cases “swiftly “.

Issues raised in this section concern questions of consistency as well as how new consistent procedures must be established when systematic changes are enacted in older established processes. While the formation of the Court involved the understanding that the various partner groups and organizations were going to be working together, sometimes in new ways, some tension emerges when this means that new actions are undertaken and when one set of practices, that used to be done in a particular way, are changed.

For example, risk assessments are used both to inform decisions about conditions (removal etc) and to inform decisions about who should be considered eligible for the

We continue to struggle with “consistency” amongst the various stakeholders (court workers, lawyers, prosecutors, and judges) with regards to the overall process.

Were you or was your organization’s role in the SDVC process clear? If not what would/will need to be done to clarify things?

Many responses to this question were short and positive.

Well it wasn’t clear to me what my role would be until things started to evolve.

Yes.

Yes our role was clear.

Yes.

Yes

One area where uncertainties as to mandate arose involved circumstances where what was seen as the mandate could not be achieved with the assigned resources. This arose as the result of staff shortages in one area (Probation Services where positions existed in the second year of operation but could not be staffed) and from a possible miscalculation of workload in another (Domestic Violence Court Case Workers (DVCCW)).

Our staff shortages have prevented us from providing full service at times. In the fall of 2006 we were unable to do new assessments. From November 2007 until May 2008 we were unable to take new clients into our program (The RAPP Treatment Program) [and as such our role is somewhat unclear in this regard].

The role of the DVCCW was laid out very clearly although the ‘volume’ of clients that they would be working with was not. As a result, the ability of the DVCCW to meet ‘all’ the client’s needs is unrealistic. Not only do the DVCCW need to provide ongoing support for the clients/victims, but one is also responsible for ensuring that all stats and necessary information as per the funding agreement, is submitted in a timely fashion.

In order to better provide support for victims and their children, a third DVCCW would need to be hired and/or a ‘Senior DVCCW’ or a ‘coordinator’ specific to the Saskatoon DVC, who would be responsible for doing presentations to the community/stakeholders/SPS/Social Services, etc., monthly/mid-month/yearly statistics; etc.

“Mandate creep” is when what was originally agreed to as roles and responsibilities slowly expands so that, before long, more than was originally bargained for is being done by a domestic violence court partner. This was a factor in the SDV Court. As well, staff turnover means that the “buy-in” by the founding partner representatives needs to be consistently renewed or the tone of the initiative enterprise can begin to degrade.

Over time Prosecutions has taken on more of the organizational responsibility. Many of the original partners have left the steering committee.

Staff unsettled in probation, shifts responsibilities to other steering committee members.

Many folks in term positions meant that a lot of people fell by the wayside, we had to work to get additional buy-in to the process... We needed to work at transitional uptake and the attendant new expenses... fluctuating core group.

Impact of the SDV Court on Case Management

From your (or your organization's) perspective, did the SDV Court process make a positive difference in how domestic violence cases were managed?

Interval House and Adelle House.... [and] the VIOLENCE AGAINST WOMEN INTER-AGENCY COMMITTEE (VAW) – agencies who provide services to women victims of violence. VAW committee was instrumental in advocating for services for women victims in the DVC process in the form of Court Case Workers.

We are very impressed with the services provided by the Court Case Workers. Women especially appreciate the pre-court and court accompaniment.

Many women still find the court process intimidating and continue to be reluctant to come to court as witnesses. The tangible presence of the Case Worker is a major support.

It is also valuable to keep the women informed about the progress of the accused and to check in with them to see if there are concerns. Feedback from the victims is an essential component in the evaluation process.

The Case Workers have also been helpful in sorting out problems arising around no-contact orders – explaining the need when one or both parties challenges the conditions, addressing requests for changing or removing the orders, support in preventing breaches.

There were concerns about the backlog in accused getting assessments done and lack of available spaces in programming. Long delays pose additional safety concerns for victims and fail to capitalize on the motivational impetus that is often present immediately following a violent incident. Early intervention is the best scenario for both victim and accused.

More clients who are first time before the court system for domestic violence.

Please elaborate on the ways in which it did and/or did not make a difference.

The volume of cases moving through the SDV Court is seen both as a positive indication that offenders are being dealt with and as a significant challenge to the Court as it ensures that its basic mandate and related processes are maintained at an acceptable level.

Yes, there have been a surprisingly high number of people interested in taking this programming, and many people who have completed it have expressed how glad they were that they did and how much it has helped them.

In order to address the overwhelming volume of work associated with this court, we are attempting to gain the court's agreement to establish criteria to disqualify some offenders from the SDVC process (for example – long history of serious criminality).

Yes it made a difference as there was a need for DVC as things went along we realized there was a greater need for space and resources. Yes there were many gaps and one of them was being able to share information with each other, last week I was at a meeting ... [and a DVCCW staff member] ... was there and we realized there were many gaps. I was trying to help a man that they wanted to send to the pen and she knew who I was talking about and told me things about the case I did not know about and understood better why they wanted him to go to the pen and now because of my intervention he may be joining us in group in the very near future, there needs to be a better way to communicate and try and find out what roles and who is playing the roles in the DVC court.

I believe many clients saw the benefit of participating in the program and the lesser penalty for completing the program.

Unfortunately, some with more experience in the court system seemed to view it as another way of manipulating the system to their advantage.

I believe the addition of the DVC Victim workers has been a positive, that no contact conditions don't get amended without a neutral party assessing the situation. In the beginning they also got many victims to court for trials which meant the offender usually plead guilty and before charges would have been dropped without a victim there to testify.

I believe the DVC process continues to make a positive difference. The general knowledge and understanding of "domestic violence" has increased community awareness. This court has also enlightened many about domestic violence being an "offence" in addition to being a family/social/intimate issue.

The DVC Case Workers have been an extremely invaluable component of the process. Prior to the DVC, contact between the probation officer and the victim was often minimal and in many cases non-existent. In addition, the probation officers are often viewed by the victims as being a "punitive player" and therefore the victims were often unwilling to share information with us.

Positive feedback from both clients and their victims indicate the DVC has been a positive experience for many. The option to receive a lesser penalty has for some been a very motivating factor. It also appears that for many clients, their "choice" to participate in the Treatment Option and it's processes helps them to take "ownership" of their issues and helps them to see themselves as more of a "willing participant in their treatment which often encourages them to reach their goals.

Victims often relate that having a DVCCW to keep them updated on the court process as well as release dates, and support services has made such a big difference for them. They talk of how, if they choose to continue to work on their relationship, that the programming offered has made such a huge difference in their families lives. Initially, most think of the programming as 'just another anger management program' that the accused has taken before, but then realize that this is something that is very different and are grateful for it being available. We are also seeing more men coming forward and reporting intimate partner violence which, in itself, speaks volumes about the changing mindset of people.

Where once men were ‘ashamed’ to speak of DV, they are now more willing to open up so their family can become healthy.

As well, having the DVC has opened up the communication between various service providers which is of benefit to all involved. Not only does it keep people in ‘the know’ it also lessens the ability of the accused/victims to manipulate the system as has often been the practice in the past, prior to the DVC. The option of entering into the programming with the incentive of receiving a lesser sentence is also beneficial to all concerned.

A positive difference is communication flow between service providers about issues impacting the victim and the accused. As DV case workers we communicate and consult regularly with probation to enhance their DV assessments and to discuss no contact conditions; whether to support contact. Being able to discuss issues helps us to identify safety factors.

There is clearly a general impression that those going through the Court and especially those following the domestic violence stream view it as a positive experience. This positive perception also includes the supports and opportunities that are available to victims through the efforts of the domestic violence court case workers.

In addition, the increased communication among SDV Court contributing partners is regularly noted as having a positive effect upon the level of practice partners are able to demonstrate when they are better informed by their collaborate communication with other SDVC partners.

Consider the steps followed by participants as they move through the SDVC process (arrest – first appearance – consultation with council or Legal Aid –election – guilty plea – assessment – referral for treatment [addictions and/or domestic violence programming] – return to court for progress reports and for final disposition) what role did you and/or your organization play in the selection/decision points contained in this sequence?

When respondents simply described their activities in relation to the SDV Court in ways that matched the declared protocols for their group, organization, or agency they were omitted from this section as redundant. Beyond that, respondents raised two issues.

The first involves concerns about the nature of the intent behind the decision of some SDV Court participants to plead guilty and proceed to assessment and on for treatment. The concern is that some of these individuals may be gearing up for a trial in the hopes that the witness(es) in their case will fail to appear and the case against them will dissolve. When their witnesses appear the accused may strategically switch the plea to guilty and request to enter the treatment stream. There is no evidence in the present dataset that this is, in fact, a real issue. If such data exist they should be brought forward and discussed at the working group meetings.

The second concern involves the question of what might be done about long wait times for treatment programs. This occurs when a backlog of individuals suitable for the treatment option forms. Looking for other places and organization to take on the task of running a group or looking at stricter risk assessment-derived criteria to narrow the number of offenders suitable for programming may be an option.

I don't always think things are done in sequence as the accused still has lots of power and control and one thing we are talking about was that men first plead "not guilty" then later, when the witness shows up they change their mind and plead guilty and want to go into programming when there is already a waiting list for men that pleaded "guilty" in the first place, so yes, changes need to be made.

In an attempt to address the long wait lists for programming, Family Service Saskatoon has started up a fee for service DV group. At the date of this report, I do not believe the group has reached its capacity to run a group; however they are providing one-to-one counselling.

Are there selection/decision points contained in this sequence that have been particularly challenging? Have any of them changed significantly over the years that the SDVC has been running? Are there areas where there needs to be some reflection/improvement? If so where and what sort of reflection/improvement?

There is acknowledgement that the process overall can be challenging. In a way that relates back an earlier point, the importance of regular communication at the level of the whole group that supports and facilitates the operation of the SDV Court.

Always room for reflection and improvements. We need more large group meeting.

Running these types of trials can be challenging. I have not seen a significant change in the Crown's role over the years.

Concerns over the availability of treatment places were raised by a number of respondents.

Referral for treatment has been a major problem with the waiting list that began about six months after the court started. The waiting list affects clients in the program and those who choose to be sentenced.

Waitlists for programming and inconsistencies with decisions by individuals: i.e. judges, prosecutors, and lawyers.

Programming availability has always been a challenge and continues to be a challenge. As stated previously, the consistency between the lawyers, judges, and prosecutors is a hindrance in the expediency of the court process.

Another area would be release conditions. Not all players within the judicial system support including a 'no contact' and 'not be at/near the residence'. These conditions can always be addressed and changed at a later date but are crucial for allowing both parties time to regroup and/or leave a very dangerous situation. This is also an area of frustration for the police who are enforcing these conditions as they often see couples getting back together shortly after the actual event took place.

Another area that would benefit from being reviewed would be for those program participants that do not meet the requirements to participate and/or are asked to leave programming to go directly to sentencing versus being allowed to return for a second or third assessment. This is also a contributing factor to the delay in programming, although not a major one.

The above issues relate in various ways to the case management issues within the SDV Court. The existence of a wait list for treatment is a significant concern as the rapid movement of individuals into treatment following arrest and a guilty plea is understood to be an important factor in ensuring treatment buy-in and treatment completion. Consistency in how this is managed by the various SDV Court partners relates back to the earlier point about the necessity of good ongoing communication among the SDV Court partners.

Consistency in no contact orders and especially in ensuring an appropriate opportunity for the accused and the victim to stabilize prior to their re-initiating any contact is another important aspect of how domestic violence courts ought to be operating (to maximize success). The importance of SDV Court partner communication in this regard is that it is essential to identify and address individual differences in assumptions and beliefs about such issues as no contact orders within contributing partner organizations. Partner organizations can then work to ensure that their staff is working from the same protocol.

Additionally, communication can serve to highlight areas where partner organizations have varied views about how certain aspects of the SDV Court process should best be handled. Identification of these areas, should they exist, are very important as they may require significant work within partner groups or organizations if they are to be effectively addressed (or protocols changed accordingly).

Finally, the question of what happens to those individuals who fail to complete treatment is an important one. The recently completed Battlefords Domestic Violence Treatment Option Court recidivism study indicated that this particular group (program non-completers) had, by far, the highest recidivism risk. As such the SDV Court would be advised to look closely at what might be done by all partners to increase the possibility that individuals referred to treatment complete treatment.

Considering your organization's role in the above SDV Court sequence, are there times or places where the transfer of people or information from you to other SDV Court partners or from them to you did not occur efficiently? If so could you provide an example or two and speculate as what sorts of changes might be smooth those hand-offs or transitions out?

Sometimes we would not receive a report from Probations Services ahead of time, but were always provided with a copy in court the day of the appearance.

From my perspective this has been enhanced through the partnership. Our communication with the police and crown have improved 100% on those cases going through the DVC and this includes those cases where the offender chooses not to participate and receives a community sentence (probation or conditional sentence).

Referral information from probation going well

Communication has been greatly improved between Probation, the DVC case workers, Prosecutors, and Police as a result of the DVC.

As stated previously, communication between DVCCW, Police, Probation, and victims/offenders has greatly improved.

A good example of communication breaking down would be the decision to have DV trials set in other courtrooms while taking away one of the SDVC trial days. There was no discussion with the community partners/stakeholders.

Yes there have been some fundamental changes, more so for the docket stuff. Trials get people to be more proactive, not part of the team. There has been a docket condition change. Trials used to have 2 days assigned but now only 1 day is assigned. Timing is hard and this is leading to much longer continuances.

Some of the process that did change for the clerks is that another docket was added at 9:00 am at which time a JP/Clerk of the Court presides and adjourns matters, and then the Judge comes in at 9:30am. Initially the Judge came in at 9:30 and dealt with all matters. The number of people entering and appearing in DVC increased significantly therefore requiring 2 clerks in court. Also with this increased number the docket was originally scheduled for ½ day once per week and trials in the pm, now the docket is set for one full day and another 1 day is reserved each week for trials but also matters go to other trial courtrooms. Also with the increased numbers we moved to a bigger courtroom.

Despite some concerns about the communication among SDV Court partners there appears to be general support for the claim that communication among SDVC partners overall is going well and that current communication levels represent a significant improvement over the way things were going prior to the start of the SDV Court.

An exception to this positive sentiment is the suggestion that the positive level of communication among the SDV Court partners stands in contrast, at least in some areas, to the nature of the communication between the SDV Court as a whole and other groups, organizations, and agencies (outside of the immediate group of SDV Court partners). A specific issue raised involves the way in which domestic violence trials are being handled, especially in light of how things were originally set up (with all domestic violence trials occurring in the SDV Court within 90 to 120 days. The current delay of six to eight months does not fit with the timeliness objective set by the Court.

The main sequence is working well. Once they are IN the sequence, in the program it is going smoothly. Outside of the stream is somewhat problematic.

If they do not fit risk categories it can be a problem. Probation is not taking on any low risk individuals as they cannot (do not have a mandate) to supervise low risk individuals. We are working on a direct referral link to mental health services from prosecutions. Less detailed reports required but the level of supervision afforded by them being in the program seems to be sufficient.

Courts pay lip service to quick dates but there are many adjournments and often many offered the program even if there are few seats. More prosecutors are needed so that all trials and dockets have regular time frames. All new cases in within a week.

Strength = Case workers providing victim support as their conditions change. Need to work on continuity issues especially with the police force. Regular sessions for new recruits to the court to combat bad attitudes.

As to the general functioning of the Court there is some acknowledgment that the general sequence of events in the Court seem to be working well. Noted as challenges are:

- *The need for a means by which low risk offenders can be referred to treatment programs and be seen to be supervised while in treatment given that internal Probation policy does not support ongoing supervisor for low risk offenders.*
- *The need for sufficient prosecution staff to reduce the number and length of adjournments prior to cases being considered in the Court (as speed to election is an important factor in downstream outcomes).*
- *The need for trials set within 90 to 120 days as intended.*
- *Continuity issues need to be addressed by all SDV Court partners to ensure that new staff is aware of and familiar with the procedures and assumptions that underpin the smooth running of the SDV Court.*

Meeting Expectations

From your (or your organization's) perspective, how well have the outcomes of treatment for the SDV Court participants met your expectations?

Better than I expected.

For the most part it is my impression that most participants benefit from the program. There are some who may just go through the motions, but it appears to me they are the minority of cases.

The majority of participants indicate their participation in the DVC has been beneficial. In addition, the DVC process has provided opportunities for victims and other family members to canvass support for themselves and their children. I believe this is due to the role the DVC Case Workers play in this process.

Hard to say from my data perspective. The reports coming back suggest things are working but we will have to wait and see what the recidivism stuff data tells us.

I think having the specialized treatment court has been a positive one. Clerks feel more involved in the process. Clerks are aware of the process and are better able to provide information to accused. For example if an accused asked about the program and how it works and what happens if they plead guilty? The clerks can explain about the court process.

The majority of those who have successfully completed their DV programming, have stated in court that they are grateful for having the opportunity to participate in this type of programming. Many have commented on their lack of understanding as to exactly what constitutes DV as well as the impact that it has/had on their family as a whole. Of course, there are those that do not want to participate and are asked to leave the group.

Not all clients have been mandated for 32 weeks, when we would like everyone to complete 32, some have been told to only attend 16 weeks.

Respondents acknowledged that they did not have access to systematic data to answer this question definitively. That said, it is clear that there are reasons to believe that the Court experience is having a positive influence on the participants.

Statements by those who have completed the program seem to be generally positive.

It was noted that there is some uncertainty as to how many weeks of treatment some participants are to attend. This needs to be clarified.

Strengths and Weaknesses of the Court

Are there any areas of particular strength or weakness in the current SDV Court process or operating guidelines that you believe should be commended or addressed? Please elaborate.

Because of some of the lengthy time it takes to get through the programming many adjournments are made therefore so many times in court and each time a clerk is endorsing and also increasing our numbers in court. I understand the necessity of bringing accused back for progress reports however if the programming were available quickly there may be not as many adjournments.

Nothing I can think of in the process or guidelines.

More commitment by stakeholders (court clerks, prosecutors, judges lawyers, (both private and legal aid, and Police) in adhering to process and guidelines. I believe there is a need for more regular steering (working) committee meetings where guidelines and procedures are understood by all and followed consistently. Also this committee would have an opportunity to discuss and develop new ideas and address concerns on a regular basis with the same consistent group members.

More willingness for stakeholders to be educated in the DVC Treatment Option Process. It appears many justice members find themselves working in the DVC but do not understand the DVC/TO process and subsequently do not support it.

There needs to be scheduled meetings for the stake holders of the SDVC. These should be done at regular intervals, at least 4 – 6 times a year. Having a schedule done for the year would allow for people to plan their attendance at these meetings. A stronger commitment from the DVC Coordinating Committee is needed to ensure that any issues that may develop over time are dealt with in a timely fashion.

I feel SDVC needs more structure, more consistency, more community collaboration, and more leadership. I feel like we try to address issue/ challenges to the judiciary about process but it seems to fall on deaf ears. Judiciary make decisions about the DV court without community consultation, or consultation from the front line workers. The community also has not provided a leadership or consultative role.

Weaknesses: it does not seem like we are being supported by the provincial court. With the truncation of the number of trial days we have we are looking at long dates. We have gone from waits of 3 months to 5 to 6 months in a very short time. It is a concern based on all we know about the importance of pace in DV cases.

DV trials are now being set in all court rooms throughout the building. This has resulted in the DVCCW's having to either choose which client to provide support to or not being able to attend and provide support at all. As much as can be arranged, DVCCW's do rely on Police Based Victim Service workers/ARO's to assist with this but this is not being sensitive to the needs of the victims where relationships of trust have been built with the DVCCW, resulting in the victim feeling victimized again but this time, by the very system that is there to help them.

A big strength are the programs at Mental Health and Probation, they run well, the staff are passionate about what they are doing within their mandate issues.

The “weaknesses” identified in the responses above can be summarized as having to do with a perceived need to “maintain the message” of the Court both within the oversight committee and outside in the larger court and public contexts in which the Court resides. A tangible ongoing commitment to the Court from the individuals representing the various partner groups involved in managing the Court is also desired.

More regular steering committee meetings are recommended (at least so long as partner concerns exist as to meeting frequency).

Challenges

What do you see as the immediate challenges facing the SDV Court over the next year?

Adequate staffing (more funding)

Adequate programming options (funding)

Commitment and consistency by all primary stakeholders

Capacity, Program space. Last year Mental Health received funding for more programs. They had no choice but to offer programming during the day when the need is really evening programming. Additionally this fiscal year the increased funding was taken away or reduced.

A third DVCCW/Senior DVCCW specific to Saskatoon (need to access more funding from other sources)

Commitment and consistency from all those involved in the SDVC

Available programming (funding from other sources to assist in operational costs)

Addressing the above issues and more funding for at least one more DV case worker or coordinator. The needs for all prosecutors and judiciary to buy into DV court and enhance sensitivity to victims of domestic violence.

I am confident that commitment for increased funding for Mental Health Probation, and the DVC case workers would not only improve the functionality of the court, but would subsequently create a more positive and participatory atmosphere throughout the DVC and the general community.

Ongoing communication between partners as this happens day to day between individuals but is set up between organizations. The issue is that the passions that was and is brought to this by some individuals may not be sustained across changes in personnel.

An immediate concern is the delay in trials, we have lost all control over date setting as the trial coordinator will book all dates and this is already meaning that we have dates 9 to 12 months out, not what we know we need in the DV area.

While there are no new concerns raised when the respondents looked further ahead there did seem to be some uncertainty as to whether the SDV Court and particularly the oversight committee would be able to successfully address the concerns raised in previous questions. This basically boils down to a low level but consistent concern about the sustainability of the SDV Court.

Other issues raised here also relate to sustainability. The matter of low risk offenders is restated. Somewhat relatedly, a question about the flexibility necessary if the court process is to expand in ways that would allow for the successfully management of atypical offenders.

Finally, the discussion of risk, which is a core piece of the management of cases in the SDV Court is described as problematic due to stated judicial concerns about the validity of the ODARA (the key risk assessment tool used in the process of offender risk assessment).

How about over the next 5 years?

As above.

I hope to see the above challenges resolved to some degree.
I would hope that DV volume would have decreased thus lessening the above challenges.

Issues arising involving some harsh words between lawyers and court workers being looked into by the court are part of the overall issue of how to sustain effective communication across changes and additions in players.

The other big issue concerns how we deal with low versus medium versus high risk offenders, we hope we have worked it out (with direct referral of low risks to treatment).

We will need to figure out how to deal with those that do not fit, gay individuals, transients, those with distant work places etc.

Place of the ODARA in process challenged by judicial comments to the effect that it has no validity. This makes the whole business of having in-court discussions about risk related concern very difficult.

The Court and the Community

What is your perception of how the SDV Court is currently viewed within your community? Are there things that you (your organization) are or should be doing to work on this public impression?

I feel that, within the community in general, the SDVC is seen as an innovative and more respectful way of dealing with those involved in it. Especially the victims as they are seeing results much more quickly with having a specialized court.

I am not sure of the public perception. I am aware of only a little media attention (one small article in the newspaper to my knowledge).

The community seems to be supportive but no organization has taken leadership on ensuring accountability, input, communication to ensure the SDVC is meeting the goals/vision of the community.

As is typical of domestic violence courts, at least at the outset, there is little “buzz” in the larger community about the activities of the Court. This is most likely because the details of court process, as innovative at the SDV Court process is, do not seem to be a general community concern or interest. One respondent points out that this apparent lack of interest is bi-directional. That is, the SDV Court oversight committee has been understandably focused upon its own operation and has not undertaken any initiatives to assay whether the operations of the court are effectively addressing community needs in this area.

How about other SDV Court partners (steering committee members)?

Comments from private lawyers before court suggest some of them don't feel it is valuable.

I know there have been some attempts to get information to private lawyers about the court and that this group is very large, and hard to get opportunities to speak with them. Some private lawyers understand the court and work appropriately with it. Others appear to fight the process at each opportunity

We made lots of presentations at first.. the legal community saw this as a guilty plea factory, pressuring guilty pleas as they do not understand the process. In actuality publicity (for the court) is not up to officers of the court. We need to speak to the community and to new lawyers about what we do.

The larger legal community can be a tough sell for the SDV Court. Private lawyers are a group that was, understandably, less represented during the planning phase and, with turn-over, are a constantly changing group. Orientation of counsel on the purpose, goals, and record of the SDV Court needs to be ongoing.

I believe some- not all, Justice members have a negative view of the DVC in general and it does not appear that these members are interested in participating, committing, or being educated about the DVC.

Attempts have been made and invitations have been extended to attend both the steering committee meetings and the larger community meetings, however many chose not to attend or engage. I believe that much more time and effort needs to be applied in this area.

Attention and involvement by community members who represent or who's interests lie with the "victims" of violence has been strong and supportive.

Some of the above mentioned community members were originally expected to participate in the steering committee, however the interest and commitment has been lacking.

I believe that more regular steering committee meetings with committed members who are willing to participate and speak openly about the issues would solve many of the issues mentioned.

As stated above, not all those involved both from the justice side and the community/steering committee are supportive of the court or the goals and objectives.

As for the steering committee and the stake holders, the consistency and support is lacking. This has hindered the process of the court, while at the same time putting added stresses on those that are committed to the process and goals of the court.

I have been here nearly a year and don't even know who the members are. We have met as a community only once. This is a huge issue. The community took initiative to establish this court but there has been little follow up and support in terms of guidance and continued collaboration.

The general perception seems to be that there is strong support for the Court from the "victim support" community. Beyond that, however, there is concern that the level of support among some within the oversight committee and among those close to the Court or the court process is less than would be desirable. There is concern that the "sense of community" that could energize the oversight committee and provide the support that is seen to be needed to increase the viability of the Court is somewhat lacking.

There appears to be a shared desire to try and re-establish some of the founding momentum within the oversight committee so that its support for the SDV Court can return to start-up levels and so it can serve, more effectively as an advocate for the SDV Court in the immediate justice community and beyond in to the broader community.

Finally, are there any other areas or issues relating to the program participants, program challenges or program outcomes that you think should be looked into as part of this evaluation process? Please describe them below and, if there is more than one, it would be helpful if you could number them in terms of priority.

The overwhelming issue is the lack of funding. There is a great need for more victim workers (doubling at the minimum), more programs – especially in the evening, and more probation staff to handle the assessments etc.

Lack of Funding for adequate staff for programming (Mental Health), probation officers, and DVC case workers is the main issue challenging the DVC.

I am confident that commitment for increased funding for Mental Health Probation, and the DVC case workers would not only improve the functionality of the court, but would subsequently create a more positive and participatory atmosphere throughout the DVC and the general community.

Due to the lack of funding, the time participants spend in the program is too long.

Funding – this is a huge area that needs to be seriously looked at in relation to staffing (at all levels), programs, and support services (i.e. Family Support Center in Saskatoon having to relocate to an office building that is not suitable for the types of programming they offer and now have to offer programs/childcare off site)

Funding is clearly a key issue for many respondents. Concerns raised are not about program expansion but program maintenance in the face of large number of participants.

In the ideal world if they were referred to a 32 week program immediately, that is still a significant length of time. When you add months of waiting time to the picture, problems begin to develop. Clients who initially accept responsibility begin to backslide on that as time passes and they have not been doing much.

The shortage of programs translates into delays and increased adjournments in the court. This subsequently prolongs the amount of time before the client's behaviour is addressed which results in frustration on the offender's part and delays in addressing their risk level. Not only does this negate the positive aspect of dealing with the offender "swiftly": which has been shown to be a primary element for success, but in addition the risk to the victim's safety remains unaddressed and unchanged. Due to the frustration regarding these delays, less than appropriate decisions are being made by participants which ultimately add to the negative aspects of the process and the poor attitudes towards the court that I have previously mentioned.

The volume of assessments has meant delays in getting assessments back to court as well.

High workloads for the Victim caseworkers has also meant some offenders who have taken things to trial have been able to avoid responsibility as their victim did not show up at court as would often happen before the court.

In the end, court matters are backed-up; all parties are frustrated including the offender and the victim, and the workloads for the probation officers and DVC case workers increase because new cases keep coming through and existing ones are not being processed through the system as anticipated.

Concerns over the negative impacts that volume related issues have visited upon the SDV Court were noted by quite a few of the respondents to this survey. Volume related impacts have pushed functionality of the Court and court related processes to problematic levels in Victim Services (case workers), Probation Assessments, and Program delivery.

Summary of Stakeholder Responses and Recommendations

In reviewing the survey responses provided by the SDV Court partners it is important to keep several points firmly in mind. First, while the respondents represented a reasonably broad cross section of SDV Court partners and while several attempts were made to recruit respondents, it is not a complete list and as such some views and issues may not be fully represented.

Second, it must also be remembered that respondents vary not only in terms of the issues they raise but also in the intensity and fluency with which they describe their concerns. In summarizing the survey responses an attempt has been made to reflect the nature and full diversity of issues raised rather than being captured by the fact that some issues were raised repeatedly by the same respondents, some of whom responded with more vigor than others.

Where potentially informative, similarities in experiences between the SDV Court and the other domestic violence courts have been noted. These observations are by no means comprehensive and interested readers are referred to the evaluation reports relating to those other courts if they would like more comparative information.

With these points in mind summary of SDV Court partner survey responses is presented, along with related recommendations for addressing the issues and concerns raised. Readers are *strongly encouraged* to review the survey responses and their accompanying interpretive comments and observations deciding upon how best to address these implementation challenges.

Positive Perceptions

Despite the number of “issues” and “concerns” noted in respondent responses there were many positive comments about the current and future functioning of the SDV Court. Respondents made it clear they strongly believed that the SDV Court is having a positive impact on the offenders who participate in it and on the victims involved in those cases. Overall, in their opinion, the SDV Court appears to be working well. Specific examples include:

- Commitment from sectors to ensure the success of the Court demonstrated by a willingness to work together to resolve issues;
- Improved communication among Probation Services, domestic violence court case workers, police and Crown prosecutors;
- Improved supports and services to assist victims and families and to improve victim safety;
- Offenders moving into the Court in a timely manner; and
- Increased stakeholder and community awareness about domestic violence.

Communication Among SDV Court Partners

Concerns over a perceived lack of communication among the partner groups and organizations most directly involved in the running of the SDV Court appeared in a number of places across the survey responses. At the core of this concern seems to be a perception that the strong sense of shared purpose and cooperation that characterizes the formation and start-up of the SDV Court had receded somewhat with the operation of the court over time. Some of this is to be expected as the groups/organizations that come together to develop the domestic violence court core process model return to their larger organizations and the attendant larger organizational issues and demands. This can lead to a kind of whipsaw (kickback) effect where individual partners are frustrated in their efforts to fulfill all promises made to the domestic violence court and at the same time feeling like they are not getting sufficient recognition or support from the home organization and supervisors. (Essentially this suggests that individual representative buy-in to the court may exceed that of the organizations they represent). This is particularly difficult for individual partner representatives who were involved in the formation of the SDV Court as they are well aware of the hopes and goals of the SDV Court and can clearly see where things are falling short of hopes and ideals. Likewise it is difficult for new SDV Court participating individual partner representatives as they may be less clear on expectation and protocols as they were originally intended at the outset of the SDV Court.

These conditions can lead to unexpected tensions among SDV Court partners. They are aware of the dual demands being placed upon them by the Court and their home organization/agency but may be less clear about the home organization/agency demands faced by other SDV Court partners.

Recommendation 7:

Clarification of the full range of demands and requirements facing each SDV Court partner group through clear and ongoing communication is the key to negotiating these growing pains. Consideration should be given to holding a series of “Where are we now? And where are we going?” oversight committee meetings with the goal of ensuring that all partners are fully cognizant of the pressures and challenges facing all other partners. These meetings will also provide an opportunity to re-vitalize the sense of shared purpose and direction that initiated the SDV Court.

A re-visitation of partner protocols would be wise at this point and, at the same time, they should be reviewed to ensure they contain specific statements as to how new partner representatives should be prepared so that they are able to efficiently take up their SDV Court roles and responsibilities.

Communication With Groups Outside of the SDV Court Core

Related to the previous summary and recommendation is the consistent observation that groups outside of the SDV Court core (private counsel, the judiciary, police, executive management in relative ministries and the community) did not fully appreciate what was going on within the SDV Court and were not fully supportive of its goals and processes. Concerns include how the SDV Court is viewed by private counsel, how dockets and courtroom assignments are managed, and how domestic violence trials are assigned and scheduled.

Recommendation 8

As a follow-up to the “where are we now” oversight committee meetings, that larger group could strategize about ways to increase awareness of and support for the processes of the SDV Court and contacts with other court bodies or agencies that are currently challenging or problematic. Strategic members of the “outside” groups could be invited to participate in these meetings. It might also be of value to establish some *general* SDV Court protocols that speak to the question of garnering and nurturing “buy-in” to the SDV Court model and its goals from these “outside” groups.

For example, concern about the perceived lengthy time to trial in domestic violence cases has been stated. Discussion about the need for speedy trials in domestic cases could be initiated with those who can influence the determination of trial dates.

Impact of Volumes of Participants

It was clear from a great many responses that the volume of individuals moving through the SDV Court has made it difficult, at times, for partners to move people along in a timely fashion. Respondents expressed concerns about waitlists for treatment, the number and length of adjournments in cases before the Court, the demand for assessments and courtroom and docket space. Staff shortages on the part of some of the SDV Court partners have contributed to these volume issues.

Early in the implementation of the Court treatment waitlists developed in direct opposition to the objective of timely response. As the numbers waiting for treatment continued to increase, the Ministry of Health initially provided funding to hire a half-time social worker with a Bachelor of Social Work degree for one year to enable the expansion of the number of treatment spaces available. This position was not extended; however, the Ministry provided additional funding to the Health Region for a full time social worker for one year which was then extended for two more years ending in March 2010. However, on-going, stable funding has not been identified. As is obvious from the May 2009 list of 50 men waiting for a treatment space, the issue continues to hamper the timely response of the criminal justice process. To facilitate informed decision making, a critical examination should be made of the length of time it takes for offenders to enter a guilty plea, complete the assessment process and enter a treatment program.

Recommendation 9

All funding partners in the Court should develop a plan to stabilize treatment program funding at a level appropriate to the volume in the Court.

Recommendation 10

The SDV Court oversight committee and partner organizations should consider either expanding existing protocols or creating a separate set of “understandings” statements dealing with what are held to be optimal ways to deal most effectively with backlogs as they develop. Review of this and other evaluation reports will suggest when and where waitlists might best be formed if they are necessary. For example, wait listing by repeated adjournments prior to assessment or treatment assignment works strongly against the advantages of getting individuals committed to treatment as soon as possible following domestic violence incidents. Perhaps check-in (while awaiting assessment or treatment) protocols would work more effectively as it could provide opportunities to maintain or even improve commitment to treatment programming completion.

Staff Turnover

Partially noted above, staff turnover is a significant challenge for domestic violence courts and the SDV Court is no exception. Filling positions when staff leave takes time. New staff must settle into work requirements and co-worker relations within their home organizations and then they must do the same within the diverse range of connections that make up the SDV Court. It is no surprise that this does not always go smoothly.

Related to staff turnover is the issue of having enough staff assigned to the Court to handle the volume of cases. This was a challenge for Probations Services initially, continued to be a challenge for domestic violence court case workers until 2008-09 and is still a challenge for treatment providers.

Recommendation 11

The above recommendation of revision to partner protocols that specifically address the steps to be taken to ensure smooth integration of new staff and smooth transition of responsibilities from old staff to new staff while maintaining effective SDV Court partner communication applies here as well.

Risk Assessments

Several issues arose around the risk assessments, specifically the ODARA. One has to do with the consequences of risk assessments. Specifically, Probation Services is involved in referring and potentially in “supervising” individuals who are referred through the Court for treatment. As a result, when an individual is assessed to be at a low level of risk to re-offend, staff at Probation Services run up against their provincial policy that they do not provide regular supervision to low risk offenders. To the extent that Probation Services is to supervise individuals who are attending treatment this means that low risk offenders may not be referred to treatment via Probation Services.

A second issue has to do with skepticism among some members of the SDV Court regarding the validity of the ODARA as a risk assessment tool. Consequently, there are some questions raised from time to time about the usefulness of the measure in a variety of processes such as prioritizing treatment waitlists and changing no contact conditions. While the available data are not perhaps as robust as might be desired on the question of the validity of the ODARA as a recidivism prediction tool there is data available. The data (Campbell, 2007; Hanson, Helmus, and Bourgon, 2007; Hilton, Harris, Rice, Lang, Cormier, C.A., & Lines, 2004; Institute of Health Economics, 2008) consistently indicate that the ODARA is as good or better at predicting re-offending than any of the other tools currently available for that purpose. Probation Services staff are to be commended for utilizing tools that are as good or better than other available tools to provide them with the data they need to make professionally solid recommendations.

A third issue concerns a suggestion that individuals may be referred and re-referred for assessment and for possible treatment program attendance despite, in some cases, their having failed to attend for assessment or having been discontinued from treatment programming.

Recommendation 12

It is recommended that the SDV Court look into finding a way or ways that low risk offenders can be referred directly to the treatment programs from the courts. The treatment programs themselves provide a sufficient level of supervision and could provide reports directly to the SDV Court when required.

To the extent that Probation Services and domestic violence court case workers are asked for an opinion regarding individual risk to reoffend, they should continue to use the ODARA as a component in their responses.

Before the re-referral for assessment issue can be addressed, it is recommended that available applicable data be reviewed to see if this is, in fact, a regular occurrence within and around SDV Court. If it is occurring then further steps should be taken to review the practice with the core partners. As well, this could be a part of the earlier suggested review of options for enhancing and increasing participant “buy in” or commitment to the treatment program and to completing the program.

Consistency in No Contact Orders

There was a general concern raised about the consistency of the SDV Court experiences provided to participants when compared across the range of combinations of partner staff potentially involved. A specific example is the range of ways in which various staff involved in the SDV Court understand the use of the no contact order in the management of domestic violence cases. The approach put into place originally has not changed. It is to have no contact orders remain in place until such time as a determination has been made in the case (e.g., a plea entered.).

This is a good example of a place where an SDV Court-wide set of protocols would be of assistance

Recommendation 13

The core group involved with the SDV Court should develop a draft document with the general heading of “How we do things in the SDV Court.” The intent is to develop a set of descriptions of typical SDV Court practices that could serve as guidelines to existing and new SDV Court partners. This may be part of a renewed protocol document and would promote consistency by demonstrating how things are meant to proceed if the founding principles of the SDV Court are to be upheld.

Sustainability

Concerns over the sustainability of the SDV Court arose in a number of areas. Most clear were concerns over the viability of longer term funding for the SDV Court and related concern over whether such funding would be appropriately tied to changes in SDV Court volumes.

Other sustainability issues have already been discussed – the nature and extent of staff training that will be required as staff begins to turn over in partner groups and organizations, the support necessary to ensure that staff turnovers do not cause delays in the SDV Court process and the maintenance of operational standards.

Recommendation 14

It is recommended that the general issue of sustainability be addressed by the oversight committee. The process used to address this question should include a request that all core SDV Court partner organizations consider their longer term roles on the ongoing funding and organizational support for the SDV Court.



References

- Campbell, Jacquelyn (2007) **Assessing Dangerousness: Violence by Batterers and Child Abusers**. Springer Publishing Company.
- Hilton, N.Z., Harris, G.T., Rice, M.E., Lang, C., Cormier, C.A., & Lines, K.J. (2004). A brief actuarial assessment for the prediction of wife assault recidivism: The Ontario Domestic Assault Risk Assessment. *Psychological Assessment*, 16, 267-275.
- Hanson, R. Karl; Helmus, Leslie; Bourgon, Guy (2007) **The validity of Risk Assessment for Intimate Partner Violence**, Public Safety Canada
- Institute of Health Economics (2008) **Spousal violence against women: preventing recurrence**. Institute of Health Economics (IHE) 2008: 56



Appendix A

Saskatoon Domestic Violence Court Partner Protocols

Note: The protocols shown below were excerpted from a larger document entitled Saskatoon Domestic Violence Court Overview, authored by Matt Miazga, Crown Prosecutor.

What Are the Respective Roles in the DVC of the Following People?

- Police;
- Crown Prosecutors;
- Defense Counsel;
- Probation Officers;
- Aboriginal Court workers;
- Judge;
- DVC Programming (treatment option);
- DVC Case Worker; and
- Community.

Police:

1. Continue to follow the Saskatoon Police Service policy on domestic violence cases. The policy is attached to the end of this document.
2. When releasing individuals charged with offences that come within the definition of domestic violence (“... a physical or sexual assault or the threat of physical or sexual assault of a spouse by a person with whom they presently or previously have had an extended intimate relationship, regardless of whether they are legally married or living together at the time of the assault or threat.”) or property offence arising from a domestic situation, the first court appearance dates should be within one week of the date of release to ensure that the cases come before the court as soon as possible.
3. In cases that are covered by the Saskatchewan Justice Spousal Abuse policy, DVC brochures should be given to the accused and the victim as soon as possible.
4. All victims of domestic violence cases must be referred to the DVCCW for appropriate follow up as soon as possible.

-
5. A supplementary section should be added to Saskatoon Police Service Policy on Domestic Disputes dealing with the Saskatoon Domestic Violence Court.
 6. Any breaches of court ordered conditions that are imposed by the DVC will be given immediate attention by the police.

Crown Prosecutor:

1. Follow the Saskatchewan Justice policy on Spousal Abuse (attached) when dealing with Domestic violence cases.
2. 1a and 1b (docket prosecutors) must review every file prior to the first appearance in courtroom 1 at the 9:00 am or 10:00 am docket to determine if the case should be referred to the DVC. For any case that meets the agreed upon criteria for referral to the DVC, the matter will be adjourned to the next Tuesday when the DVC is being held in courtroom 6 @ 9:00 am. These adjournments should be made to the next available Tuesday that is at least 3 days away. Directions will be given to our support staff to provide normal disclosure packages to Legal Aid counsel or private defence counsel, probation services and the DVC case worker (except for any criminal record the accused may have). Once disclosure is completed, the file will be referred to the DVC court prosecutor.
3. The DVC prosecutor must review each file that is scheduled to be in DVC and determine if criteria are or can be met to allow the file to proceed on a tentative basis to DV programming. The DVC prosecutor will attend a meeting to be held each day that there is DVC at 8:30 am to review files with other interested parties to determine appropriate courses of action. The prosecutor will then appear for the crown at the DVC docket at 9:00 am and conduct any trials scheduled for 10:00 am or 2:00 pm in DVC.
4. The DVC prosecutor will work in conjunction with the DVCCW to ensure that the position of the victim is made known to the court in sentencing, any applications for change of bail conditions and any other proceedings before the court where the position of the victim may be affected.
5. The DVC prosecutor will work closely with the DVCCW to ensure that any cases that are set for trial in DVC are properly prepared and every attempt is made to meet with the victim prior to the trial to prepare him or her to testify. In cases where the victim is uncooperative or unwilling or unable to testify, the prosecutor will ensure that other avenues of introducing the evidence of the complainant are pursued if appropriate.

Defence Counsel/Legal Aid Counsel:

Advise accused on whether to participate in DVC. Represent offenders in DVC. Participate in any working group meetings where his or her client's case is being discussed.

Probation Officers:

In Saskatoon, the overall responsibility for the supervision of domestic violence offenders processed through the Domestic Violence Court will remain with Adult Probation. Probation staff will also participate in the working group. Specific responsibilities are as follows:

- Participate in the working group by providing information we may already have on the offenders appearing in DV Court to assist in the initial selection process.
- Once the Court places an offender on bail supervision, Probation will schedule a series of interviews with the offender to assess their readiness for programming. As part of the assessment process Addiction Services will be involved in those cases where addictions are seen as a major contributing factor to the offending.
- After the assessment phase where an offender has been determined to be suitable or unsuitable for programming, those suitable for programming and progression through the DV Court will be referred by Probation to the appropriate Domestic Violence program. If the offender is not appropriate for progression through the specialized court, a letter/summary will be submitted to the Court indicating an alternative.
- Probation will be responsible for obtaining and providing progress reports on the offender for the pre-determined review date in Court.
- Violations of court orders or monitoring of non-compliance in programming will be brought to the attention of the Crown, police and Court by Probation staff. In cases of emergency, violations of court orders will be directly sent to the Duty S/Sgt. of the Saskatoon Police Service for immediate action.
- Probation will continue to provide limited group programming for domestic violence offenders.

Aboriginal Courtworkers:

1. Assist clients (offender/victim) and the community in general to understand the role of the DVC.
2. Assist the court with culturally sensitive treatment options that the DVC may not be aware of.
3. Assist the clients and/or their families to understand their rights, options, responsibilities, and court procedures, when before the DVC.
4. Provide liaison services between the accused and those involved in the DVC.
5. Work towards reducing the cultural and linguistic barriers between Aboriginal clients and those involved in the DVC.
6. Be available to the court to provide appropriate information about the accused to Defense Counsel, the Judge and the Prosecutor, as well as to help clarify matters for the accused. This may include speaking as a "friend of the Court" on behalf of the accused or their family members.

Judge:

1. To improve communication among the personnel delivering the services to offenders. Information sharing is encouraged by insisting on periodic reviews of the offender's progress in open court and by encouraging all interested parties to be present.
2. Not to allow the offender to minimize his behaviour or blame the victim. Denial, rationalization and minimizing are methods used by offenders to subvert any treatment plan.
3. Fast track domestic violence cases to the plea stage. Regular court appearances, short adjournments and insisting the offender appear in person should be encouraged.
4. Children's needs recognized as early as possible in the proceedings and appropriate referrals made.
5. Clear enforceable unambiguous orders all subject to further order of the court to recognize changing circumstances.
6. Be aware of resources for victims, make the court victim friendly and encourage the victim to use the services of the victim's assistant.
7. Recognize that domestic violence escalates over time without intervention.

-
-
8. Recognize that the exercise of power and control by offenders often extends into the courtroom; insist on proper decorum and fairness to the victim.

DVC Programming (Treatment Option):

The following Saskatoon agencies, Mental Health, Family Circle Healing Lodge, Indian Metis Friendship Center and Saskatchewan Corrections and Public Safety Community Corrections will provide the offender programs that will support the treatment option of this court. The programs that are presently in place are the Alternatives Program through Mental Health and the R.A.P.P. (Relationship Abuse Prevention Program) through Community Corrections. The Family Circle Healing Lodge and the Indian Metis Friendship Center have been providing services for men who are abusive to their partners, but will now in conjunction with Mental Health provide additional programming for First Nations' Men.

Domestic Violence Court Case Worker (see attached job description for more information):

The Domestic Violence Court Case Worker will have a major role in the proposed DV Court, connecting with victims prior to court, acting as a court liaison for the victims as well as taking an active role in the working group. The DVCCW will work closely with the Police as well as Victim Services operated by the Police and the province. Specifics for the caseworker's involvement would be as follows:

- Once the Police complete their investigation and forward their information to Victim Services, the Victim Impact Statement and victim information will be available to the advocate who will attempt to connect with the victim. If no VIS is returned the caseworker will attempt to contact the victim, by phone or in person. For in person attempts, the police will accompany the Domestic Violence Court Case Worker.
- Once a connection is made the DVCCW will assist the victim by providing information about the Court process, make referrals to other agencies for counselling or services as required and accompany the victim to court appearances.
- The DVCCW will take an active role in the Working Group by providing information about the offender from the victim's perspective.
- Once a case is progressing through the DVC, the DVCCW will keep in contact with the victim to bring information to regular Court reviews, and assist in providing information when conditions for contact are being reviewed.
- The DVCCW would contact all victims in cases referred to the DVC. Contact victims

in a timely manner using a variety of communication avenues: phone calls, personal visits, letters, and collateral contact. The DVCCW will follow protocols developed with other stakeholders in initiating and maintaining contact with victims.

- The DVCCW will provide victims with information about various forms of Protection Orders: no contact terms in bail orders, Peace Bonds and Emergency Intervention Orders available under the provisions of the *Domestic Violence Act*.
- Victims may need support in deciding which Order to pursue, where to go to apply, help in filling out application forms, assistance in defining the particular conditions they need to feel safe. They may also require basic support such as a ride to the police station or a resource to provide childcare.
- Consistent contact with victims will permit the DVCCW to be aware of breaches in Protection Orders, to determine the circumstances of the breach, to assess safety concerns, to counsel the victim in reporting the breach, and to assist victims in re-instating the order if necessary.
- The DVCCW will be sensitive to cultural perspectives and may consult appropriate cultural representatives to assist the victim in obtaining a Protection Order that meets the victim's situation. When outlining conditions that are realistic and enforceable, the DVCCW will be aware of family issues such as custody and visitation as well as the expectation from family members of re-integration of the offender into the family unit. It is especially important to be aware of the aboriginal emphasis on family integration and to work with agencies and resources to ensure that the victim's wishes and cultural values are respected within the context of providing safety for herself and her children.
- The DVCCW, together with the victim, will assess needs and identify possible services such as those listed in the reference brochure *Service for Women who have Experience Domestic Violence (See attached)*.
- The DVCCW will maintain contact with the victim throughout the court process from initial contact to final resolution offering support, providing information relating to the legal process and monitoring safety concerns.
- The DVCCW will work closely with police, Court, the Crown Prosecutor's office and Police Victim Services, and other stakeholder following appropriate protocol in obtaining and sharing information and following individual cases.

-
- The DVCCW will be a member of the pre-court meeting assessing offender suitability for the DVC and subsequent assessment meetings acting as the representative of victims' concerns, providing pertinent information provided by the victim, and notifying victims of the offender's status in the Treatment Program.
 - The DVCCW will assist victims in preparing a Victim Impact Statement.
 - The DVCCW will maintain regular communication with Probation personnel providing them with information on offender progress from the victim's point of view where there is still contact between victim and offender. Where there is a no contact order in place, the DVCCW will support the victim in reporting any breach of contact and the circumstances surrounding the breach.
 - In consultation with the parents the DVCCW will assess children's needs and connect them to appropriate services.
 - It is up to all adults involved to prevent situations where the children become pawns in custody and visitation disputes.
 - The DVCCW will maintain accurate, clear and concise files on service users.
 - Case management will include documenting contacts and attempted contacts made with victims, referrals made on behalf of victims as well as follow-up contacts to ascertain whether victims have continued to access these services, ongoing assessment to determine whether further services need to be put in place.
 - The DVCCW will observe protocols in interacting with other stakeholders in the DVC as well as with the police and the community service agencies.
 - The DVCCW will assist the other stakeholders and any evaluators of the project in maintaining adequate records to assist in the overall evaluation and assessment of the DVC.
 - The DVCCW will assist in preparing and presenting any educational programs regarding the DVC to the various stakeholder groups in the community including the police, prosecutors and judges.

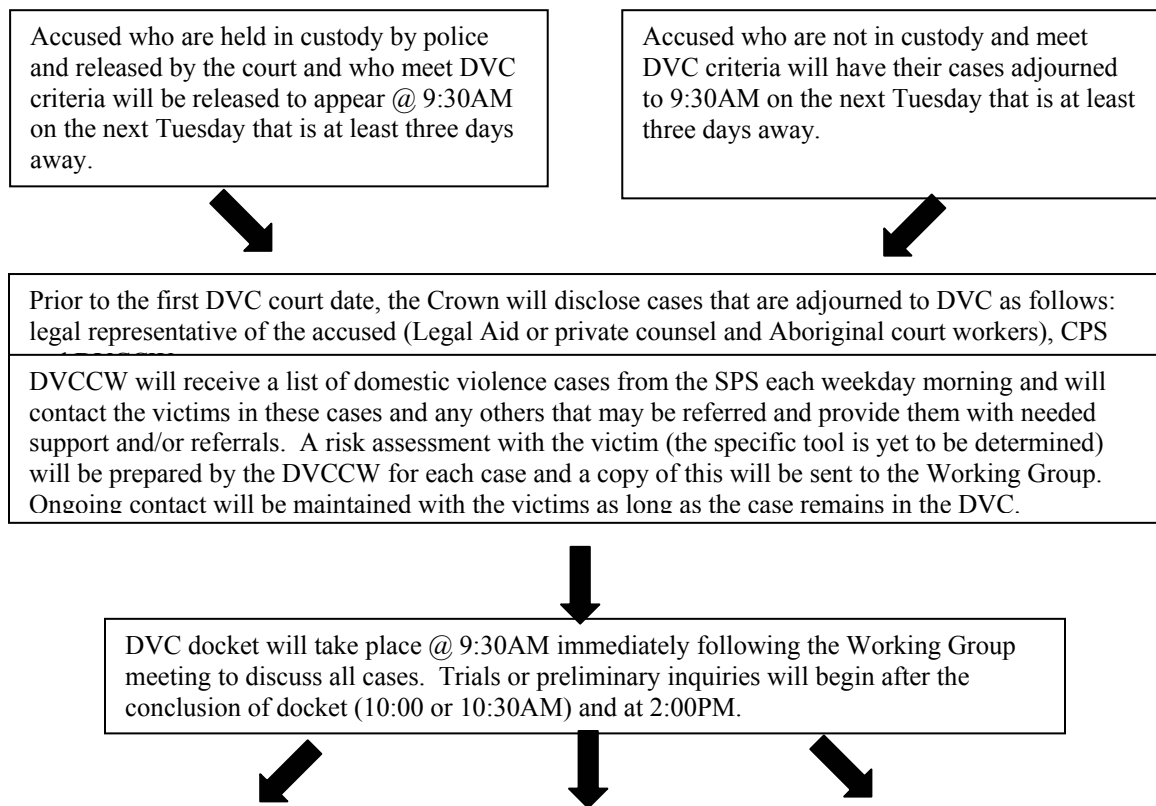
Community:

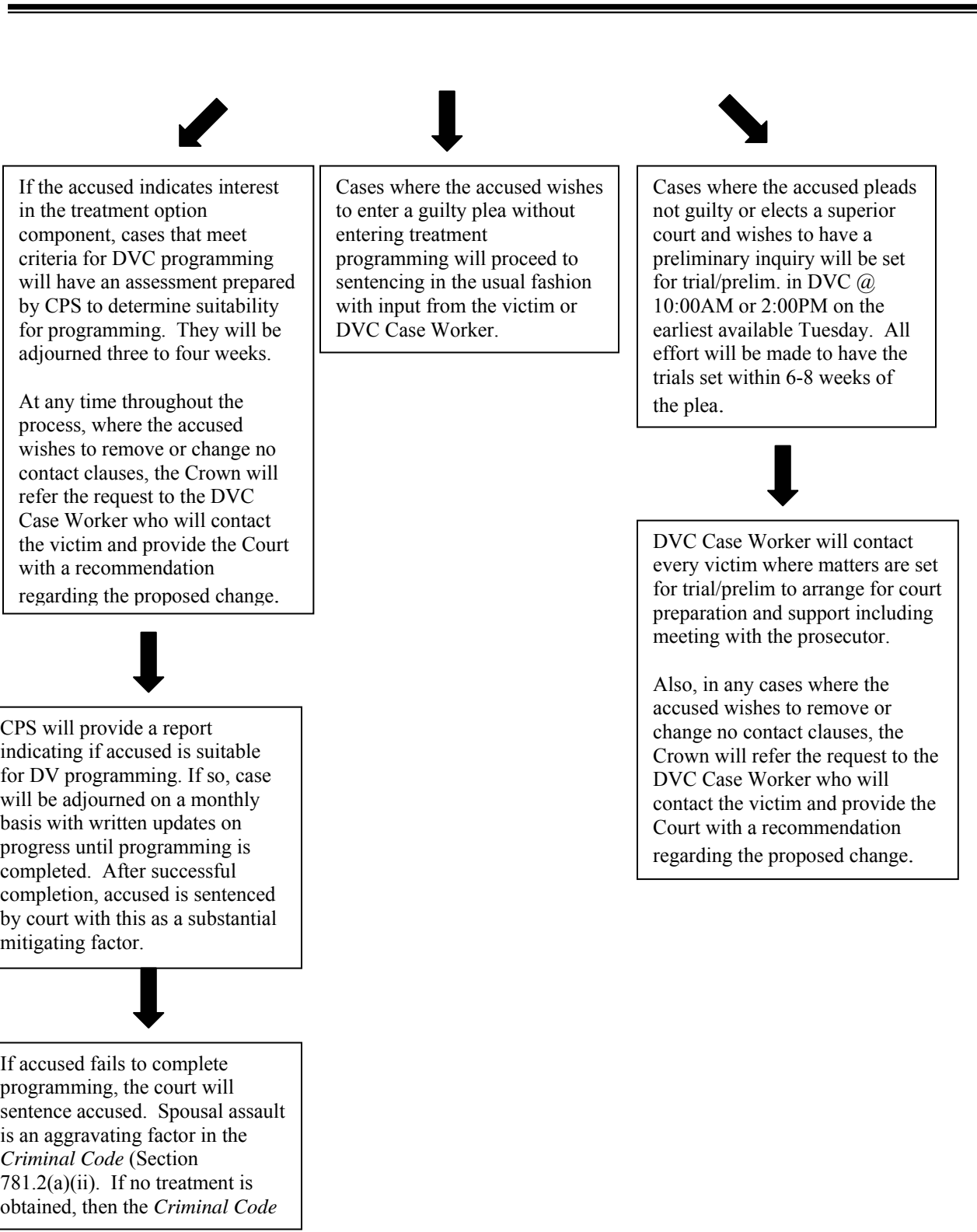
Provide community supports for victims, offenders and families



Appendix B Saskatoon Domestic Violence Court Flow Chart

Cases will continue to enter the system according to current practice – in custody accused at 10:00AM in Courtroom 1 and out of custody accused at 9:00AM in Courtroom 1. Docket prosecutors will review all files to determine if they fall within the scope of the DVC. If the charges fall within the DVC’s definition of domestic violence, then the case will be referred there and adjourned to the next Tuesday that is at least 3 days away in Courtroom #6 @ 9:30AM when DVC will be held. The Judiciary, where it considers it appropriate, may direct that a case be heard in the DVC.





If the accused indicates interest in the treatment option component, cases that meet criteria for DVC programming will have an assessment prepared by CPS to determine suitability for programming. They will be adjourned three to four weeks.

At any time throughout the process, where the accused wishes to remove or change no contact clauses, the Crown will refer the request to the DVC Case Worker who will contact the victim and provide the Court with a recommendation regarding the proposed change.

CPS will provide a report indicating if accused is suitable for DV programming. If so, case will be adjourned on a monthly basis with written updates on progress until programming is completed. After successful completion, accused is sentenced by court with this as a substantial mitigating factor.

If accused fails to complete programming, the court will sentence accused. Spousal assault is an aggravating factor in the *Criminal Code* (Section 781.2(a)(ii). If no treatment is obtained, then the *Criminal Code*

Cases where the accused wishes to enter a guilty plea without entering treatment programming will proceed to sentencing in the usual fashion with input from the victim or DVC Case Worker.

Cases where the accused pleads not guilty or elects a superior court and wishes to have a preliminary inquiry will be set for trial/prelim. in DVC @ 10:00AM or 2:00PM on the earliest available Tuesday. All effort will be made to have the trials set within 6-8 weeks of the plea.

DVC Case Worker will contact every victim where matters are set for trial/prelim to arrange for court preparation and support including meeting with the prosecutor.

Also, in any cases where the accused wishes to remove or change no contact clauses, the Crown will refer the request to the DVC Case Worker who will contact the victim and provide the Court with a recommendation regarding the proposed change.

Appendix C

List of Victim Responses to the Telephone Survey

Safety

Question 1: Do you feel more or less safe since your partner started attending the program and in what way(s)?

Time 1: 4 to 6 weeks into Treatment

3% of the respondents in this group were very clear that things had improved significantly in terms of how their partner acted towards them and consequently, how safe they felt.

Arguments now will not lead to violence because of program; he does not argue to the bitter end with me anymore.

He is changing a lot -- not yelling.

More awareness.

I no longer feel threatened by him.

46% of the respondents in this group believed that that things had improved somewhat since their partner started programming and they felt a bit safer as a result.

Able to talk about things. He demonstrates increased self-control. Seeing others in program and learning from that.

Anger under control, calmer, considerate.

Because he has a place to talk about things. He seems calmer.

Because he's making changes. He's talking openly about the group.

Broadens his mind in what he is doing.

Doesn't jump to conclusions.

More communicative about feelings.

Feel better - not about safety. Safe = don't have to put up with it any more. There are good days / bad days. Marginally increased safety.

Feel he has gained awareness and is getting help. Even though Child Protection Services ordered him to attend - has chosen to go as well.

Feel looked after.
Feel more safe; he can come over. More communication.
Feel safer when we separated -- No Contact Order -- not about the program.
Feels safer because of the consequences of his actions, not necessarily because of the group or program.
Has gotten better over time -- but he dropped out of the program a while back.
He doesn't drink.
He doesn't try to argue as much.
He's learning to let things go and talk things out more calmly.
He dropped out (too busy, and he felt intimidated by the other men).
More safe -- less outbursts, not as intense.
He has changed.
More safer: Comes around to see the kids and helps with the baby.
He is not using any more. He's learning how to manage his anger, seems happier, not sweating small stuff.
He likes going and he can get support.
He quit drinking. Talking more positive, good things about program. What needs to change in relationships, more talkative and open.
He seems to want the help.
He shows more self-control; more patient with kids.
He started the program and got clean.
He talks about what he's learning.
He talks more and is taking more responsibility -- even for past abuse; demonstrates more awareness of "what is violence" and the impact.
He talks things out.
He talks to me more about his feelings.
He's getting the help he needs.
He's increased communication.
He's learning how to remain calm in dealing with people.
He's learning what violence is and taking responsibility.
He's more controlled.
He's talking about what happens at Group.
I can say things now, speak my mind.
I don't have to second-guess him. We don't fight about little things as much any more.
He can walk away.
I have moved and go to support groups, but his beh ...
I think my son feels safer.

I know he's not stupid and he knows better -- he knows he can't touch me again or my things.
Other people know, so I feel safer that it's not a secret.
I know that he's making changes because he's taking responsibility.
I think he now knows hitting isn't okay.
Knowing he goes to Group every week. Increased his awareness of violence.
More comfortable around him. I'm not scared of him any more; no more fear.
More safe - because when's he not taking programs, I feel like he doesn't want to do anything to change.
More safe -- than last year.
More safe / secure. His verbal has reduced a lot.
More safe because he's starting to think about what he's doing and admitting that it's not right.
More safe because of arrest; gave him clear message abuse won't be tolerated.
More safe since he attends.
More safe since incident of abuse. Was so bad that it became a moment of realization.
More safe. He works on himself, stops arguments.
N/A - but he seems to like the program and is taking it to heart - says he's noticing more of his behaviour as tending toward being a problem and chooses to deal with it rather than waiting until it is a problem.
Never really have been scared or in BIG danger. Not fearful at present. Communicates more now.
Not as much conflict. Uses time outs to cool down.
Now we'll talk and he'll talk about class.
Now if we get in an argument, he'll talk himself through it.
Quit drinking. Tries to talk things out more. More safe.
Safe, as long as he doesn't drink.
Safer, I guess.
Staying away from alcohol.
Things are going better. Temper decreased. More confident/thoughtful.
Threats before -- these have stopped.
Used to feel like I was walking on eggshells.
We don't fight as much.
He's changed a little - listens more / learning to walk away.
We talk more.
When he comes home from group, he talks/shares.
More communication.

Wonders how he's doing -- worries about him or cares for him. Is he staying out of trouble. Love for him to quit drinking and be a couple again.
Hasn't seen or talked to him so finds it hard to gauge her safety.
Maybe a little more safe.

28% of the respondents thought that things were pretty much the same with their partner as they had been before the program started.

"Kind of both". Safe when he is not here. Not safe when he is around.

"Waiting for something to happen."

About the same because it's up to him - but feels more hope.

Always felt safe.

Because I moved out. I have more control living elsewhere (in terms of raising my kids - setting boundaries).

Feel Safe: 3 to 4 -- verbal; 9 -- physical.

He is in jail.

He's attending group.

He's got a place to go and talk and get support.

He's no better.

His attitude hasn't changed.

I do feel better since he left -- not to do with the program.

I think he is realizing more of the impact. But I often feel scared.

It was just the alcohol.

It was not an issue.

I've never felt unsafe in my relationship, so these questions don't apply.

I've never had concerns (that was a prior relationship).

More safe because of "No Contact Order".

Mostly safe, as I don't have contact with him any more.

No change.

No Contact Order helps.

No Contact Order.

Not sure why.

Not sure.

Not very same if he's around.

Physical safety not an issue.

Emotional Safety: He has a long way to go.

Same

Same

Same

Same

Sense of safety has remained the same. Partner was never physically abusive and never felt that she was in any kind of danger.

Shows patience and respect. He listens more. He's handling himself completely different. Not scared to talk with him anymore. He answers my questions.

Still calls a lot.

Leaving him has helped me feel safer.

Still feeling wary.

Still has this "stupid attitude"; e.g., financial abuse re \$ for food. Stated "always waiting for something to happen".

The same - ???? takes a lot of responsibility and wanted to make changed before he registered.

Too soon to tell.

We both had anger issues, and we've learned more communication.

5% of respondents reported MORE concern for their safety since their partner started in the program.

Does not feel safe right at the moment as he will be angry regarding judge's decision -- got a suspended sentence -- Court-ordered Restraint continues. Will be asking for periodic drug testing.

Drinking is an issue for him. He's using the program against me.

He's still not owning his violence / the impact.

"I know I have to get out."

I am scared of him; he's a big guy. He has hit the dog / the dog is afraid of him ... will start peeing when he's around.

In the beginning, I felt less safe.

Physical violence stopped.

We are not together any more.

More safe -- but emotionally!

When he's here, I panic. He walks out. I feel less stressed out when he leaves. Right now I can handle it.

1.5% of respondents were MUCH MORE concerned. 1.5% of respondents are in this category.

He is stalking me, getting my phone records, threatening. More afraid than ever. "Said he will kill me."

He's a walking time bomb; very threatening behaviour -- not respecting my boundaries at all.

Tells her that she's making up the physical violence / no responsibility.

11% of respondents spoke of other constraints on their partner that were helping them to feel safer.

"Hope your program works."

Because my family knows he's attending and helps make him responsible for his violence/anger.

It's a step toward getting help and he is following-through.

He is better at times. Right after classes, he's better.

Because not living with him. Not sure if it's because of progress.

Because she's separated and has Restraining Order.

By talking to partner's mom "it sounds like he is getting better".

** No Contact Order helps.

Didn't know he was in the program. No Contact Clause, communication only for arrangements with child accessibility.

Has moved away from him. Has own house and property now. Suspects partner for break and enter and some property damage.

I have supports (not about him being in the Program).

Incarcerated, so feels safe. Does not abuse unless drinking or on drugs.

I've gotten rid of him, not because of progress. And I've gone to Police.

Miss him (Restraining Order).

Incident has brought us closer -- we talk more.

NCO issued. Police and legal involvement has appeared to help him realize the consequences.

No Contact Order (NCO) first time abuse has happened. (Has not spoken to him since the incident.)

No Contact Order. NOTE: Outstanding charges as of week of February 20th; therefore, not attending at present.

No safety issues. He's afraid of her brothers and won't do anything.

Time 2: 10 to 12 weeks into Treatment

51% of respondents in this group believed that that things had improved somewhat since their partner started programming and they felt a bit safer as a result..

Arguments have decreased, increased positive communication.

Better control of himself.

Can control his temper better.

Feels partner is doing very well.

Dealing with addictions; therefore, more calm.

Everything is going good. We're getting along well -- talking more before anger escalates.

Has been doing much better. Calms down -- "No Leaving when Angry". Feels safe, but unsure if it will continue. Skeptical at present.

He doesn't scare me.

He handles things better.

He has control of outbursts.

He has made some changes. Starting to trust him somewhat. Temper doesn't go from 0 - 10 so quickly -- more of a progression.

He is changing.

He knows now that if he is going to "lose it", he needs to leave; I know to let him be.

He knows to leave when he feels he may be violent; if he is that angry, take timeout and thinks.

He seems to be more respectful toward me. How he talks, not as rude.

He's changing; not as frustrated.

He's getting answers to what abuse is all about. Taking responsibility.

He's learning / becoming aware of what abuse is.

He's learning how to deal with anger. New methods of management.

He's made improvements in terms of his on awareness.

He's more aware.

He's more open.

His communication has improved. Less outbursts.

His willingness to go to the program tells me he's taking responsibility.

I have support to challenge him and stand my ground at least a bit.

I notice that when he is angry, he walks away.

I see change; won't take anger out on me. Awareness of his anger.

I used to not feel physically safe, and now my physical sense of safety has increased.

He's also more involved with the kids.

Increased communication re feelings since he found out I am pregnant.

I've never felt physically in danger / fell emotionally better around him.

Learned how to control anger.

Learning how to control his anger.

Less violent physically.

More - definitely - always felt safe. Physically - more emotionally abusive, but now he's not doing that.

More emotionally safe since he began program. Can share more sometimes.

More self-control.

Now knows consequences of anger.

Stopped drinking.

Not as verbally abusive.

Talk things out. Not so scared of being intimidated and yelled at in front of others.

That he's getting help for it.

The trust is building back. He does show more respect and feels better. Thinks before he speaks.

Verb / Emot: Less often. He's taking increased responsibility.

Violence less often.

Yes, sometimes when he is sober.

8% of respondents thought that things were pretty much the same with their partner as they had been before the program started.

Always felt safe.

He was only violent one time, so I don't really feel unsafe.

I feel safe.

I've never felt unsafe.

More physically safe, but not emotionally.

Never felt threatened.

No different. He walks away, we don't talk until we calm down.

15% of respondents reported MORE concern for their safety since their partner started in the program.

"Less safe because he lives in area."

Also other programs and counselling.

Especially more safe sexually.

Been about the same -- feels generally safe.

Brings up issues for him; he is more moody at home now. Increased agitation.

He's not attending any more. I feel less safe since he stopped attending because it all comes down to his mood rather than his choice.

I notice a few times he seems to be changing -- we can talk -- he talks about his feelings rather than act out his feelings. Doesn't blame me for his choices.

I don't know if I want to be with him. I think his behaviour needs to be addressed.

I think any changes he is making are false because he wants me back now that he broke up with his 24-year-old girlfriend.

I was feeling more safe, but after he drug overdosed I have felt less safe again.

Increased unstable / volatile.

He's impulsive.

It's been up-and-down. Bottom line: He just wants me back; and when he doesn't get his way, he blows!

More safe, because of no more physical abuse.

A little less safe because he is moving in as of March 2006.

Never felt in physical jeopardy. Still walking on egg shells. Things getting worse (emotionally) -- gradually, since Jim completed Stage I. (Information re: Maintenance Group)

Not sure -- sitting and waiting for him to reach that peak and will he explode? Emotions are really up and down. He wants a relationship, but she's not sure she can trust him.

Waiting to see how he'll handle the pressure -- still watching what she's saying. Not sure she loves him like she did because of what he did. Feels like potential for explosion is definitely there. Not showing up at work any more.

24% of respondents spoke of other constraints on their partner that were helping them to feel safer.

"I'm working on myself too.

Also, he's in jail right now."

"These questions seem ridiculous."

Because he is attending Program (and) No Contact Order.

Because I got away from him.

Because of changes I have made.

Didn't feel threatened before; glad he's in group.

Feel the same -- very little contact. Will call police if necessary.

Feeling safe again.

He doesn't come around as much, but he still calls all the time.

He is away from her. Can control anger more. Doesn't get mad as easily. Responsibility taking.

Left him for two months; now separated -- only contact is for kids.

I have support from my family, but they don't know what's going on ... if they did, they'd have me out of here.

I've made changes and am not with him.

More safe actually. He is getting some place. I no longer live with him.

More safe because of Restraining Order.

More safe because she is not as angry now. Separation has helped. There was a No Contact Order which has been lifted to accommodate children's visits.

No Contact Order helps her to feel safer.

Not because of his changes, but feel better because I'm not with him.

Not so much worried about physical -- since I charged him.

Nothing has changed as far as how he is -- the only thing that helps is me avoiding him -- I don't trust him.

Separated. He's also really changed in attitude and behaviour.

Time 3: 15 to 18 weeks into Treatment

58% of respondents in this group believed that that things had improved somewhat since their partner started programming and they felt a bit safer as a result..

2nd round, encouraging to me.

He is doing better.

He is not mean as he use to.

He is not mean as he use to.

Slowed down

Doesn't drink as much.

At beginning partner was reluctant to attend. Now he looks forward to attending and to group support.

Bill has been really, really good.

Doesn't go "off" the way he used to. Handles anger better.

Feel safer. He seems to be learning more.

Frustration level now is anger, yelling. Does not fear physical abuse.

Have seen growth: -- triggers; -- beliefs.

He has more self-control. He has changed somewhat.

He is getting better.

He talks to me more. More mature.

He wants to change. He's trying to change.

He's a better person. He's nicer to me.

He's changed his attitude.

He's just calmer; knows how to control anger better.

He's only been home for two days, but we had contact before that. He's way more respectful/ accepting.

He's taking responsibility for his anger.

I can see some changes; and he talks to me more, rather than holding it in.

Increased communication.

Increased/improved communication.

I've noticed a big difference in him since he started the program.

Meetings helped. Communicate more.

More safe -- as I see him in situations behaving in different ways.

More safe because he has told me of some of the exercises re how increased his behaviour affects the children.

More safe because he is getting help.

More understanding.

No Contact Order previously. Last week it was lifted.

Yes, feels more safe because of Program and Order.

People are helping him. He's learning how to control self.

Physical abuse has stopped.

Realizes stuff about himself since he started.

Stays on medication.

So far, so good.

Still worry about him. Sense of safety has increased.

Things are more open between us, more accountability.

We don't fight any more, but we do talk about things calmly.

15% of respondents in this group thought that things were pretty much the same with their partner as they had been before the program started.

Does not feel "more safe" nor "less safe".

He still has the entitlement attitude.

No change.

No changes.

Not necessarily more safe -- same. But because of my own self-care I think things are better for me.

Remained the same. Never scared of physical violence. Partner has seen, allegedly.

Same -- did not feel unsafe.

Same -- everything was just a big misunderstanding.

The same -- he was changing before Alt.

Respondents in this group reported MORE concern for their safety since their partner started in the program. 13% of respondents fall into this category.

I don't believe him -- I'm not ready to believe that he's changed.

I think he didn't get nothing out of the program.

I'm not around him. I don't know how to gauge his mood. He's getting violent in public now. I'm worried that he will hurt me badly. I know it's not over.

More safe, but not totally safe. Recognizes different forms of abuse. He will acknowledge abuse now when challenged, but does not stop all the time.

Never feared partner, but he is always irritable with her. "Cuts her off". Ignores her. "Will not give her time of day."

Physical abuse has stopped. Not safe because he's so jealous.

Very manipulative; doesn't get it.

Hard for me to trust; all talk and no "do".

Feel physically safe, but not emotionally.

Was better when he was in Group -- has slid since.

I'm not feeling unsafe, just unhappy.

15% of respondents in this group spoke of other constraints on their partner that were helping them to feel safer.

I feel safe -- same as before program because I left and have no contact.

Just don't see each other.

More safe - because I'm on my own. He has calmed down a bit, but has a ways to go.

More safe because somebody knows and I'm not hiding it now.

6 and a half to 7 -- Safe physically and safe when he's sober.

No contact.

SAFER due to No Contact Order. Unsure if the behaviour is a result of being mandated.

Safer, because he was removed from the home, but still has concerns if there were no restrictions.

Same -- because I'm scared of him. (Separated) We still live in the same town, and I stay away from where he "might" be.

Same or less. Depends on the day. Ended up reporting him for his behaviour. Is hoping for a Restraining Order.

Program Effectiveness

Question 1: Is the program helping your partner end their violence?

Question 2: Is your partner focusing on what they need to do to end their violence or are they telling you that you need to change?

Time 1: 4 to 6 weeks into Treatment

42% of respondents in this category made statements suggesting that they perceived their partner as having become somehow actively engaged in the treatment program.

He's more aware of his behaviour. Attends Group -- increased his awareness.

"I see old patterns." I think he's struggling and he's trying. He's more aware and has a more objective standard. This time he walked away instead of forcing himself on her.

Absolutely -- Doesn't get as agitated. She thinks he may be Bipolar - undiagnosed.

Although he has dropped out of programming, she noticed that he has been more aware of his temper.

Arguments now will not lead to violence because of program; he does not argue to the bitter end with me any more. Taking accountability now all for himself; only he can change himself.

Both first couple of weeks; now it's better.

He takes it seriously. It's his attitude. Realizing and getting feedback that violence is wrong. Realizes body sensations. The "movie" portion helps.

Definitely he is changing.

He's focusing on himself and what he needs to change.

Discussion -- increased communication.

Doesn't shut down when I talk to him about my feelings.

Focusing mostly on himself, but also tells me that I need to do things differently -- and I see that, to.

Education / awareness of impact.
Focus on self most of the time. He is doing great.
He didn't attend for very long -- but he is making changes and focusing on himself.
He doesn't seem as accusatory. Thinks about what I say; feel far more respected than mere ...
Now ... self-focused more than before.
He is more receptive to talking and listening.
Both, but more on himself.
He seems happier -- threatening behaviour has discontinued.
He seems to not like his behaviour.
He takes time out, stops himself when getting angry/argumentative.
We are working together to change. He is doing all he can do; very proud of him.
He's able to talk about his feelings and recognizes what abuse is.
He's more calm in discussion.
He's taking increased responsibility. His attitude is changing.
I can run away or phone the police any time if I needed to.
Yes, he addresses his feelings more. Realizes his purpose, which is his family.
I remind him to look at himself first.
I think he made changes before the program, but program reinforces changes that he's making.
I think he thinks before speaking; not so short-fused.
I think it's done a world of wonders! It's about respect that he's changed.
His changes -- that's been the biggest thing.
I think it's helped him be more aware.
Increased partner. NOT BLAMING.
I think so -- didn't know him when he was drinking.
Focuses on self / own changes.
I think so. He talks to me about what is going on, rather than taking things out on me.
In the beginning, more focused on me; now, focused on himself.
I think the program helped him a big - recognizing that it is important to take responsibility.
He's trying to make some changes.
It is helping end his violence.
He does not tell me to change.
It was helpful for awareness.
It's a reminder of the seriousness. Also being charged.
I've seen a change in him and he is walking away sooner and talking about it more.
Knows triggers. Doesn't blame me any more.
May be helping him find the source of his violence.
In the beginning, he told me I should change. Now I think he is focusing on himself.
More aware of limits.
now has Zero tolerance for violence.

Other strategies for his anger.

Program helping a lot -- the talking about it helps him realize his behaviour is a problem.

Program Helping: As far as I know. His parents tell me he is doing better.

Program is helping a lot. He was ready! to make it a priority.

Focusing on me and my problems.

Realizing impact and learning to control. Used to beat on me every second day. He's focusing on his own changes; gets upset when he messes up.

Seeing things differently.

Seems to be learning things that he hadn't thought of before.

States he feels he needs to change himself.

The program as well as his meds are helping.

The program is helping -- learning to deal with anger -- knowing about types of abuse.

Thinking before saying. Focuses on own change.

Told him to do it for himself.

This time around our communication is better. He's being accountable to me by talking about what he's learned at Group. I won't tolerate him focusing on me.

Understanding of his anger has improved. Self-understanding has improved. Communication has improved.

Very much so.

We had everything solved before he attended.

He made the changes on his own -- helped when his son was born and me being pregnant.

Won't hurt him to go.

Focuses on himself -- shares his changes with her.

Yes -- "Thinking for himself". Could not elaborate.

Before -- No.

Yes, and he was making changes before he started.

11% of respondents in this category made statements suggesting that they perceived their partner as having remained neutral with respect to having become engaged in the treatment program.

"Hope it does." "He was a big support for me in the past." "He needs the help, all the help he can get." "Hopefully, someday we will look at getting back together."

"I wish" -- hard to say.

He comes home in a better mood, but we are low on money because he has to take that whole day off.

Hopes so. Thinks it is. Don't talk about class. We don't discuss class. Difficult for him.

I am hoping it will. He seems to respond instead of react. Sometimes, but he is easier to talk to about changes.

I guess.

I hope so.

If I knew he wasn't drinking, I'd feel safer when he's sober, he's awesome. When's he's drinking, he's a different person.

I don't know. I haven't been around him for a while.

I'm not sure how it helps but he's more communicative.

Probably.

Program Helping: Too soon to tell. I think the education is helping. He is negative - talks. To a point. If he does get angry, anything can still be possible.

Too soon to tell.

Doesn't really think he has a problem.

Yes -- I don't know.

39% of respondents in this category made statements suggesting that they perceived their partner as having clearly failed to become properly engaged in the treatment program.

It would be higher if he wasn't on his meds or if I filed for divorce. He's not focusing on his own changes -- well maybe a bit cuz he's not physical any more -- he's still very controlling -- tells me I should change and that I need "help".

"He only attended once."

"He shows a poor attitude toward the program."

Also recognizes that it's up to her to change.

Always telling me that I need to change. Has trouble focusing on himself.

He's learning how to deal with his anger in a more positive way. He's been making changes with the kids.

At least not when he's with me.

Could not tell you "OK, I do not know". He is still in denial.

Does not know. Has a pattern. Gets better, then becomes abusive again.

Don't know at this time. He still reacts the same. He tells me "You need to get on with your life!".

Don't know. He turns it back on me -- saying I'm abusive.

Feel safe because he's away, but we've been getting along anyway.

His attitude is the same. He does not care about the program or his violence -- he goes because he has to.

Focus is on me -- the blame game.

Focusing on his own changes and telling me I should change.

Haven't noticed much change; only been to two classes.

Feels he can't change at his age, and no one can change him. Doesn't think he has a problem.

Does not take any own-ess for his behaviour -- it's other's fault, usually women.

He doesn't pick fights.
He tells me I should change too.

He has threatened to kill me several times.
Program helping: increased understanding.
Sometimes throws it in my direction.
He hasn't changed at all -- he's always trying to convince me to go back to him.
He is trying to get help for both of us.

He says he's not like the other men in group.
He's still abusing/controlling/harassing -- seems worse.
Neither -- In denial -- says he isn't violent.

He seems to be realizing that he needs to take responsibility for his behaviour; vacillates.
Focuses on me and what I "should" do.
He still seems to get really upset ... I'm trying to reduce contact and he's having trouble with that.

He tells me it's my fault -- still doing that.
Attending is a start - he hasn't broken/thrown dishes since he started.
Still swears at me and in front of me (to computer).
He thinks he's not at fault -- it's about others.

He's made changes in the past, but they haven't stuck and no contact since February 2005.
Lots of stressors and they "freak on each other".

He's not hitting me, but emotional violence has increased.
At first, he was focusing only on himself, but, lately, he's been slipping back into blaming me.
He's not taking responsibility. Doesn't think he needs help. Blames others.

His attitude is improved. He used to call me names when he was drinking, but he hasn't apologized or taken responsibility verbally to me. Still blames me and says it's my fault.

I don't know -- he's already made changes. He might learn something.
Mostly him -- both -- but that is realistic, as I need to change too.
I don't know -- minimal communication.
It doesn't seem like he's focusing on his need to change -- he still thinks everybody else is at fault.

I don't know. I don't think it really fits.

I don't know.

He is starting to talk about his feelings more, but any changes he makes only last 1-2 days.

I don't think so -- he's bluffing his way through.
Doesn't talk about anything; he doesn't have a problem as far as he's concerned.

More emotional abuse / threats. He stopped drinking. Increased awareness of abuse (emotional / verbal). I've seen a change - he stopped drinking when he started the program.
Mostly says I should change. Won't admit to things.
Neither --- very silent.

Neither. He's just really mad about having to go.

Not as agitated; increased communication; willingness to talk more.

"You need to get help, too."

Not at all!

He's not focusing on anything, except being scary.

Physical -- maybe; definitely not the verbal.

Has drinking problem.

Realizing he has been abusive.

He still doesn't really think he needs to get this help, though.

So manipulative and possessive.

He talks about wanting to change about every three weeks, and then.

Sometimes I sleep with one eye open; he is very sudden with his anger/violence. Worries that he will kill me. It's kinda helped -- right after he seems to be okay and then reverts back by the weekend. He tells me I should change and has convinced his mom that I'm the problem, so she blames me too.

Sometimes it's okay, but sometimes it's too much.

Sort of. He enjoys going. It helps some. He is ADD. "Some days I don't know what to do" regarding his anger. Not a day he doesn't imply I need help.

Still blames me, but takes some responsibility for self. Thinks change will take time. Has made promises before and ??? did not work.

Still don't trust him as much as I did. I think so -- he hasn't been violent at all -- during ... He'll sometimes preach to me, etc.

The education. He didn't stay very long.

Very safe. Worry more that he'd hurt himself out of guilt. More emotional safety is the issue.

Yes, the program got through to him that it really is abuse. He used to think we were just disobeyed him. Moved in and out of denial. Still sometimes going back to "man in control" ideology. Christian fund. Tape -- he states he's conflicted between obeying God and respecting wife/ch. Trying to figure out what he believes. He goes to self-pity pretty easy "poor me". Puts kids in counsellor position. More outward changes than mindset / belief system. Still hard on kids; especially critical of son; doesn't say much to me.

Yes & No. He does not open up or talk but he states he wants to. She has seen him not get mad at things that normally would anger him.

Yes, but he has missed a lot.

He is trying hard to stay safe.

8% of respondents in this category made statements indicating that other considerations (e.g., no-contact orders, having left the relationships etc.) meant that they were not in a position to comment of their partner's engagement in treatment.

I do not know because he is not here.

I don't know -- I stay away from him.

I don't know. No Contact Clause.

I don't know; he hasn't been violent physically, but we don't have contact; he continues to be emotionally abusive.

I don't think it's helping, and I don't think he's focusing on the changes he needs to make (e.g., crystal meth addiction).

I feel safe now, but when the No Contact Order ends ???

I hope program is helping -- I don't know.

If he puts in 100 per cent effort.

No Contact Order.

Incarceration.

No Contact Order.

No contact.

Probably. He says that he agrees with the program -- I'm not with him anymore, but I see him sometimes.

Time 2: 10 to 12 weeks into Treatment

52% of respondents in this category made statements suggesting that they perceived their partner as having become somehow actively engaged in the treatment program. .

"Thinking before saying." "Focuses on own change." "Told him to do it for himself."

Able to really control his anger.

Stays more calm.

Absolutely. He likes to talk things out now; he appreciates talking more.

A little of both; more on his own actions.

Anything/everything helps.

I don't know.

Before he was verbal; explodes when he drinks. Restraining Order.

Focuses on own changes now at times.

Controls temper.

Does both -- together. Better communication.

Does not blame.

Does not tell her to change. Focus on own problems.

Education -- does not accuse now, but takes more responsibility.

Now -- does not blame.

Express his feelings -- talking.

Focuses on his own needs. Never blames her.

Frequency and intensity of conflict has decreased, e.g., less blaming, name-calling.
Going more towards me since last month.
Get things in the open and talking.
Going for more walks to cope with anger.
Talks about his feelings rather than acting them out.
He doesn't let the little things bother him any more.
He has been changing his attitude towards everything / everyone.
He has not been verbally violent.
Talks about how he's not as bad as the other men.
He is not as mad.
He knows it's okay to be angry, but there's other ways to deal/express it without violence.
He seems to have a better handle on his emotions.
He takes time to think.
He talks about it, but not too much -- at the very least he is recognizing his behaviour as a problem.
He talks to me about impact; he's expressing remorse.
He's a lot better -- increased respectful.
No.
He's acting different; he's kinder.
He's also in a program for alcohol - "Choices" - which really is helping him.
He makes comments that he's not learning anything from Alt. Program. It's like he doesn't want to go -- he sees it as a group for men with a life-long problem with abuse.
He says "I'd rather see an individual counsellor." Sometimes he verbally coaches himself to cope with his anger -- this seems to work for him; seems to be trying to focus on himself and not on me.
He's happier that he has a place to talk about his problem.
He's learned a lot about taking responsibility / body responses / triggers.
Increased communication.
He's still working at it / more willing to acknowledge his mistake - take responsibility.
How to control it more. More calm, willing to discuss things more.
I think he is trying to change and focusing on himself.
I think so -- better coping mechanisms.
I think so.
Changes are lasting longer.
Increased awareness for both of us.
We can stop the escalation.
Learned how to control and deal with anger. Thinks before acts. Watches language.
More awareness / hearing others' talk.
More awareness about abuse and what it is. His communication skills are better.

More patient.
A little bit of both.
More self-focused; will admit his stuff.
The program is helping his violence -- he is starting to realize where he was at.
Verbal abuse less.
Not drinking.
Whatever you're doing, keep it up.
Thinks before speaking -- more responsible, more in control of his actions.
When we talk, he is no longer defensive.
Not sure, not too much communication.
Work together to change.
Does not tell me to change.
Yes, he says he has the make-up of the abuser -- is realizing he has this within him.
We're in marriage counselling.
Yes, I think he's better understanding. He's communicating a lot better and more.

6% of respondents in this category made statements suggesting that they perceived their partner as having remained neutral with respect to having become engaged in the treatment program.

Back and forth.
Don't know yet. He doesn't think she should change at all. He says he's changed and would just like her to forgive him.
He's not as rough
I would have to say that the only thing to help end his violence would be to be sober.\
Neither - little contact.
Not sure.

31% of respondents in this category made statements suggesting that they perceived their partner as having clearly failed to become properly engaged in the treatment program.

He's in CTR right now; it would be a 2 otherwise.
Blaming others / focusing on others.
I think it is. Other programs as well -- realizing his perspectives on sexuality have been hurtful.
A bit of both -- holding programs over her -- telling her what she's doing wrong.
"Somebody to show him his actions are improper." Does acknowledge he has work to do. "Tells me that I should change."

Both -- then fights start. Very jealous; afraid of what he might do.
Helps control behaviour. In past, used drugs and other negative behaviours (e.g. fights).
But he dropped out and then things deteriorated.
He was starting to take responsibility for his behaviour and not focusing on me.
End his violence. Don't think he shows me anything. Tells me "You should change".
Focuses on self, but also tells me that I should change.
He didn't change at all -- but when he was attending he seemed better - but only for a day or two after.
He focuses on me as the problem.
He only went one time. It would if he kept going.
He says "himself" -- but I think he's faking it to get me back.
He says everyone feels sorry for him at group.
Mostly focused on me.
He seems to be dealing with things differently -- walks out -- but still gets just as agitated.
Focuses on what I should do differently.
Rather than his stuff, it's about me.
He seems to be trying to change, but he goes back-and-forth between violence and remorse.
He uses group against me; blames me for everything.
Tells me I should change; "it's all me".
I don't know -- I don't think he stayed long enough.
No to focusing on own changes. He tried, but alcohol continues to be a big issue.
I don't know -- we never talk about it.
I don't know. I have no reassurances that he's changed.
I think it did, but he's sliding back into old habits.
I'm hopeful. Haven't had any big blow-outs lately -- can defuse a little quicker; still some verbal / emotional abuse; name-calling.
Sometimes tells me that I should change.
It was.
He tries to tell me I should change.
It was.
Sometimes he focuses on himself, sometimes he blames me and others.
Me and the dog are scared of him. I think it helped for a day after -- a reminder that he needs to try to change and that his violence is his responsibility.
Not as violent as often -- now when he is violent, he takes responsibility.
Not blaming others - focusing on own responsibility.
Still blaming everyone else and telling us we have to change.
Telling her more so that she must change.

Told hr once before.

Very helpful, but has gotten better at manipulating and using the program to focus on me.

Mine and his, but learning to focus on himself.

11% of respondents in this category made statements indicating that other considerations (e.g., no-contact orders, having left the relationships etc.) meant that they were not in a position to comment of their partner's engagement in treatment.

"How can he, he is in jail!"

Feel safe: If I file for divorce, it would go down to a '1' -- or any time I stand my ground.

Program Helping: Maybe -- in that he is actually sticking to it -- he is making it a priority.

He's not focusing on his own changes -- he's always telling me it's my fault.

I don't know -- I think he needs to focus on the addictions. No direct contact.

I will know more when we go through Court to see how he manages himself.

I've only spoken to him a couple of times.

Last time it worked for three months ONLY, and then he started abusing again. (2nd Enrolment)

In the past, yes, because mad at her. Relationship is over now. Partner will not reconcile after 17 years of abuse.

My mom (who sees him more than me) says he's changed a lot.

No contact since February 2005.

No contact.

Not attending. Not my partner any more.

Time 3: 15 to 18 weeks into Treatment

44% of respondents in this category made statements suggesting that they perceived their partner as having become somehow actively engaged in the treatment program.

A lot more knowledgeable, values what is learned, but less empathy -- concerned about level of empathy in partner. More inclined to "leave" if getting angry. Discusses "Fatal Peril" and uses body signals. More inclined to take responsibility for his behaviours.

He can recognize when it's beginning.

He has ended his violence.

He is changing and doesn't tell me I should change.

He is making more of an effort to manage anger.

He never was violent -- but the program did help broaden his perspective.

Hearing other's stories, having a place to talk.
Helped -- Could not elaborate -- "just better".
Helps in thinking about his anger before acting-out.
Both - but in ways to work together to make changes.
He's gotten a bit better -- not sure why -- he's done some things like quit drinking.
He's very open with me and is owning his violence totally, and understands the impact.
His attitude toward me and son; increased positive outlook; increased expressive.
I think so -- he really likes to go. Communication has helped the most.
It did help. Thinks before action, processing.
Presents as more relaxed, at ease.
It helps him to learn about it.
It opened his eyes.
Learning how to deal with issues in a non-violent way.
Made improvements. Knows he has to curb his ...
More talkative now, or will leave if really angry.
"We're working together, but he focuses on his own changes. I am aware that I have to make changes, too."
Most definitely. He does not use his anger as much. We are working together.
Movies / triggers. The other men. Challenging from counsellors. Teaching new men.
Now realizes his partner's actions are due to survival.
Probably, because he wants to help himself.
Teachings about respect. Positive support.
Yes, helping; he walks away; he deals with his anger differently.

7% of respondents in this category made statements suggesting that they perceived their partner as having remained neutral with respect to having become engaged in the treatment program.

Big change in terms of him being more open and able to talk.
Doesn't really think about the changes he was making -- kind of has forgotten about it.
But he isn't in it any more. Taught him different ways to deal with situations.
Says that "I should change". (sometimes)
Fights do not get to the levels that ...
So far.

39% of respondents in this category made statements suggesting that they perceived their partner as having clearly failed to become properly engaged in the treatment program.

"Don't know; still pushy."
"He is changing some; not a whole lot."

"Produces anger in the children and myself."

"Yes, I am concerned about the anger, the frustration is still there."

"Tells me it is my fault." She wants relationship to work, but partner always blames her.

A little of both.

Continually tells her that she needs to change.

He doesn't focus on me, but he is always giving explanations and reasons for his behaviour. I don't know if it's helping -- I'm thinking he's just getting to be a better actor and will get an award -- just wants to keep me in his life.

He is taking responsibility, but he still doesn't know what to do when he's angry -- besides being verb/emot abusive.

But thinks he has changed enough -- also tells me I should change.

He only attended two times. Never took his violence as a problem. Never focused on changes that he needed to make.

He still blames me for his behaviour (abuse), but I think it (program) helps him. I hope he starts going again (he had a heart attack three weeks ago and had to stop for a while).

He wasn't willing to do the work.

Tells me I should talk to him; doesn't take responsibility or make change.

He's not focusing on his changes at all.

I don't think so. He's always been abusive and always wants his way and hasn't change -- as long as he's getting his way, he's okay.

He tells me that "I don't like myself."

I think while he's attending he does better -- but when he drops out, he gets "out of control". Still not good enough. He's focusing somewhat on himself though -- but his mom (who he lives with) colludes with his controlling behaviour.

In June, he's focusing on me -- said "Get over it." -- now seems to be not talking to me at all, so I'm not sure how to answer.

Neither -- mostly looking for someone or something to blame for his violence.

Neither at this time.

Not talking about the program and what he's learning and doesn't see it as pertaining to him and says it's stupid -- separating himself from the other men -- "They're worse" than he is. Says program doesn't apply because he's not a daily wife beater.

Quit group last time because he was uncomfortable with women "running the group".

Recognizes his behaviour as a problem. He's focusing on his changes and telling me I should change. He doesn't admit to hitting (punching) me, and that really hurts. Concerned that this abuse toward me is not addressed -- the assault that made him go on Probation was against a girl friend. He has broken my teeth, spit on my children.

Safe -- No more drugs and alcohol.

"Knows stuff happening is about him and not me." Sees other men have the same problem, not just him.

Think some effect, but before (in past) it gets better but then worse.
Still does both. Makes some effort, but still says "I can't change until you do!".
Too soon to tell.
He's focusing only on what he thinks I should change.

11% of respondents in this category made statements indicating that other considerations (e.g., no-contact orders, having left the relationships etc.) meant that they were not in a position to comment of their partner's engagement in treatment.

I don't know No contact.

I don't know.

I hope so.

No idea.

Don't know.

States he is "worrying about his own problems". Very little contact, so hard to judge.

They are under stress with new baby.



Appendix D

Survey of Stakeholders in the Saskatoon Domestic Violence Court

A great amount of “numbers” data has been collected since the inception of the Saskatoon Domestic Violence Court (SDVC). This has been reported in two interim data reports and updated versions of those reports and is also to be included in the formal evaluation report. What the numbers do not adequately reflect are the experiences of the people (partners) who have been running the court or attending the steering committee meetings and working group and the related assessment, treatment, and progress monitoring aspects of the overall SDVC process.

In an effort to ensure that these important data sources are included in the formal evaluation report I (Mike Boyes) am asking individuals associated with the key organizational partners which came together to form and operate the SDVC process to respond to some general questions regarding the SDV Court. I am conducting these surveys and any related interviews either by telephone or in person.

This document describes the areas that are particular interest in this evaluation process. People should, not, however, feel that they must restrict their comments to the questions raised here. Discussion of any thoughts, comments, or issues related to the ongoing functioning of the SDV Court of they would be appreciated.

In an effort to include the thoughts and comments of as many people as possible I ask that you open this document in a word processing program and that you read and respond in writing to the any of the questions you find below that relate to your direct and indirect experiences with the SDV Court. You can use point form and you can address whichever questions or issues make sense to you. Feel free to add additional comments about other relevant areas as well. When you are done please e-mail your responses back to me (mike-boyes@shaw.ca) along with a number I can use to reach you should I need some elaboration or clarification of the points you discuss.

It is my intention to summarize and discuss the issues, themes, and specific points that arise from this process as part of his final evaluation report. I will NOT be attributing any specific quotes from these surveys or subsequent interviews to particular individuals, however, as there are some areas where the number of people involved is small it may be possible to attribute an issue raised to a particular person. If you have specific concerns in this area please indicate them in your response and I will exert extra caution to ensure that anonymity is preserved. Likewise, if you are unconcerned about attribution issues it would help if you could note that as well.

If you would prefer to do this verbally, over the phone, please e-mail me some possible times (mike-boyses@shaw.ca)

The following areas/issues/questions represent a draft interview protocol which will be augmented with feedback provided by SDVC partners.

1. Nature and extent of role in the SDVC process:

Could you describe your understanding of the part you and/or your organization plays in the functioning of the SDVC?

Have aspects of that process changed over the time that the court was running?

Were you or was your organization's role in the SDVC process clear? If not what would/will need to be done to clarify things?

2. From your (or your organization's) perspective, did the SDVC process make a positive difference in how domestic violence cases were managed?

Please elaborate on the ways in which it did and/or did not make a difference.

Consider the steps followed by participants as they move through the SDVC process (arrest – first appearance – consultation with council or legal aide – election – guilty plea – assessment – referral for treatment [addictions and/or domestic violence programming] – return to court for progress reports and for final disposition) what role did you and/or your organization play in the selection/decision points contained in this sequence?

Are there selection/decision points contained in this sequence that have been particularly challenging? Have any of them changed significantly over the years that the SDVC has been running? Are there areas where there needs to be some reflection/improvement? If so where and what sort of reflection/improvement?

Considering your organization's role in the above SDVC sequence, are there times or places where the transfer of people or information from you to other SDVC partners or from them to you did not occur efficiently? If so could you provide an example or two and speculate as what sorts of changes might be smooth those hand-offs or transitions out?

-
3. From your (or your organization's) perspective, how have the outcomes of treatment for the SDVC participants met your expectations? How or how not?
 4. Are there any areas of particular strength or weakness in the current SDVC process or operating guidelines that you believe should be commended or addressed? Please elaborate.
 5. What do you see as the immediate challenges facing the SDVC over the next year?

How about over the next 5 years?

6. What is your perception of how the SDVC is currently viewed within your community? Are there things that you (your organization) are or should be doing to work on this public impression?

How about other SDVC partners (steering committee members)?

7. Finally, are there any other areas or issues relating to the program participants, program challenges or program outcomes that you think I should be looking into as part of this evaluation process? If you do, please describe them below and, if there is more than one, it would be helpful if you could number them in terms of priority.