

# **THE DOMESTIC VIOLENCE TREATMENT OPTION (DVTO), WHITEHORSE, YUKON: FINAL EVALUATION REPORT**

Submitted to:  
National Crime Prevention Centre

Submitted by:  
Canadian Research Institute for Law and the Family

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October 2005

The views expressed in this report are those of the authors  
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## EXECUTIVE SUMMARY

This report presents the results of a comprehensive process and outcome analysis evaluation designed to monitor and test the effectiveness of the Domestic Violence Treatment Option (DVTO) located in Whitehorse, Yukon. It is important to note that the DVTO program includes both a therapeutic treatment program called the Spousal Abuse Program (SAP), as well as an elaborate intervention system. The key component of the intervention system is a specialized DVTO court which deals only with spousal (partner) abuse cases; the system also includes the police, Probation Services, a special Crown, Victim Services, and non-government women groups. The goal of this evaluation is to determine the effectiveness of both the SAP and the intervention system. As Gondolf (2003: p.3) has indicated, "batterer programs are part of a dynamic context that needs to be weighed in analyzing and interpreting outcomes." Thus, the specific objectives of the evaluation are to:

- (1) identify whether the DVTO program has been implemented as planned;
- (2) determine the effectiveness of both the DVTO system and the Spousal Abuse Program (SAP) in achieving their objectives;
- (3) conduct a cost analysis of the DVTO program; and
- (4) document the DVTO model so that it can be replicated elsewhere in the country.

### Research Design

A quasi-experimental pre-test post-test group design was used in this study. Given the complexity of the DVTO program and the three different routes for entry into the SAP (i.e., DVTO program, sentencing requirement after trial, or self-referral), this was the most appropriate design. During the pre-test, as part of the assessment, data were collected from both offenders and victims. These data served as a baseline for later comparisons with post-test data. The post-test data were collected from offenders at the end of the 10-week treatment program. All data were input directly into a computer Management Information System (MIS) developed specifically for the project. Data were collected from June 2002 to November 2004. Follow-up of reports of reoffending for the offenders continued until the end of the project using various police information systems. The original plan was also to follow victims three months and six months after completion of the program to identify whether there were unreported reoccurrences. Unfortunately, victims, for the most part, chose not to become involved.

### **Conclusions**

The four objectives of this evaluation study and the six stated objectives of the DVTO program set the framework for the conclusions of this report.

## Evaluation of Objective #1

### Has the DVTO program been implemented as planned?

To a large extent, the question of whether the DVTO program has been implemented as planned can be answered by examining the six objectives identified by the program (see Section 3.2). These are discussed below.

1. Fast tracking cases by the police, Crown counsel and defense counsel.

There is no doubt that the protocols set in place by the DVTO system have resulted in fast tracking cases into the courts. In the vast majority of situations, the first appearance occurs within approximately two weeks after charges are laid by the police. In addition to fast tracking the cases into the court, the DVTO system has encouraged offenders to accept responsibility earlier in the process by providing them with a viable alternative to proceeding to trial. Those who plead not guilty and proceed to trial often spend up to six months in the court system before final disposition and sentencing. Then those who are found guilty are usually required to attend SAP as a condition of their sentence.

2. Reduce the number of victims of domestic violence who abandon or withdraw from the criminal justice system.

As the findings on pre-DVTO and DVTO comparisons on collapse rates show, the DVTO system has decreased collapse rates from 28% to 20%. Further, it has also increased the rate of acceptance of responsibility by the offender early in the process.

3. Provide speedy access to effective counseling and treatment programs for offenders.

Again, there is no question that the protocols set in place by the DVTO system result in speedy access to counseling for offenders. In most situations intake into the program occurs within a couple of weeks after the first appearance in court. Usually there is a waiting period prior to beginning group sessions since the treatment program has to set up a waiting list until there are enough offenders to offer the group session. During this waiting period clients must “check in” with their assigned counsellors to ensure that safety plans are in place and that any emergency issues are dealt with. The issue of the effectiveness of the treatment program is dealt with below.

4. Hold the offender accountable by providing close court supervision throughout the therapeutic process.

The average DVTO case is before the courts for just over 300 days. During this time, the court reviews and monitors the case every other week, if necessary. Thus, the average case could be required to appear in court up to 21 times during this 300 day period.

5. Encourage more victims of domestic violence to seek protection and help from the criminal justice system.

As the findings of this report indicate, neither the evaluators nor the staff of the SAP were very successful at connecting with victims. Thus, it is not possible to identify whether the system encourages more victims to seek help and protection.

6. Provide protection information and support for victims and refer them to programs that will assist them and their families.

The relatively low re-assault rates provide strong evidence that the DVTO system, most likely because of increased monitoring, does provide victims with protection against re-assaults. The DVTO system also provides information and support for victims, as well as referrals to appropriate programs. However, while these services are available, the victims must choose to make use of the information and supports. As our findings indicate, victims for the most were partly detached themselves from the process and did not take advantage of the resources that were available to them. While this is recognized in the research literature as a general problem, it can't be ignored.

#### Conclusions: Evaluation of Objective #1

For the most part, the DVTO program has been implemented as planned and has achieved the majority of its objectives. The only process objectives that the DVTO program has not fully achieved are those that deal with motivating victims to become involved and taking advantage of the resources available to them.

#### Evaluation of Objective #2

##### Are both the DVTO system and the SAP treatment effective in achieving their objectives?

The data and findings of this report indicate that both the DVTO clients and sentencing requirement clients are generally very difficult and challenging. Prior to their involvement with the DVTO, many have extensive histories of assaults as well as high levels of involvement in other criminal activities. Addiction and substance abuse problems are also very prevalent as is indicated by the high number of contacts with police that involved intoxicated states, as well as information from the SAP counsellors which documented the frequent need to suspend treatment in the program to deal with addiction issues.

Despite the fact that these clients are very difficult, the rates of re-assaults were amazingly low. For example, 12 months after the clients completed their contact with the program, only 9% of the DVTO clients and 10% of the sentencing requirement clients had re-assaulted. These rates compare well with the rates identified by Palmer (1992) of 10% re-assault rates for an experimental treatment group and 31% for a group of non-treatment offenders. Likewise, the rate of re-assaults 15 months after intake into the program was also comparatively low. Of the DVTO clients 18% had re-assaulted

and 16% of the sentencing requirement clients had re-assaulted. These rates are relatively low when compared to the rate of 32% identified by Gondolf (2001).

While the overall DVTO system and SAP together appear to be effective in terms of preventing re-assaults, it is difficult to distinguish the effects of the treatment program from the system effects, a common problem in this area of research (see Gondolf, 2003 and Bennett and Williams (no date)). However, as indicated above, the DVTO process has been successful in achieving most of its stated process objectives. Likewise, findings regarding the shorter-term standardized outcome measures, which focus on attitude change and personality characteristics, seem to indicate that the SAP treatment is effective in changing attitudes and characteristics that have been found to be associated to assaultive behaviour particularly with the DVTO referred clients. Further, SAP has also achieved relatively high rates of program completion for the DVTO clients at 69%.

### Conclusions: Evaluation of Objective #2

Overall, we would conclude that the DVTO system and SAP as a whole are very effective. While each of these components of the overall system has some claim to achieving individual objectives, the interactive effect seems to be the strongest in preventing re-assaults with a very difficult client group. The DVTO model, which combines a comprehensive justice system approach with a treatment program for batterers, provides an excellent model for dealing with spousal assault and abuse.

### Evaluation of Objective #3

#### What is the cost of the DVTO program?

Unfortunately, it was not possible to conduct any form of complex cost analysis such as cost-benefit analysis for a number of reasons including: the complexity of the court system; the involvement of offenders in multiple legal proceedings; the lack of information on offenders who came to SAP after trial; and the high number of partners who contributed to the DVTO system. However, given the lack of information on costs of spouse abuse treatment programs and specialized court systems we felt at minimum, that annual unit costs should be calculated. The unit cost per case for the DVTO court cases in 2004 was \$1,630. This compares well against a given cost of a trial for one day, which would be \$1,964. The average unit cost of the SAP clients for 2004 was \$1,552. It is important to point out that no additional resources were required to set up the initial DVTO system other than the cost of a half-time, project coordinator, which increased the average cost of the SAP unit cost per case by only 15%.

### Evaluation of Objective #4

#### Document the DVTO model so it can be replicated elsewhere in the country.

The detailed process analysis of the DVTO system contained in Section 3.0 of this report along with detailed protocols for all of the partners contained in Appendix B should provide the information necessary for replication of the DVTO model.

## **Recommendations**

There are a number of recommendations for both the DVTO system and SAP which follow from the findings of this report. They are briefly outlined below.

### Recommendations for the DVTO System

1. Currently, it appears that the relapse prevention program is not being taken seriously by the clients. Likewise, its purpose and function within the DVTO system have been ambiguous. If it is part of the condition of probation and is ignored by the client, the client should be charged with breach. Further, the relapse prevention program should be formalized and supported by the professional representatives of all components of the DVTO process.
2. Careful consideration should be given regarding the DVTO court sending offenders who have dropped out of the DVTO and/or re-offended back for second or third time. Many of these clients are very difficult and noncompliant. Consideration should be given to other appropriate criminal justice consequences such as jail terms, possibly combined with treatment.
3. There appears to be a recent increase in police laying dual charges, many of which are later concluded with stay of proceedings. This may be a training issue for police.

### Recommendations for SAP

1. The findings of this report suggests that SAP should consider adding a relationship counseling component for those who wish to return to their prior relationships. It appears that currently the level of dysfunction of these relationships is high and is not being dealt with.
2. Development of the female offender treatment program should continue. Further, this development should be tracked carefully and documented since little is known about this client group and the effectiveness of various treatment approaches.
3. The low level of cognitive functioning of the clients appears to be a major issue. Assessment tools should be refined to identify these issues. Further, once identified, new strategies and treatment resources need to be developed in order to provide relevant treatment to these developmentally delayed clients.
4. Victim Services and SAP should continue to explore methods for motivating the victims to make use of appropriate services.

## Recommendations for Further Research

1. The lack of involvement of victims in this study and in the literature in general points to an urgent need to conduct both survey research and tracking (longitudinal) research to increase knowledge about victims so that appropriate and meaningful responses to their needs can be developed.
2. The significant proportion of female offenders points to the need to develop research which will identify information which would address the following questions:
  - How do female offenders differ from male offenders?
  - What clinical approaches are appropriate for addressing their needs and changing their behaviour?
  - How is the increase in the number of female offenders related to the police practice of dual charging by police?
  - Is female offending a function of the criminalization of a response to being repeatedly abused?
3. The significant proportion of non-compliant offenders who repeatedly breach and re-offend suggest the need to develop research which would address the following questions:
  - Can these “persistent” offenders be screened and identified earlier?
  - Can assessment tools be developed to accurately identify their needs?
  - Appropriate clinical and justice system responses for these difficult clients need to be developed, implemented and evaluated.
4. The overall lack of improvement in the functioning of the offenders’ relationships with their partners over the duration of the SAP program suggests both the need for program development, as well as a detailed evaluation to test the effectiveness of this sub-component of the program.
5. More detailed cost analysis research such as cost benefit analysis should be developed, since there is a dearth of information in this area. The complexities and limitations of this type of research, however, must be recognized.

## ACKNOWLEDGEMENTS

The authors would like to acknowledge the assistance and cooperation of a number of individuals, agencies, and groups who made this report possible. First, we would like to thank the following project officers from the National Crime Prevention Centre: Lucie Leonard, Tim Peters, Giselle Rosario, and Carolyn Scott. Second, we appreciate the support of Sandy Bryce, Manager, Victim Services/Family Violence Prevention Unit, Judge Heino Lilles, Territorial Court of Yukon, and the court staff, especially Iris Proctor, throughout this project. Third, we would like to acknowledge Victim Services/Family Violence Prevention Unit and the Domestic Violence Treatment Option Committees for their ongoing support in this project.

We extend our appreciation to the directors, program staff and volunteers of the agencies included in the evaluation of the Domestic Violence Treatment Option Court in Whitehorse Yukon. Unfortunately, it is not possible to list the names of all of these individuals; however, we would like to acknowledge the following organizations/representatives for supporting the evaluation:

- Territorial Court Judiciary;
- Victim Services/Family Violence Prevention Unit;
- Federal Crown Prosecutors;
- Yukon Legal Services Society;
- DVTO Program Co-ordinator;
- Victoria Faulkner Women's Centre;
- YTG Adult Probation;
- YTG Women's Directorate;
- Kaushees Place;
- Yukon Status of Women Council;
- Spousal Abuse Program;
- Victim Services;
- Royal Canadian Mounted Police; and
- Family and Children's Services

We also extend our appreciation to those organizations that assisted in the collecting of data:

- Yukon Territorial Government Court Services;
- Yukon Territorial Government Department of Justice Finance, Systems, Administration and Records; and
- Royal Canadian Mounted Police.

Mr. Raja Lamba, Dignity Computer Solutions, was the IT consultant on this project, and was very helpful in providing support with the information system.

From the Canadian Research Institute for Law and the Family, we thank Dr. Lorne Bertrand, Senior Research Associate, for data analysis, Ms Joanne Paetsch,

Administrator/Research Associate, for project administration, and Ms Linda Haggett, Receptionist/Typist, for data analysis and formatting and typing the final report. This project was funded by the National Crime Prevention Centre. The Canadian Research Institute for Law and the Family is supported by a grant from the Alberta Law Foundation.



## **1.0 INTRODUCTION**

Reforms to the criminal justice system in Canada regarding the way cases of domestic violence are processed began in the early 1980s. Most notably, in 1983, the RCMP in the Yukon and Northwest Territories were directed by the Territorial Minister of Justice and the Solicitor General Canada to immediately and thoroughly investigate all spousal assaults, and where reasonable and probable grounds existed, to lay charges. One of the objectives of this policy was to stop spousal abuse by taking the responsibility for pressing charges and the decisions regarding prosecution away from the victim. In 1984, this police directive was implemented across Canada for all RCMP.

Canada is a leader in the area of dealing with family violence in several respects: it was the first country to implement a nation-wide charging policy; it set up a national clearinghouse; it instituted large-scale public programs; it established transition houses for providing shelters; it initiated counselling programs; and it developed special family violence court-based programs. All of these reforms have the common goal of clarifying that society will no longer condone domestic violence.

In the fall of 2001, the Canadian Research Institute for Law and the Family (CRILF) responded to a request for proposal from the National Crime Prevention Centre (NCPC) of the Federal Department of Justice to evaluate the Domestic Violence Treatment Option (DVTO) located in Whitehorse, Yukon. In November of 2001, we were notified that we were successful in winning the contract. Further, in March of 2004, the study was extended an additional year to March 31, 2005.

### **1.1 Purpose of this Report**

This report presents the results of a comprehensive process and outcome analysis evaluation designed to monitor and test the effectiveness of the Domestic Violence Treatment Option (DVTO) located in Whitehorse, Yukon. It is important to note that the DVTO program includes both a therapeutic treatment program called the Spousal Abuse Program (SAP), as well as an elaborate intervention system. The key component of the intervention system is a specialized DVTO court which deals only with spousal (partner) abuse cases; the system also includes the police, Probation Services, a special Crown, Victim Services, and non-government women groups. The goal of this evaluation is to determine the effectiveness of both the SAP and the intervention system. As Gondolf (2003) has indicated, "batterer programs are part of a dynamic context that needs to be weighed in analyzing and interpreting outcomes." Thus, the specific objectives of the evaluation are to:

- (1) identify whether the DVTO program has been implemented as planned;
- (2) determine the effectiveness of both the DVTO system and the Spousal Abuse Program in achieving their objectives;
- (3) conduct a cost analysis of the DVTO program; and

- (4) document the DVTO model so that it can be replicated elsewhere in the country.

## **1.2 Process Analysis**

In the broadest terms, a process analysis examines how a program is actually implemented and focuses on the question of whether the program was carried out as it was intended. In this report the goals, objectives, and activities of the DVTO since this research project began (November 2001) are documented and progress is tracked up to December 31, 2004. In addition, a description of the SAP Management Information System (MIS), which is the major mechanism for collecting data on the DVTO clients, is presented and implementation issues are discussed.

### **1.2.1 Sources of Data**

A variety of methodologies and techniques for data collection were used in the process analysis. They included:

- **Key Informant Interviews:** Interviews with key informants such as program administrators, Steering Committee and Working Committee members, and representatives from the partnering agencies were conducted.
- **Observation:** Research staff conducted observations of pre-court meetings, court proceedings, and Steering Committee and Working Committee meetings.
- **Review of Records:** Research staff reviewed records such as the program component protocols and minutes of meetings.

## **1.3 Outcome Analysis**

In addition to the process analysis, which covers goals and objectives, inputs, activities, and outputs, the outcome analysis includes the measurement of outcomes to determine whether the program is having its intended effect.

### **1.3.1 Research Design**

A quasi-experimental pre-test post-test group design was used in this study. Given the complexity of the DVTO program and the three different routes for entry into the SAP (i.e., DVTO program, sentencing requirement after trial, or self-referral), this was the most appropriate design. During the pre-test, as part of the assessment, data were collected from both offenders and victims. These data served as a baseline for later comparisons with post-test data. The post-test data were collected from offenders at the end of the 10-week treatment program. Follow-up of reports of reoffending for the offenders continued until the end of the project using various police information systems. The original plan was also to follow victims three months and six months after completion of the program to identify whether there were unreported reoccurrences. Unfortunately, victims, for the most part, chose not to become involved.

### 1.3.2 Sources of Data

A variety of methodologies and techniques for data collection were used in the outcome analysis. These included:

- observation;
- standardized instruments (discussed below);
- program forms/information systems; and
- other agency information systems.

### 1.3.3 Measures of Client Outcomes

Table 1.1 contains a list of standardized instruments that were used as outcome measures in the study. All of these were installed on the information system and SAP staff were trained to administer the instruments and collect data. This procedure was discussed and finalized during the first stage of the project. The choice of specific instruments was based on a number of criteria including: (1) how well they match the concepts and objectives of SAP; (2) ease of administration; and (3) whether they could be integrated with treatment program data collection (i.e., were useful for clinical assessment).

Instruments were administered to offenders for the first time at the end of the assessment. The SAP team added a one-hour session onto the three one-hour sessions that it usually takes to complete an assessment that is devoted to administration of the instruments. The data were input directly into the computer Management Information System (MIS).

## **1.4 Spousal Abuse Program/Management Information System (SAP-MIS)**

The Spousal Abuse Program MIS was designed for the following purposes:

- to facilitate the management, organization, and review of program information;
- to provide an efficient means for importing relevant participant information from other sources (e.g., Probation Services, the court system, the RCMP, Victim Services, etc.); and
- to facilitate the production of individual participant reports, regular program activity reports, as well as the review of program information for the purposes of reviewing or evaluating program components.

**Table 1.1  
Standardized Instruments for the DVTO Evaluation\***

Offender-focussed Instruments
-- Hudson Physical/Non-physical Abuse of Partner Scale
-- Russell Relationship Belief Measure
-- Coopersmith Self Esteem Scale
-- Millon Clinical Multiaxial Inventory-III
-- Passive Aggressive Scale
-- Self-Defeating Scale
-- Social Desirability Scale
-- Validity Scale
-- URICA - Propensity to Change from Violent Behavior Approach
-- Family Assessment Measure for Family Dysfunction (FAM)

\* Please see Appendix A for a description of the instruments used in this study.

The information system was designed with the front-line program staff in mind. Forms were constructed to make the entry of information as straightforward as possible, and the system provides opportunities to print copies of all forms and/or reports on an as needed basis. The technical specifications of the system are described below, followed by an overview of its table and form structure.

The information system was installed in March 2002, and since April 1, 2002, staff in SAP have been entering information on clients/offenders who have been part of the 10-week group component of SAP.

### Technical Specifications

The information system was built in the Microsoft Access database program (2000 version). As designed, it can be run on any computer that has a copy of the Access 2000 program installed on it. Should it be necessary, it is also possible to provide a version of the information system that does not require the Access program. In September 2002, the tables portion of the information system was installed on the server shared by the Family Violence Prevention Unit (FVPU), which includes the SAP staff. The forms and reports through which the tabled information is accessed were installed on the computers of the individual system users (as this speeds up response time). SAP staff can input client identification information into the system and use the system to enter all of their contacts with their clients. As well, the measures module was installed, making it possible for program staff to enter the responses of clients to specific measures and then move to a scoring and interpretation screen to view scale scores, totals and (where appropriate) normative comparisons. The review screens also show all of the previous results for each measure making it possible for staff to view positive or negative changes and trends.

### System Tables, Forms and Reports

An information system consists of tables, in which essential non-redundant information is stored, and forms, which enable users to enter information into tables or to review, summarize or edit information that already resides in the system tables. Forms tend to show information one record at a time. That is, a form might enable the

entry or review of demographic information about one program participant or one participant contact (e.g., a telephone call, an individual counseling session, a single referral to another program or agency, or a list of those who attended a particular group session). Reports provide summary information about such things as the number of telephone contacts, the amount of time spent in individual sessions, or the number of group sessions attended.

## **1.5 Limitations**

There are a number of limitations which were outside the control of the evaluators. These are discussed briefly below.

### 1.5.1 Quasi-experimental Design

As indicated above, a quasi-experimental design involving collecting pre-test and post-test data for DVTO clients who were grouped according to referral source (i.e., DVTO, sentencing requirement, and self referral) was employed. Theoretically, a randomized control trial experiment (RCT) would have been more powerful for controlling alternative explanations and thus, attributing outcomes to the actual treatment programs. However, this would have required random assignment to the treatment program or other control group (such as conditional probation). Such methodology would require the judge to randomize sentencing – which few judges would agree to. In fact, there have only been four evaluations of Batterer Intervention Programs (BIP) which employed RCT and most of those experienced difficulty implementing a rigid design (see, Bennett and Williams, no date; and Gondolf, 2003).

Some researchers use a pre-program group and a wait list control group, but this approach was also limited due to the difficulty of identifying whether historical assault cases were spousal or not.

### 1.5.2 Availability of Reliable Data

There were a number of issues which limited the evaluators' access to reliable data as follows:

1. For client data, we were dependent on others (i.e., program staff) to collect data through the MIS. This, added to the fact that the MIS was protected by the Yukon Territorial Government (YTG) Department of Justice firewalls, made it difficult for the research team to check and control the quality of data. To deal with this issue, the MIS data were copied to CD during site visits and then checked against the paper file data.
2. Aside from the clients who completed the program straight through, it was impossible for the evaluators to determine the exact "dosage" of the program clients received. Many clients stopped and re-started the program – often for legitimate reasons. Others dropped out (by missing three group sessions), but then were sent back to the program – some up to three times during the time of the study.

3. The number of clients who filled out the test instruments was lower than anticipated due to the fact that a considerable number of the clients were low functioning. The SAP staff indicated that FASD was common, however, there was no specific screen for this.
4. The Court Record Information System (CRIS) was not user friendly and did not generate reports that could easily be used for the evaluation.
5. Several circumstances made it impossible to obtain accurate, reliable, direct and indirect costs of the program including: the complexity of the court system; the involvement of offenders in multiple legal proceedings; the lack of information on offenders who came to SAP after trial; and the high number of partners who contributed to the DVTO system.
6. Very little data were obtained from victims. For the most part, victims chose to detach themselves from the DVTO process and, as well, chose not to maintain involvement with Victim Services.

## **2.0 SPECIALIZED DOMESTIC VIOLENCE COURTS AND BATTERER INTERVENTION PROGRAMS FOR MEN AND WOMEN: WHAT THE RESEARCH TELLS US**

This section of the report provides a Canadian-based context for both special domestic violence courts and the research that has focussed on these courts to date.

The serious nature of intimate partner violence and the harm not only to women, the most common victims, but to their children as well, must be acknowledged (Statistics Canada, 2002; Tutty & Goard, 2002). The costs to society for charging abusive partners and providing treatment in the hope of stopping domestic violence is substantial (Harrell, 1998; Healey, Smith, & O'Sullivan, 1998).

The justice system, including police, Crown prosecutors (district attorneys), defense lawyers, judges, probation and prison, deal with an enormous caseload of domestic violence incidents (Tsai, 2000). Nonetheless, the justice response to domestic violence has been of long-standing concern to those who work closely with abused women (Bennett, Goodman & Dutton, 1999; Crocker, 2005; Eraz & Belknap, 1998; Jordan, 2003).

This review examines specialized courts that have been developed to more effectively address domestic violence with the joint goals of holding offenders accountable and providing victim safety. We also examine the efficacy of the justice system response and treatment interventions including programs for both abusive men and women that are mandated to treatment.

As one mechanism to more effectively address intimate partner violence, specialized domestic violence courts have become widespread across North America in the past decade. The reasons for developing specialized domestic violence courts are many. First, without a specialized court, there are often overlapping concurrent charges relating to separate incidents with respect to the same partners. These cases may be heard not only in criminal but also in family courts (Buzawa & Buzawa, 2003). Another common criticism of the traditional legal approach to domestic violence is that it does not protect victims, and the offenders were seldom arrested and prosecuted. Without specialization, sentences for assaulting intimate partners have typically been lenient, not befitting the "serial" nature of the crime (Bennett, et al., 1999), especially if one were to compare sentences for a similar crime committed by a stranger. To put it more bluntly, victims were often re-victimized during the justice process (Buzawa & Buzawa, 2003). One example is that victims who recant their testimony may be held in contempt of court and confined to prison, despite the fact that their reason for not testifying is because they are being threatened by the offender (Ursel, 2002).

Two basic principles underlie specialized domestic violence courts, some of which are incorporated into separate courts (the early Ontario model) and some combined in one court (Clarke, 2003). These principles are early intervention for low risk offenders and vigorous prosecution for serious repeat offenders. The former

strategy fits with what have become known as “problem-solving” courts in which those who commit crimes because they need treatment for drugs or mental health issues, are offered the opportunity to receive such assistance in the hope that they will not re-offend (Van de Veen, 2003). Vigorous prosecution, in contrast, often involves specialized police units and Crown attorneys working with offenders and victims to ensure the strongest prosecution effort possible. In a recent U.S. study (Ventura & Davis, 2005), use of a court with specialized prosecutors for convictions for domestic violence or related charges was significantly related to reducing recidivism.

The term “specialized court” entails more than the court system. Most involve community treatment agencies coordinating with the efforts of (sometimes) specialized police units, Crown prosecutors, and probation officers (Babcock & Steiner, 1999; Shepard, 1999). In fact, there are many different models of specialization. More important is the different processes that the specialized courts can adopt including judicial review (Gondolf, 2001) and relying less on the victim testifying by, for example, acquiring photographs of the victim’s injuries or tapes from 911 phone calls (Dawson & Dinovitzer, 2001). Others develop programs to support and advocate for victims in the hope that they will testify (Hoffart & Clarke, 2004). Two studies (Weisz, Tolman & Bennett, 1998; Barasch & Lutz, 2002) found that victims who utilized advocacy programs and protection orders were much more likely to testify or have the cases completed in court.

The processes in Canadian specialized domestic violence courts that focus on early intervention are different. Some require the accused to plead guilty before attending batterer intervention programs; others stay the proceedings with a peace bond. Some utilize judicial or court review in which the accused periodically return to court to review their compliance with treatment (Gondolf, 2001; Healy, Smith & O’Sullivan, 1998).

The speed with which the court facilitates the accused starting treatment also varies based on the court processes. In Gondolf’s four-site evaluation of batterer interventions, the length of the program was less important than the time it took to begin the program. The men in the programs with pre-trial mechanisms were much more likely to stay in treatment (2001, p. 214).

In courts that focus on vigorous prosecution vertical prosecution is often used, in which specialized Crown prosecutors keep the case from first appearance through trial (Ursel, 2002). The cases are often enhanced by investigations conducted by special domestic violence police teams.

### Research on Different Models of Specialized Domestic Violence Courts

The specialized domestic violence courts in Canada have been conceptualized using a number of different models. While a select few have been evaluated, most reports are not published and are difficult to access. We rely heavily on Clarke’s best practices review (2003) for the evaluation findings reported in this section.



Winnipeg established what was the first dedicated family violence court in 1990 and appointed dedicated Crown attorneys in attempts to address these problems (Ursel, 1998; 2000; 2002). According to Ursel's evaluation, before specialization the most common outcomes were conditional discharges and fines. After specialization it was supervised probation (most often with a condition to receive treatment) and incarceration.

Ontario developed a system of 22 specialized domestic violence courts with plans to have one in every 54 jurisdictions in the province by 2004 (Clarke, 2003). An evaluation by Moyer, Rettinger and Hotton (2000, cited in Clarke, 2003) focused on the initial model where some sites utilized early interventions and other used vigorous prosecution. In Ontario's early intervention model, the accused pleads guilty as a condition to being mandated to treatment. Moyer et al. reported that case process times were significantly reduced, a higher proportion of accused entering the program pled guilty as compared to the year before the project was implemented and treatment started soon after referral. Victims in the early intervention sites were significantly more likely to be satisfied with the case outcomes than other victims.

In 2000, while not creating a full specialized court system, Calgary established "HomeFront," a specialized initial or docket court, which is a critical point of entry into the regular court system. Offenders that are considered at low risk of re-offending can have their charges stayed by a peace bond at the docket court. The Crown prosecutor reads the particulars of the offence into the record and has the accused acknowledge its accuracy, so that this information is on file in the event of a re-assault (Hoffart & Clarke, 2004). While some community stakeholders expressed concerns about this process, Hoffart and Clarke clarified that, "those with Peace Bonds tend to make quicker linkages with treatment and are less likely to drop out than those without Peace Bonds" (p. xiii).

They also noted that the offenders that were stayed with peace bonds were mandated to treatment in a timely fashion, so that they were less resistant to such intervention. Such early case resolution is a key principle of the model and refers to the ability to set court dates quickly so as to facilitate rapid referral of eligible offenders to treatment.

About 46% of the cases were concluded within two weeks from the first appearance in the Domestic Violence Docket Court (an average of 37 and a median of 17 days). About 86% of the HomeFront cases were resolved within two adjournments or less. The length of time between first appearance and disposition in the specialized Docket Court was consistently shorter and required fewer adjournments than during the baseline period. On average, the baseline cases were resolved in about two months (a mean of four and a median of three adjournments). (p. xiii)

Hoffart and Clarke (2004) found that accused who went through the specialized docket court were much less likely to commit new offences, compared to accused in the baseline sample prior to the inception of the specialized court: 12% as compared to 34%. Further, proportionally fewer of the HomeFront accused breached conditions of recognizance (6.1%) than did the accused in the baseline sample (17.6%), suggesting

the positive impact of the reduced time between the incident and appearance in docket court.

Edmonton instituted a specialized trial court in 2001, but until recently, the first appearance (docket) court was not specialized. Research comparing the Winnipeg model to Calgary and Edmonton is almost completed but results are not available for this report (Tutty & Ursel et al., in preparation). Of note, is that both Edmonton and Calgary recently changed to what more closely resembles the Winnipeg model where both docket and trial court are specialized, suggesting the importance of both components.

Evaluations of two American specialized courts in San Diego (Peterson & Thunberg, cited in Clarke, 2003) and in Brooklyn (Newmark, Rempel, Diffily & Kane, cited in Clarke, 2003) provided similar positive findings with respect to baseline data that compared variables such as time to disposition, increased proportion of offenders being placed on probation or mandated to treatment and recidivism.

The safety of women and children victimized by abusive men partners has been a prime justification for specialized courts, yet relatively few aspects of the justice system have been evaluated to assess whether victim safety is an outcome. The women's perceptions of the HomeFront specialized domestic violence first appearance court were mixed, as might be expected (Tutty & Nixon, 2004). Some women were pleased that their partner was mandated to treatment and commented on changes that they perceived. Others were skeptical that batterer treatment is effective. In short, specialized approaches make a difference for many women whose partners are charged, however, some still fall through the cracks and specialized advocacy services are not always available or accessible.

In summary, few evaluations of specialized courts have been conducted and most have focused on only one model. Such research is complex, however. The context of the communities in which the courts are established is critical and must be documented and captured in any evaluation. Nevertheless, further research is essential in understanding which components of specialization make the most difference in holding offenders accountable and safeguarding victims.

### Research on Groups for Abusive Men

As the primary condition to which the accused are mandated by the courts, establishing the efficacy of batterer treatment programs is critical, especially as many women stay or return to potentially dangerous partners in the hope that they will change as a result of group treatment (Gondolf & Russell, 1986).

Numerous evaluations of treatment for men who abuse intimate partners have been conducted. Canadian studies include Augusta-Scott and Dankwort (2002) in Nova Scotia; Montminy, Roy, Lindsay & Turcotte (2003) in Quebec; Palmer, Brown & Barrera (1992); Barrera, Palmer, Brown, & Kalaher, (1994); Scott & Wolfe (2000); Tutty, Bidgood, Rothery & Bidgood (2001) in Ontario; and McGregor, Tutty, Babins-Wagner & Gill (2002) in Alberta.

In 1997(a), Gondolf counted a total of 30 published single-site program evaluations, many with methodological shortcomings such as quasi-experimental and exploratory research designs. Gondolf (1997b) concluded that these methodological limitations resulted in no clear evidence of the efficacy of treatment. He did, however, note that the “success rates” of batterer programs are comparable to others such as drunk driving, drug and alcohol, and sex offender programs using similar methodology.

One of the key questions about batterer treatment programs is whether court-mandated offenders benefit in comparison to those who self-refer. Edleson and Syers (1991) compared six treatment conditions finding, at 18 month follow-up, that men involved with the courts had lower levels of violence than “voluntary” group members. Similarly, Rosenbaum, Gearan and Ondovic (2001) found that court-referred men who completed treatment had significantly lower recidivism rates than self-referred men.

A recent meta-analysis of 22 mostly quasi-experimental evaluations of domestic violence treatment (Babcock, Green, & Robie, 2004) found no differences between treatment models (Duluth compared to cognitive behavioural, etc.) but that treatment had a significant but small effect on recidivism in addition to the effect of being arrested.

Some randomized clinical trial studies of batterer intervention programs have been conducted. Palmer, Brown and Barerra’s 1992 study in Ontario randomly assigned a small sample to a 10-week treatment group compared to a “probation only” control group. Those assigned to treatment re-offended at a significantly lower rate than in the probation condition.

Two more recent randomized clinical trials, one in Broward County, Florida and the other in Brooklyn, NY (Jackson, Feder, Forde, Davis, Maxwell & Taylor, 2003), raised serious questions about batterer intervention programs when neither found statistically significant difference between violations of probation or re-arrests in men randomly assigned to either treatment or a control condition. These conclusions, using the “gold-standard” of experimental research designs, created significant concerns about such treatment.

Gondolf (2001) has responded with critiques of the implementation of the last two studies. In at least some instances, random assignment did not occur, the groups were characterized by high drop-out rates and it was difficult to access victims for follow-up reports, casting doubt on the interpretation of the findings. In his multi-site evaluation of four batterer treatment systems, with variation on whether referrals were pre-trial or after trial, length (from 3 months to 9 months) and whether additional services were offered, Gondolf (1999) found no significant differences across programs in re-assaults, portion of men making threats and the quality of the victims’ lives. A subgroup of about 20% of the referrals was identified as dangerous men who continued to assault their partners despite intervention. Such offenders need a different treatment approach; however, they are difficult to identify. Further, Gondolf recommends screening for severe substance abuse and psychological problems that are associated with dropping out (2001).

Rather than the cessation of violence, Gondolf (2001) refers to “de-escalation of assault,” finding that, while nearly half of the men in the four treatment sites re-assaulted their partners at some time in the nine months following program intake, two and a half years later, more than 80% had not assaulted their partner in the past year (based on partner reports) and the severity of the assaults was reduced. This fits with the points raised by Jennings (1990) who has questioned whether the absolute cessation of violence during treatment was a fair standard, when in treatments for other problems such as alcoholism, clients are expected to relapse, but learn from these experiences to help them resist in the future.

Gondolf’s final recommendation is to provide programs as early as possible and to shift the focus from program length to program intensity (2001, p. 214). For example, as soon as possible after charges and during the crisis when motivation tends to be the highest, offenders could attend counselling three or four times per week for the first four to six weeks.

In summary, while there has been considerable scepticism expressed by victim’s advocates about the effects of batterer intervention programs for court-mandated clients, the research supports their utility for a relatively large proportion of those charged with assaulting intimate partners. The proviso that some repeat offenders and others with co-occurring problems such as substance misuse and psychological problems are not amenable to the models currently in use suggests the need to conduct further research on identifying these subgroups and developing appropriate interventions.

### Research on Abusive Women

The major focus in intimate partner violence has been on male perpetrators. Nevertheless, over 40 studies worldwide that used the Conflict Tactics Scale repeatedly conclude that a similar proportion of women use violence against male partners as men do to women. The debate about whether men are equally abused as women is perhaps the most contentious in the field of intimate partner violence (Osthoff, 2002; Saunders, 2002; Sarantokos, 2004; Tutty, 1999).

Canada’s 1999 General Social Survey, which also used the Conflict Tactic Scale questions, added important queries about the context and consequences of the violence acts (Pottie Bunge & Levett, 1998). Looking more closely, it becomes clear that abuse against women by male partners is more often repetitive and life threatening. The research shows that women were three times more likely to report being injured and twice as likely to report chronic, ongoing assaults (more than 10 incidents); disclosed more serious emotional consequences such as depression, anxiety attaches, sleeping problems and lowered self-esteem; were afraid of their partners for their lives to a significantly greater extent, with 38% of women compared to 7% of men. Similar patterns of differences in the abusive behaviours of men and women were found in Melton and Belknap’s (2003) study of a large sample of domestic violence cases in the U.S.

With that context in mind, however, studies and the experience of front-line workers such as the police validate that some women are either “mutually” violent, whether in self-

defense or not, or are the primary aggressor in the relationship. These women are both heterosexual and lesbian (Coleman, 1994; Renzetti, 1992; Tjaden, Thoennes, & Allison, 1999; White & Kowalski, 1994). Abuse in lesbian couples generally takes similar forms as in heterosexual couples: physical, psychological and sexual violence. Power, control and autonomy issues also play a part in similar ways to the dynamics of abuse in male-female relationships (West, 1998). Nevertheless, Dasgupta (2002) and Hamberger (1997) provide a compelling rationale for concluding that many women who batter their male partners are themselves abused. Oshthoff (2002) takes this one step further, declaring, "If you are battered, you are not a batterer" (p. 1540).

In comparison to the vast research on male abusers, we know relatively little about the characteristics of abusive women and how they respond to treatment (Abel, 1999). Dasgupta (1999) interviewed 32 women who had been referred to the Duluth, Minnesota program because of aggression towards partners. All had also been abused by either current partners or in past close relationships. The women's aggression was often psychological rather than physical and rarely resulted in the men being afraid. Instead, the women tried to limit their partner's contacts with relatives or friends; but, seldom achieved total control. Although some women withheld sexual access as a control mechanism, the impact of this could not compare to the marital rape often experienced by abused women (Bergen, 2004).

Babcock, Miller and Siard (2003) compared generally violent women to partner only-abusive women finding that generally violent women reported more trauma symptoms, used more instrumental violence and were more likely to have witnessed their mother's being physically abusive. Abel (1999) compared women participants in perpetrator groups and women in victim's groups. Significantly more of the "batterers" were non-white, and were much less likely to have sought help from services such as shelters (only one-third of the women had utilized such resources). They had significantly lower levels of trauma symptomatology (with the exception of the depression and overall trauma subscales) than abused women; however, their trauma scores were greater than non-abused women. Both studies suggest the importance of a trauma assessment in working with women mandated to treatment for abusive partners.

Several recent studies have documented high rates of substance abuse among women court-referred to domestic violence treatment (Stuart, Moore, Ramsey, & Kahler, 2003; 2004). As Gondolf (2001) has suggested with respect to men's treatment, these authors also highlight the importance of substances screening and offering adjunct substance abuse treatment.

Of course, trauma symptoms and substance utilization are interrelated. Parrott, Drobles, Saladin, Coffey and Dansky (2003) found that, while substance dependence and PTSD are separately each associated with increased violence in both men and women members of a couple, PTSD and cocaine use further increases the risk of perpetrating intimate partner violence across genders.

With new dual arrest policies (i.e., charging both partners if mutual physical aggression is present) common across North America, women are increasingly being charged with partner abuse and mandated to treatment (Finn, Sims Blackwell, Stalans,

Studdard & Dugan, 2004; Hirschel & Buzawa, 2002). Few treatment programs are described in the literature.

U.S. clinicians Hamberger and Potente (1996) developed a treatment program for women arrested for abusing their partners. While the content areas appeared similar to that in many men's treatment programs, the authors found that, "Most of women who resort to violence against their partners, do so as a direct outgrowth of violence and oppression perpetrated against them in a context that has permitted or encouraged violence to be used as a problem-solving strategy. Of the 67 women treated to date, only three clearly exhibited primary perpetrator characteristics and battered their male partners" (p. 70). As such, in addition to presenting information on dealing with anger and aggression, the groups included sessions on safety planning, children's issues and assertiveness training commonly utilized in support groups for victims of woman abuse.

Still, we are only in the beginning stages of understanding differences between male and female perpetrated violence. If we are to offer effective interventions, we must understand more about the dynamics of woman-perpetrated abuse. While there is an increase in research on the characteristics of abusive women, there is virtually none on their treatment. Abusive women may either seek counselling or be mandated to attend programs to change their behaviors. There is little written about clinical work with assaultive women and how such interventions might differ from treatment developed for male perpetrators. Buttell (2002), evaluated treatment with 91 women court-ordered into treatment for partner violence. At pre-test, they were assessed as employing a level of moral reasoning (a contentious outcome variable) two standard deviations below norms for adults in general. At post-test, however, there were no significant improvements in moral reasoning raising questions about the impact of the group.

An evaluation of the Responsible Choices for Women program offered by the Calgary Counselling Centre (Tutty, Babins-Wagner, & Rothery, in press) showed that at pre-test these mostly non-mandated women groups reported levels of physical and non-physical abuse of partner that were serious. The greater use of psychological abuse by women asking for treatment for abusive behaviour is identical to that reported by other practitioners who have conducted research with such women (Dasgupta, 1999; Hamberger & Potente, 1996) and their partners (Tutty, 1999). The Responsible Choices for Women group members reported clinically significant problems in many areas of their lives including stress, depression, low self-esteem and serious marital and family relations. After treatment they significantly improved in several areas: less non-physical abuse, higher self-esteem, more contentment, less clinical stress and higher assertion.

In summary, our knowledge about both specialized treatment models and the efficacy of programs for women mandated to treatment for abusing intimate partners is in its infancy. Simply making over men's group models will likely be ineffective and addressing trauma and possible substance abuse is recommended (Abel, 1999; Tutty et al., in press).

### **3.0 THE DOMESTIC VIOLENCE TREATMENT OPTION (DVTO)**

This section of the report focuses on the development and implementation of the DVTO in Whitehorse.

#### **3.1 Need for an Alternative to Formal Court Processing of Domestic Violence Cases**

The inability of the formal adversarial court process to address family violence effectively is well known to anyone who practices in the criminal courts and is well documented in the literature. In fact, these limitations were identified in the Final Report of the Committee to Assess the Responsiveness of Yukon Justice to Family Violence, September 1993 (Yukon Department of Justice). That report concluded, at p. 33:

- the courts are not able to reduce or eliminate family violence because they are unable to deal with the underlying issues or provide long-term protection to individuals;
- the perpetuation of the myth that courts can solve the problem of family violence results in a mis-allocation of limited financial and human resources;
- the courts focus on laws and those persons who break them; and so long as society expects the courts to be punishment-oriented, it will be difficult to change that focus to address the needs of the victim; and
- at the trial stage, prior to a finding of guilt or a guilty plea, the system is adversarial, governed by the Criminal Code and the Charter of Rights and Freedoms, and is primarily concerned with the rights of the accused person.

The report highlighted the problem of high court collapse rates, meaning that a large percentage of complainants failed to show up in court or if they did, changed their version of what happened in order to exculpate the accused. While high collapse rates disrupt court scheduling, it is of greater concern that many of these complainants continue in abusive relationships. There are also many victims who will not contact the police and endure their violence in silence. Some are afraid of retaliation from their partner and do not believe that the system can protect them. Some have already been through the formal justice system only to find that it did not respond to their needs or that it “revictimized” them. For others, economic, family, cultural or social considerations act as barriers to accessing the formal justice system. Some want help and treatment for their abuser but know that once they initiate a call for help, they will lose control of the process and have little opportunity to influence the outcome.

For these victims, at that point in their lives, the formal justice system is not an appropriate alternative and no degree of fine-tuning, tinkering, or even modest improvements is going to make a difference. Victims are not a homogenous group and

their needs and personal circumstances are varied. One should not be surprised, therefore, that an inflexible justice system with a single entry point is not responsive to the needs of all victims and worse, excludes a significant proportion of them.

A logical response would be to make available a variety of alternatives with different entry points that will provide realistic choices for a greater number of victims of domestic violence. Some of these alternatives should be based in the criminal court while others should be established as civil law remedies. Most importantly, the victim should be allowed a much greater role in choosing the response appropriate to her personal circumstances and state of mind. Empowering the victim by giving her greater control and responsibility over the process and the remedy will encourage more timely disclosure of domestic violence. Safety considerations dictate that priority should be given to those victims who do not feel that they can access the formal criminal justice system.

### **3.2 Goals and Objectives of DVTO**

#### **3.2.1 Goals**

For cases of spousal or partner abuse, the DVTO provides the offender and indirectly, the victim, an opportunity to choose a therapeutic treatment alternative to traditional sentencing in criminal court. The goals of this program are to:

- encourage more disclosures of domestic violence;
- provide for early intervention;
- provide a non-adversarial, therapeutic court-based alternative to formal criminal court as a means of responding to domestic violence;
- reduce the high collapse rate for domestic violence charges;
- hold offenders accountable in a meaningful way;
- provide a therapeutic sentencing option to offenders under the close supervision of the court and treatment professionals;
- incorporate restorative principles in sentencing and thus encourage the early acceptance of responsibility and guilty pleas by perpetrators of domestic violence; and
- provide protection, information and support for victims.

#### **3.2.2 Objectives**

In order to achieve these goals, the DVTO relies on the accomplishment of the following measurable objectives:



- encourage more victims of domestic violence to seek protection and help from the criminal justice system;
- fast-tracking of cases by the police, Crown counsel and defence counsel;
- reduce the number of victims of domestic violence who abandon or withdraw from the criminal justice system;
- provide speedy access to effective counseling and treatment programs for offenders;
- hold the offender accountable by providing close court supervision throughout the therapeutic process; and
- provide protection, information, and support for victims and refer them to programs that will assist them and their families.

### **3.3 DVTO Program Structure and Components**

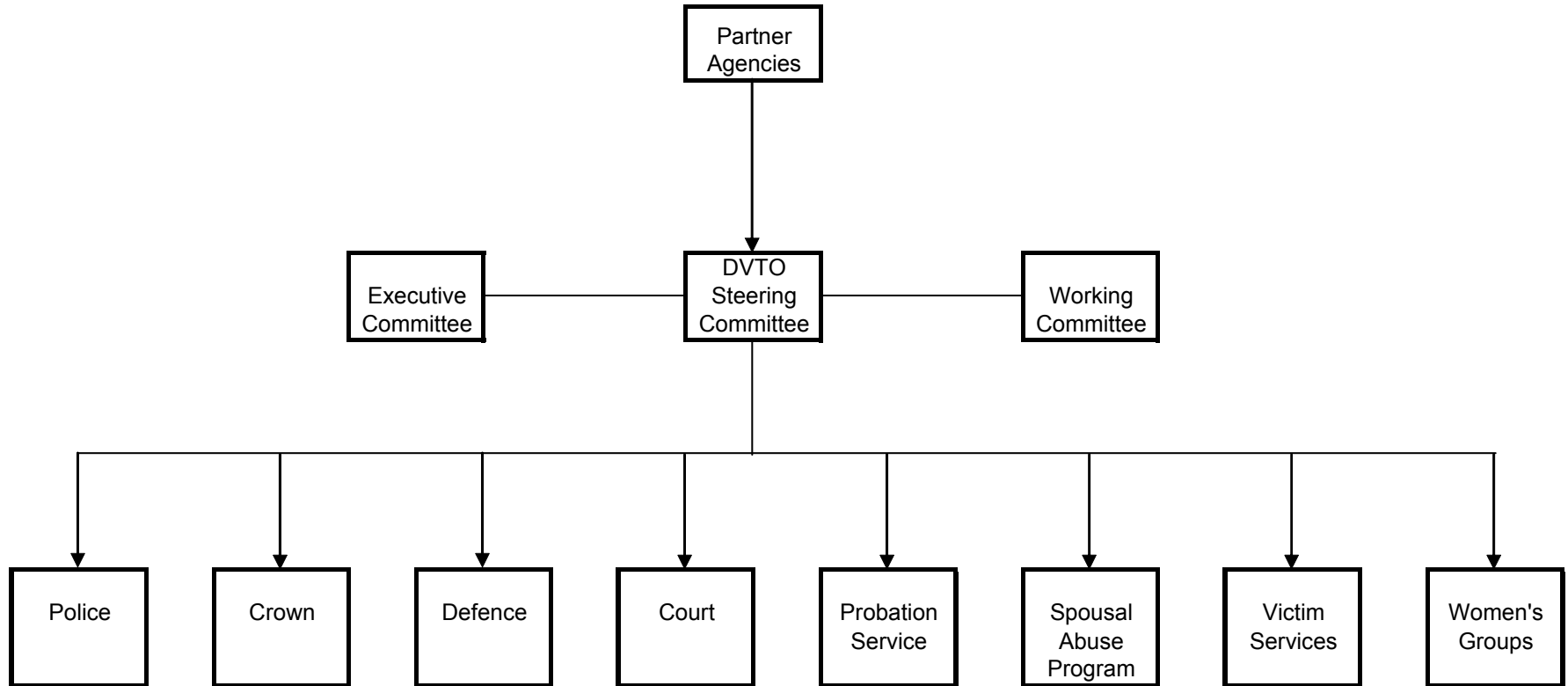
The overall structure of the DVTO program is pictured in Figure 3.1. Partner agencies have representatives who attend the DVTO Steering Committee meetings. The Steering Committee is advised by the Working Committee, and it then sets policy and protocol for the service components of the DVTO program. All of these components are briefly described below and protocols where appropriate are included in Appendix B.

#### Steering Committee

The DVTO Steering Committee is comprised of representatives from government agencies, non-governmental organizations and community organizations that deal with domestic violence offenders and victims on a regular basis. The Steering Committee initially provided guidance with respect to the implementation of and the subsequent operation of the DVTO. The Steering Committee provides a forum for information sharing and problem solving with specific emphasis on the effective operation of the treatment option, and promotes a more efficient allocation of community resources directed to domestic violence. Additionally, the Steering Committee functioned to build a mutual understanding of, and a coordinated response to, domestic violence in the community.

FIGURE 3.1

Organizational Structure of the Domestic Violence Treatment Option Program



## Executive Committee

The DVTO Executive Committee is comprised of representatives from the judiciary, Crown counsel, defence, DVTO program co-ordinator and Victim Services/Family Violence Prevention Unit. This committee was struck in June of 2001. The primary role of the Executive Committee is to discuss philosophy and mandates of the DVTO.

## Working Group

The Working Group consists of individuals who work on the front lines with offenders and victims. The Working Group currently includes the following representatives: DVTO Court Coordinator, Crown prosecutor, defence counsel, probation officer, RCMP officer, treatment-program representative, a victim services counselor and a Family and Children Services worker. The Working Committee is responsible for meeting on a regular basis for the purpose of identifying and resolving operating issues, which arise on a day-to-day basis. Policy issues will be identified by the Working Group and forwarded to the Steering Committee with any relevant documentation and recommendations.

## Court Management Team

The Court Management Team (CMT) operates as a problem solving team in support of the front line workers. Issues and problems that arise are often resolved by the cooperation of the Working Group and the CMT who then report to the Steering Committee. The CMT is comprised of the DVTO Court Coordinator, the Designated Territorial Court Judge, the Director of Legal Aid, the Prevention Unit who by virtue of the positions can commit their offices to adopting change when required.

## Court Coordinator

The DVTO Court professionals operate as a large, diverse and committed group that are coordinated and assisted by the Court Coordinator. The DVTO Court Coordinators position is an emerging and evolving one that requires continued attention to the process of the growth, evaluation and education regarding this Court. The Coordinator acts as both advocate and facilitator.

Day-to-day responsibilities include:

- organizing, chairing and developing processes through regular meetings of the Court Management Team, Steering Committee and Working Group;
- development of a number of documents that enable the Court to provide consistent and quick information to court participants, members of the community, and others who request it regarding the operation of the DVTO Court. These documents include our Steering committee Member Protocols, DVTO Court pamphlets, Court Process Sheets, RCMP Checklist, No Contact Order procedures and various articles and presentation formats; and

- to foster and maintain positive, cooperative and ongoing relationships with all of the partner agencies involved in the Steering Committee and Working Group members.

Overall responsibilities include:

- development and delivery of cross training and ongoing educational workshops for many members of our community, including the RCMP, the Transition Home Staff and the Women's Centre staff and volunteers;
- receiving and responding to requests locally, nationally and, in fact, internationally about our court process. In cooperation with other Court team members, development of an extensive presentation involving handout materials and several versions of a PowerPoint presentation. Some requests are for information, but others have involved putting together a team of professionals from our court project that can attend and make a presentation on the DVTO Court process;
- develop, deliver, advocate and promote public education regarding the Courts process; and
- development and coordination of the expansion of the Court to Yukon communities.

## RCMP

Enhanced police investigations, management and reporting procedures support this initiative. The approach taken by officers when attending a complaint has a significant impact on the disclosure made by the victim and her willingness to follow through with a formal complaint. The evidence collected, including transcribed 911 calls, photographs, audio and video statements from the victim, statements from independent witnesses, and medical records encourages early guilty pleas.

The RCMP protocol was expanded to include a summary checklist form of the Spousal Assault Risk Assessment (SARA) developed by the RCMP in consultation with Crown Counsel, SAP counselors, and the manager of Victim Services and Family Violence Prevention Unit. Risk assessment data collection begins at the first contact with the RCMP. This helps the DVTO program in a number of ways. First, it helps the RCMP decide whether to detain or release the accused and if they release what conditions should be imposed. Second, it facilitates early contact with Family and Children's Services in cases involving children. Finally, it assists probation officers/bail supervisors and SAP counselors in obtaining more detailed information about the incident and level of risks earlier in the process.

## Crown

Designated Crown Attorneys are specially trained to prosecute cases in the Domestic Violence Treatment Court. Training consisted of some cross training at the Family Violence Prevention Unit including observing and attending the group session with offenders and attending seminars designed to increase their knowledge of domestic violence. They provide consistency and continuity in dealing with offenders and victims.

## Defence

Designated experienced defence counsel who are fully informed about the DVTO and other treatment programs are available. They advise clients objectively about the advantages and disadvantages of the available alternatives.

## Judiciary/Court

A special Family Violence Court was set up to hear all first apprehensions for domestic violence as well as reviews of DVTO cases. The Territorial Judges are specifically assigned and follow a specific protocol with DVTO cases.

In the spring of 2002, the Judiciary amended the protocol to allow for the Chief Justice of the Peace to carry out sentencing in domestic violence cases in the DVTO court.

## Spousal Abuse Program (SAP)

The core of the DVTO program is the Spousal Abuse Program (SAP), which is a specialized and appropriate counseling and treatment program for offenders who participate in the treatment option. In September of 2001, SAP expanded its service to include female offenders. In March 2002, the first female offender program was offered to women who came through the DVTO court. Further, in the spring of 2002, the DVTO as well as SAP expanded their service to include same-sex couples.

In December 2002, SAP implemented a community development pilot project in one of the rural communities, Watson Lake. One designated SAP counselor began conducting a men's spousal abuse counselling group. The sessions were held for three consecutive nights and were reduced to 15 sessions from the usual 20 sessions. When the SAP counselor is not available, the community counselors track and monitor the clients.

## Probation

Specially trained probation officers are available to complete risk assessments, provide community-based supervision of offenders, and liaise effectively with others involved in the DVTO program. The training of probation officers was delivered as part of their employment training and in-service seminars that were arranged on a regular

basis. Their training focused on increasing the knowledge of the dynamics of domestic violence and the effects on family, children and communities.

### Victim Services

Specially trained victim witness assistance program staff are available to take a proactive approach to supporting victims by identifying their needs, making appropriate referrals, and providing useful information. The training of victim service workers was delivered as part of their employment training and in-service seminars that were arranged on a regular basis. Their training focused on increasing the knowledge of the dynamics of domestic violence and the effects on family, children and communities.

### Victoria Faulkner Women's Centre

The Victoria Faulkner Women's Centre provides advocacy and referral services to women in the Yukon. The Women's Centre is committed to the process of deciphering how best this court process addresses the concerns of the victim and holds the offender responsible for his violent action. The Women's Centre will be able to provide assistance/advocacy and referral, where appropriate, to victims of domestic violence.

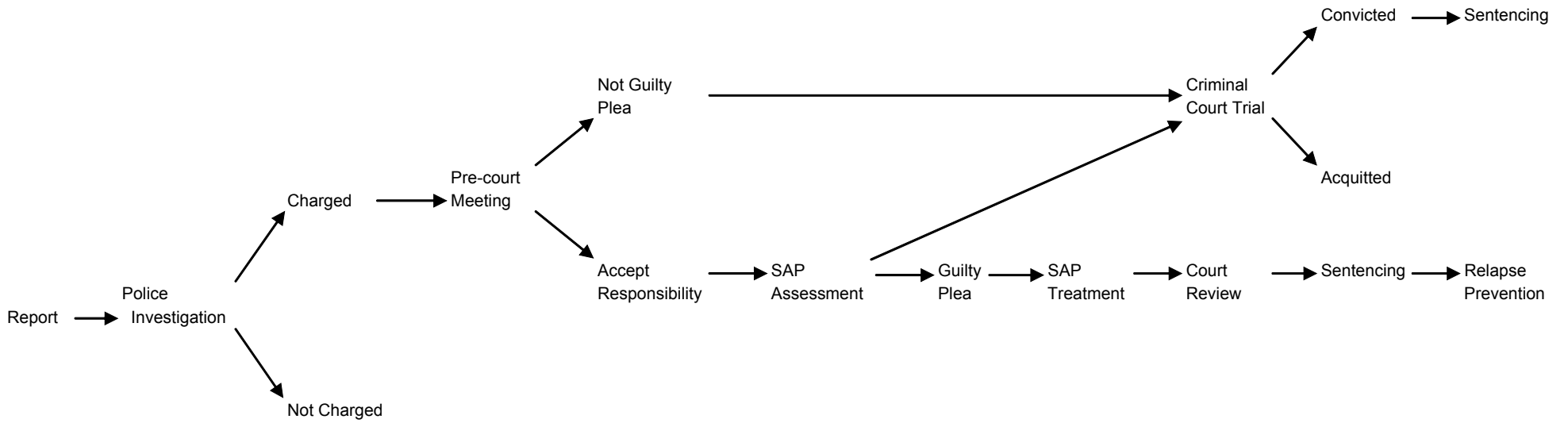
## **3.4 Processing of Cases**

As indicated in Figure 3.2, cases in the DVTO system begin with a report to police. In response to the report of domestic violence, the RCMP conduct specialized investigations and risk assessments. RCMP will refer the victim of a domestic violence dispute to Victim Services. The RCMP have also implemented special procedures to ensure that disclosure is given to Crown counsel prior to each first court appearance in order that disclosure can be made to the defence in a timely manner consistent with the protocol of fast tracking these cases. During the initial investigation the RCMP will fill out the initial SARA checklist and pass this information on to SAP.

Both Yukon Legal Services Society and the Crown's office have assigned specific lawyers to the DVTO sitting of the court. This assignment allows for the development of expertise and provides continuity, allowing the same counsel to take a case to its completion. Duty counsel treat this sitting of the court like a circuit point, meaning that he/she assesses the accused's eligibility for legal aid at the time of court appearance, avoiding a further adjournment and delay.

**FIGURE 3.2**

**The Processing of Cases in the Domestic Violence Treatment Option Program**



The RCMP set all first appearances involving domestic violence for 1:30 p.m. on the Monday approximately two weeks after the incident. This is a special “Family Violence” Territorial Court with specially assigned judges and is in session every other Monday.<sup>1</sup> This time period is several weeks shorter than the normal time for first appearances and is an essential aspect of fast-tracking domestic violence cases. This same appearance schedule is adhered to whether the accused is detained or released on bail. The court is also able to deal with judicial interim release applications that involve domestic violence and that arose during the preceding weekend.

Persons charged with domestic violence are required to appear in court on every other Monday at 1:30 in the afternoon, and court commences at 2:00. Holding court at the same time and in the same courtroom every other week facilitates attendance by resource persons, such as representatives from the Family Violence Prevention Unit, Victim Services, Family and Children’s Services, and Probation Services. Prior to the commencement of court, a pre-court meeting is held where all key players attend to discuss cases that are on the court docket for the day. Information is shared about the accused, victim, and offence, and issues are discussed or recommendations are made amongst the parties. This assists in the fast-tracking of cases because all parties are usually in agreement prior to court commencing.

Information about the DVTO is provided to the defendant at the first court appearance. The DVTO is available to the defendant only upon application. The defendant must be prepared to accept responsibility for the offence as a condition of eligibility. This application is made at the first or second court appearance. Adjournments are only granted for specific reasons, for example, to obtain further disclosure, and normally for two weeks only. When an application is made for the DVTO, the court adjourns the case for two weeks for SAP to conduct an intake assessment and assess eligibility for the treatment program as is indicated in Figure 3.2. If the defendant is found to be ineligible for the DVTO, he is returned to the formal court process. Ineligibility for the program, though infrequent, is usually due to serious mental health problems or severe substance abuse problems. Occasionally, the program will give conditional acceptance to a defendant. This means that the defendant must complete some other form of programming prior to entering SAP.

Once a defendant is accepted to the treatment program, a plea must be entered into the court. A formal guilty plea must be entered prior to the commencement of the treatment program. If the defendant chooses to plead not guilty, his case is referred back to the formal court process. If a guilty plea is entered, Crown counsel and defence counsel usually file a written agreed statement of facts setting out the details of the offence.

The treatment recommendations are presented to the court and may be incorporated in an undertaking or in a recognizance where one is already in existence. Modest modifications of the treatment plan may take place during subsequent court

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<sup>1</sup> In the spring of 2002, docket size did not warrant holding court every week; as well, there were difficulties with scheduling for both Crown and defence, thus the decision was made to hold DVTO court every second Monday. This change has ensured increased consistent representation by both Crown and defence, as well as providing more time for the treatment staff to meet with the accused for intake and assessment.



reviews. The defendant may have other needs besides treatment, which are addressed by Probation Services and outlined in a report. After the defendant has pleaded guilty, the SAP conducts a lengthy clinical assessment prior to commencing treatment. Once this has been completed the defendant begins to attend the treatment group. While the defendant is attending treatment, the court undertakes regular monthly reviews of the defendant's progress. Reviews may also be initiated by the bail supervisor or by treatment personnel. A defendant may be returned to the formal court process and sentenced as a result of failing to follow the treatment plan, missing treatment sessions, or as a result of not participating in group sessions.

Every effort is made to address the victim's needs and concerns while the defendant is participating in the treatment program. Safety considerations are given the highest priority. Victim Services can assist the victim and provide information about available services. Further, a counselor in SAP will invite the victim to participate in the defendant's assessment process through a partner assessment. The victim is also contacted throughout the offender's treatment to discuss any concerns that may arise. The victim is invited to participate in the defendant's assessment process. The court encourages the victim to be heard at all stages of its process and may direct that appropriate court documents be made available to them.

Probation Services identifies other programming needs and normally prepares a report for the court to assist with sentencing. Victim Services, defence counsel and Crown counsel provide their recommendations to Probation Services. Effective communication among all interested parties ensures that the "fast-track" is maintained. The court normally imposes the sentence after the defendant has completed the treatment offered by SAP and other recommended programming has been identified or started. The court encourages and places significant weight on joint submissions from counsel but, as in any case, reserves the right to impose the appropriate disposition based on all of the relevant information.

In the spring of 2004, the decision was made to expand the Monday court schedule to include sentencing in the morning session. Prior to this, afternoon court often ran late and those being sentenced had to wait long periods of time.

### **3.5 Description of Spousal Abuse Program (SAP)**

The Spousal Abuse Program is a core component of the Domestic Violence Treatment Option. The role of this program is to offer early intervention, information and therapeutic initiatives and programming to this multi-faceted, co-operative approach to ending domestic violence. This program serves as a link to various key players. It offers the legal process a specialized perspective, which is derived from the specific knowledge and expertise required in the field of domestic violence. The SAP also plays a role in defining how the process is shaped with regards to seeking the most efficient and concise application of both therapeutic and judicial parameters. This is addressed through effective communication and understanding between the key players involved.

The safety of the women and children is always of paramount concern and this is taken into consideration before any intervention with men occurs. For those offenders

who accept the therapeutic component of the DVTO, the aim of SAP is to provide treatment to assist men (and, as of March 2002, abusive women) in changing their abusive attitudes and behaviours. The treatment program consists of 10 weeks of group therapy held twice a week for two hours followed by six weeks of after care follow up. Abusive men use acts of violence and various forms of abuse as a means of controlling their victim's actions, thoughts and feelings. The treatment helps men examine the intents of their abusive actions and to look at the underlying belief systems from which they operate. The men are also taught new skills for managing stresses, emotions and behaviours. The objective is to assist men in stopping abuse and violence in their intimate relationships.

In March of 2002, SAP expanded its treatment to include female offenders. For female offenders who are accepted into the therapeutic component of the DVTO, SAP provides group treatment to assist them in changing their abusive attitudes and behaviours. This pilot treatment program is ten weeks long and is held twice a week for two hours. Unlike abusive men, women tend to use acts of violence and various forms of abuse not as a means of controlling their victim's actions, thoughts and feelings, but rather for other reasons such as retaliation and self-protection. The treatment assists women to examine the intents of their abusive actions and to utilize new skills for managing stress, emotions and behaviours.

During the spring of 2002, the Domestic Violence Treatment Option Court and SAP also expanded its service to include same-sex couples. When there are charges, these couples are able to opt into the DVTO process and access the group treatment programs.

#### Relapse Prevention Group/After Care

In the spring of 2002, SAP added a relapse prevention component to its existing services. Given high recidivism rates, the therapist of SAP felt that the inclusion of the relapse prevention program was warranted. Research suggests that abusive behaviors need to be managed over a lengthy period of time in order to impact those behaviors and to help ensure victims' long-term safety. The relapse prevention component facilitates monitoring individuals who have attended the ten-week program previously and have either re-offended or are choosing to reconnect with the program because they feel they need it.

The relapse prevention group is less structured, and designed to assist abusive men in ongoing management of their tendency for abusive behavior. The group runs every two weeks and offers support at anytime. Initially it was designed for individuals who had completed the ten-week SAP and required further therapeutic intervention and support to assist them in managing their behavior. Recently, the decision was made to include six weeks of after care as a standard component of the treatment program.

Throughout the treatment program there is a continual flow of information between the program facilitators, Victim Services, adult probation, and the court. The program facilitators give regular updates on the offender's general progress throughout the treatment sessions. However, the intimate details of what is disclosed in the treatment sessions usually remains with SAP workers. Enough information is shared so that probation officers can make accurate case management plans and recommendations to the court. The court then can make informed decisions and Victim Services can assist a victim with planning for safety.

### **3.6 Issues**

#### Definition of a Case as "Spousal"

The classification of a case of assault as spousal continues to be a problem. Some of the partners in the DVTO project would like to define cases as "spousal" based on the relationship of the victim and alleged offender. While on the surface this seems logical and easy to do, there are problems in doing it.

Historically, RCMP protocol directed investigating officers not to classify cases as "spousal" unless the victim and accused were actually living together. The consequence of this protocol was that the SARA checklist may not be filled out in some "spousal" cases and they were not directly referred to the DVTO by the police. Most of the time, the Crown identified these cases when they reviewed the file and subsequently referred them to the DVTO. This should not be a problem in the future since the RCMP implemented the UCR2 (revised) survey for reporting cases in 2005. This new system is incident-based and provides information on all relationship types that corresponds with Statistics Canada definitions.

#### Continuity of Protocol

From April to September 2003, three critical components of the DVTO process changed. First, the designated Crown went on leave and was temporarily replaced by another Crown prosecutor. Second, one of the two judges involved with the DVTO court retired and was not replaced for some time. Third, a number of defence lawyers who were not previously involved with the DVTO court defended clients in DVTO proceedings.

Observations of the court proceedings suggested that these changes resulted in several incidents that have compromised the Crown and judges' protocols (see Appendix B).

This experience pointed to the need for all of the partners in the DVTO process to have a clear understanding of the DVTO process and the need to closely adhere to the relevant protocols which were adopted to ensure continuity in the DVTO process when individuals changed positions. The Steering Committee responded rapidly to these issues by meeting more often, discussing the issues, informing all partners, and editing the protocol where necessary.

## Use of the SARA

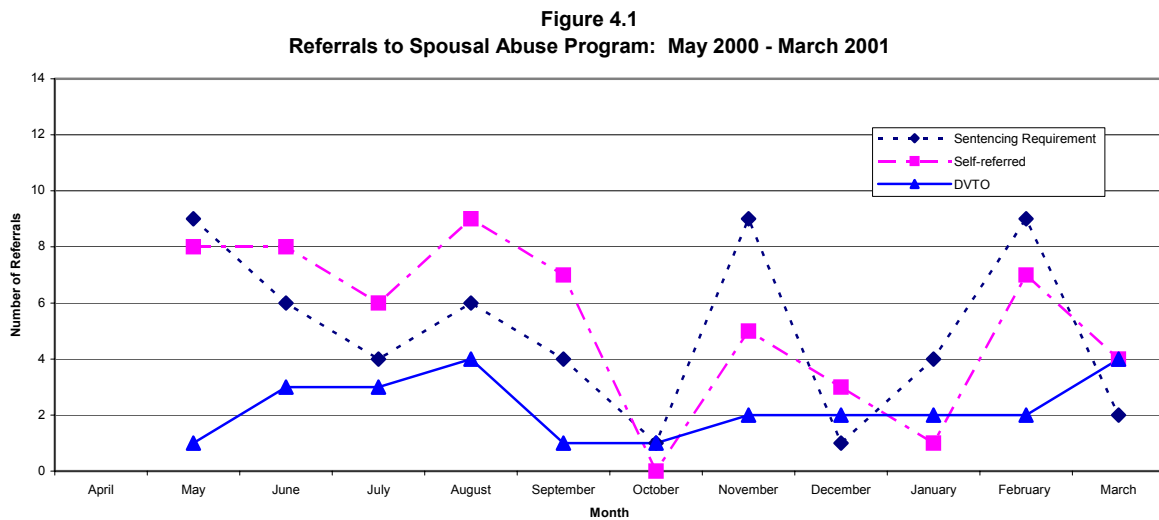
As of April 2005, the RCMP discontinued the use of the SARA and have since replaced it with the Violent Incident Relationship Checklist. This form was chosen because the RCMP felt that it “fits” with the investigative role of police better than the SARA. This was implemented after collection of data for the evaluation was completed. What, if any, information regarding the offender and/or victim that is shared with other DVTO partners is still in question due to concerns about protection of privacy legislation.

## 4.0 PROGRAM OUTPUTS: THE CLIENTS SERVED

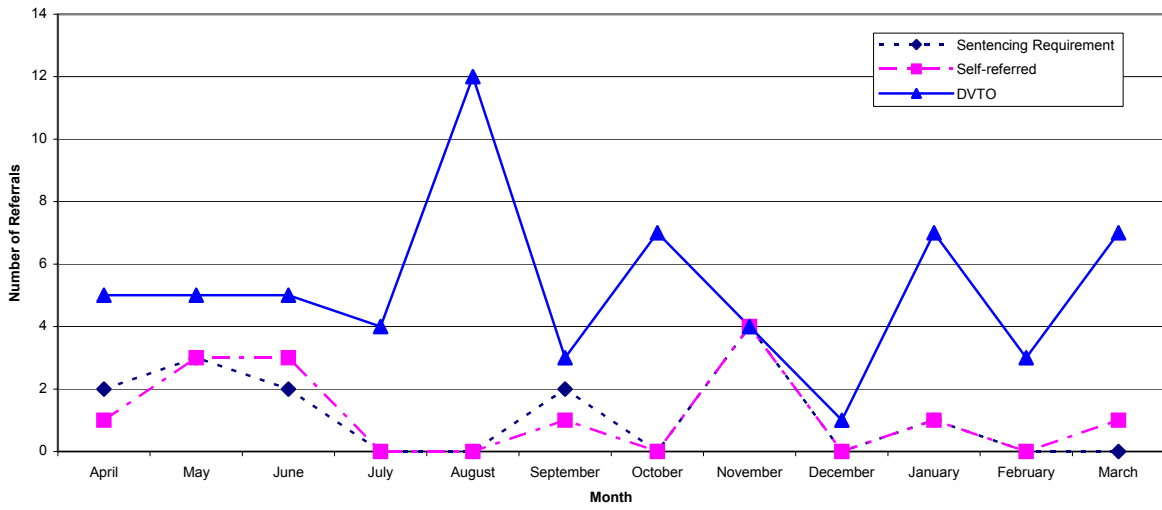
This section presents information on the intake and flow of clients through SAP, as well as profiles of clients in terms of demographics and some baseline measures on the offenders. This information is very relevant to the process analysis and more specifically, the question of whether the program has been successfully implemented.

### 4.1 Client Referrals to the Spousal Abuse Program (SAP)

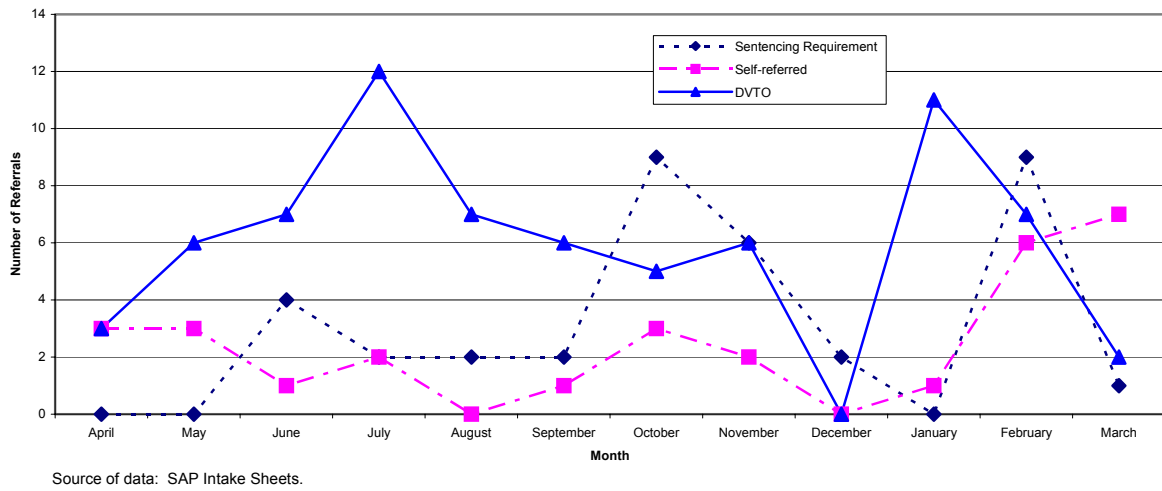
Figures 4.1 through 4.5 contain the data on new referrals to SAP from May 2000 to December 31, 2004. While there is month-to-month variation and some seasonal variation with more referrals in the summer and fall months, the overall trend up to March 31, 2003 has been an increase in referrals to the DVTO and a decrease in referrals by the Court after conviction (i.e., sentencing requirement) and in self-referrals. After the evaluability assessment study was completed in February 2001, the number of DVTO cases increased rapidly and has remained about 40% of the rate of intake during the evaluability assessment study. By March 2002, over 60% of all cases referred were DVTO cases averaging approximately five new cases per month compared to just over one per month for court-ordered cases. In March 2003, these trends continued with a slight decrease in the DVTO cases to 52.2%, and a slight increase in self-referrals which included 4.4% of the cases now referred directly by Family and Children's Services.



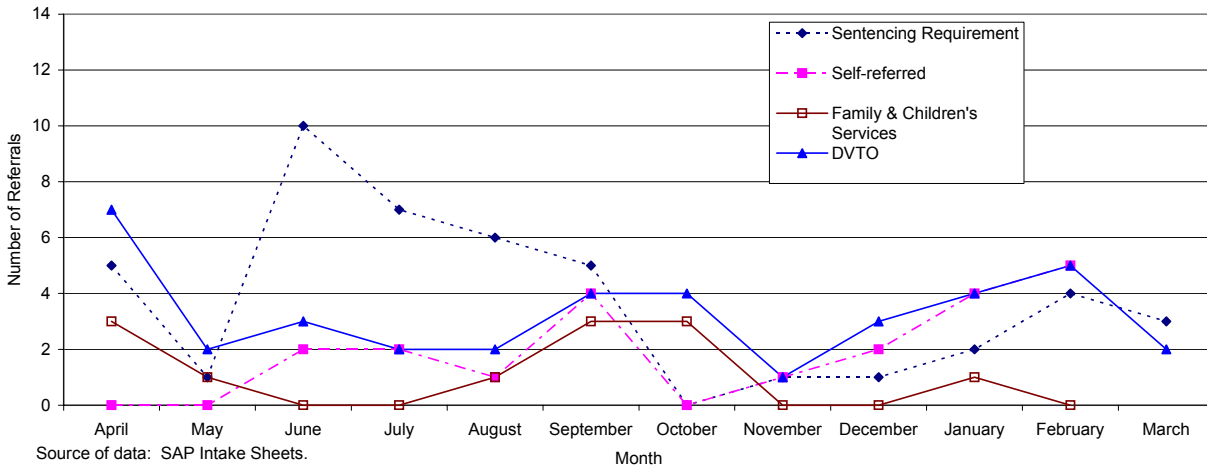
**Figure 4.2**  
**Referrals to Spousal Abuse Program: April 2001 - March 2002**



**Figure 4.3**  
**Referrals to Spousal Abuse Program: April 2002 - March 2003**



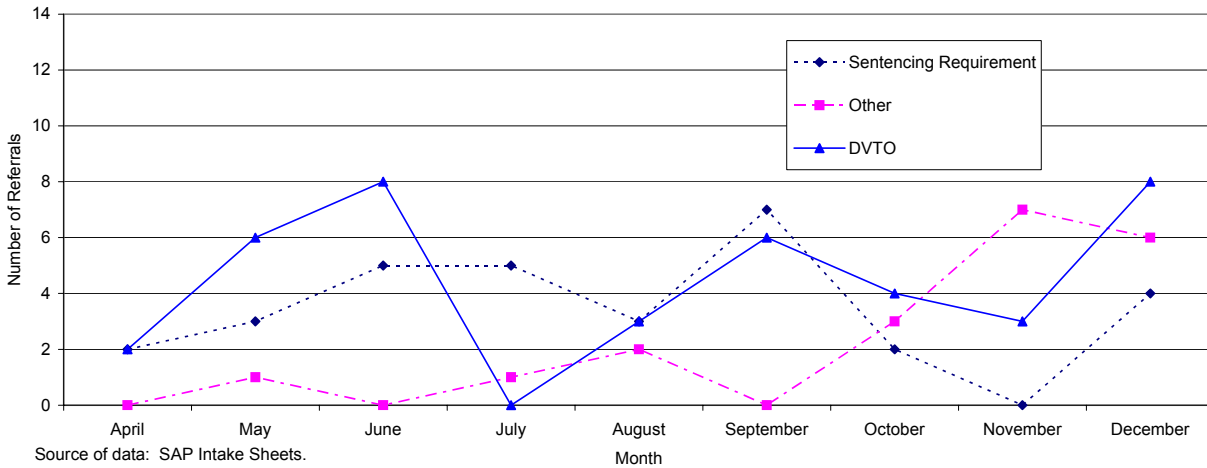
**Figure 4.4**  
**Referrals to Spousal Abuse Program: April 2003 - March 2004**



The pattern of client referrals and intake for the 2003/2004 fiscal year was quite different than previous years. There was a slight decrease in the total number of referrals (n=117) from the previous year (n=138). The average number of cases per month decreased from 11.5 to 9.8. This decrease was due mainly to a drop in the number of clients referred through the DVTO from an average of six per month in 2002/2003 to just over three per month in 2003/2004. The court-ordered cases in contrast have increased slightly due mainly to referrals from the rural communities, such as Teslin, where the Peacemakers serve as an alternative to traditional court. Many of these court-ordered cases may involve offenders who plead guilty and are required to attend SAP as a condition of their sentence. While they plead guilty and there is no trial, the DVTO process is not yet an option for these clients. Further, group treatment for offenders has been available in Watson Lake since January 2003. These clients would, however, also be included as court-ordered or sentencing requirement since they are not involved in the total DVTO process.

As Figure 4.5 indicates, in the last nine months of the study (April – December 2004) the average number of cases per month remained stable at 10, however, the number of DVTO referrals increased from the previous year to 4.4 per month and the sentencing requirement cases decreased slightly to 3.4 per month.

**Figure 4.5**  
**Referrals to Spousal Abuse Program: April 2004 - December 2004**



## 4.2 Intake and Case Flow

The Spousal Abuse Program's MIS has been constructed so that all contacts between program staff and the clients in the program can be logged and tracked, thus, providing a historical profile of each client over time.

The information being reported here consists of measures completed and entered into the program information system between June 2002 and November 30, 2004. Prior to June 2002 (i.e., May 2000 to May 2002) there were 238 clients who were processed through intake but were not included in the evaluation data set since the study was not fully implemented until June 2002. Thus, the total number of clients involved with the SAP since the DVTO was implemented in May 2000 up to December 2004 is approximately 550.

### 4.2.1 Client Profiles

A breakdown of the clients included in the SAP-MIS by race, gender and initial referral source is pictured in Table 4.1. Note that this table includes all clients, active/in process and closed cases, involved with SAP and entered into the MIS from June 2002 to November 2004. The total number of clients for this period is 318 and approximately 40% of all cases were initially referred by the DVTO.



**TABLE 4.1**  
**SAP Clients by Initial Referral Source and Demographic Profile**

Clients		Initial Referral Source															Total		
		DVTO			Sentencing Requirement			Self-Referral			Family and Children's Services			Private Therapist/Other					
		n	Row %	Column %	n	Row %	Column %	n	Row %	Column %	n	Row %	Column %	n	Row %	Column %	n	Row %	Column %
Caucasian	Male	42	51.9	32.6	11	13.6	10.7	24	29.6	42.9	3	3.7	11.1	1	1.2	33.3	81	100.0	25.5
	Female	1	6.3	0.8	3	18.8	2.9	3	18.8	5.4	9	56.3	33.3	0	0.0	0.0	16	100.0	5.0
First Nations	Male	72	41.6	55.8	69	39.9	67.0	22	12.7	39.3	8	4.6	29.6	2	1.2	66.7	173	100.0	54.4
	Female	14	29.2	10.9	20	41.7	19.4	7	14.6	12.5	7	14.6	25.9	0	0.0	0.0	48	100.0	15.1
Total		129	40.6	100.0	103	32.4	100.0	56	17.6	100.0	27	8.5	100.0	3	0.9	100.0	318	100.0	100.0

Source of data: Management Information System (MIS) (June 2002 -- November 2004).

Missing data on Race: 1.

The second largest percentage of SAP clients, over 32%, have been involved with SAP because of a sentence requirement. Note also that over 17% of cases were self-referral cases and approximately 9% were referred by Family and Children's Services. Approximately 70% of the cases involved First Nations clients and overall approximately 20% of the total number of cases were female offenders. Interestingly, of the 64 female offenders in the SAP, 11 (17%) also had partners in the program. Further, in the first two years of the evaluation there were seven cases which involved "dual charges" (i.e., charging both partners at the same occurrence). In the past year there have been 11 new cases involving dual charges – half of which have already concluded in a "Stay of Proceedings."

#### 4.2.2 Client Flow Through the Spousal Abuse Program (SAP)

While the overall DVTO process pictured in Figure 3.2 (in Section 3.4 above) suggests a step-wise process beginning with assessment, progressing to 10 weeks of group treatment and six weeks of relapse prevention, the progression of real cases through the system is far more complex. Figure 4.6 pictures all of the possible alternative paths through the SAP treatment. Ideally most cases would progress in a straightforward fashion from the SAP clinical assessment to group treatment, group completed, relapse prevention and finally sentencing. However, as Figure 4.6 suggests some cases may not be appropriate for SAP initially and they may be referred to other treatment (e.g., one-on-one or other agencies). Secondly, a group may not be available immediately and the client may have to go on a waiting list that involves "checking in" with the program until a group space is available.

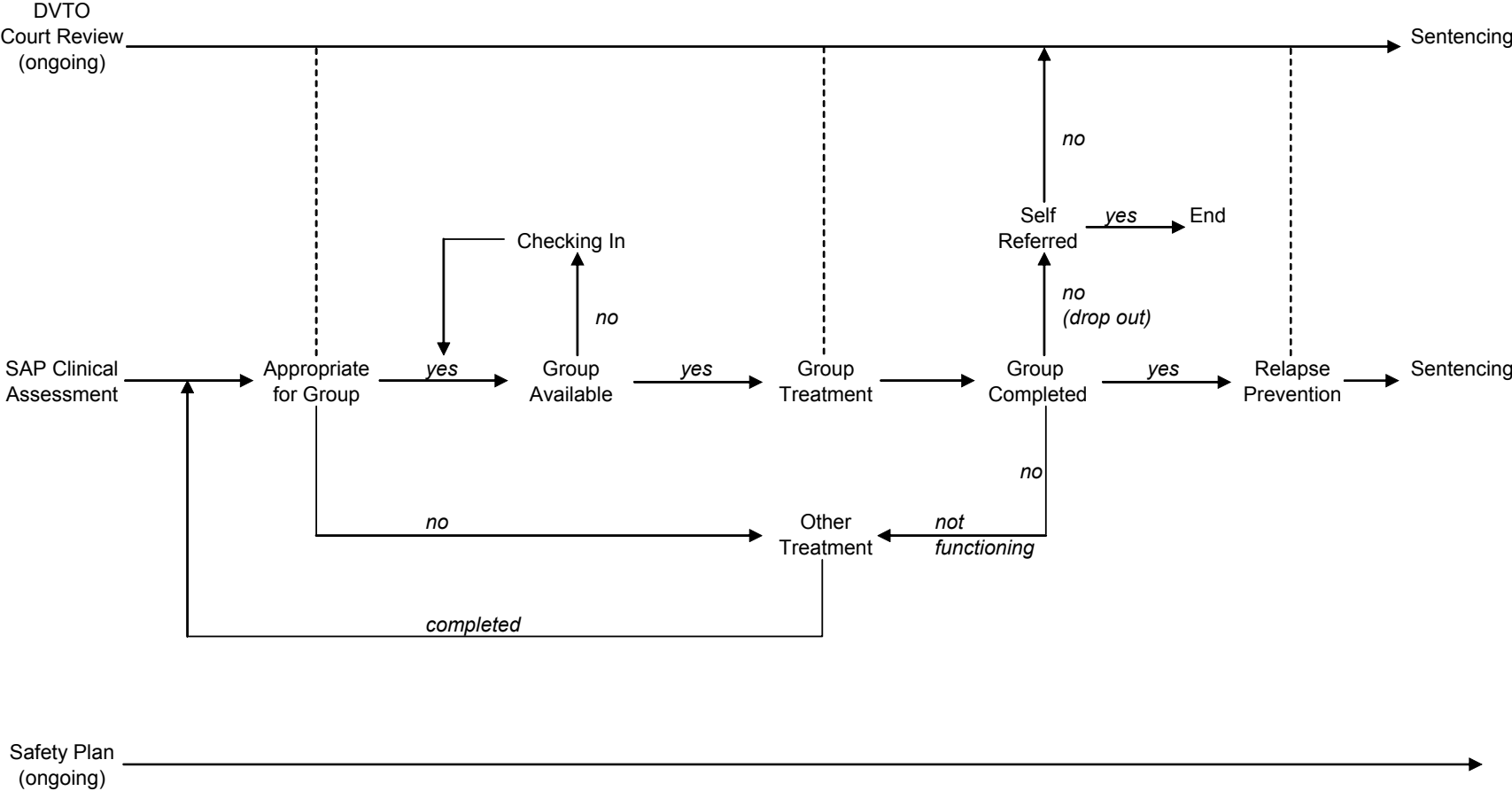
After group treatment begins it will ideally last 10 weeks; however, as Figure 4.6 indicates, a client may be referred out of group to other treatment such as one-on-one, substance abuse, etc., and return to group treatment later. Alternatively, a client could drop out of group (i.e., miss three sessions). Dropping out could result in a breach if the treatment was a sentence requirement of DVTO.

Once group is completed, the DVTO clients are sent back to court for sentencing. They are also encouraged to attend a relapse prevention group and quite often this is included as a condition of their probation at sentencing.

An analysis of client flow data for clients who entered the program from June 2002 to November 2004 is contained in Table 4.2. Note that the highest overall completion rate, approximately 67%, was achieved by DVTO clients. The next highest rate, approximately 56%, was for cases in the sentencing requirement category. The lowest overall completion rate was only 22% for "other" cases (which included the self referral group with only a 12.8% completion rate). Both the DVTO and sentencing requirement cases had approximately 26% who finished first time. However, more of the DVTO clients (27%) completed with restarts than sentencing requirement restart cases (21%). Pre-group collapse was the highest for "other" cases at 45% and the DVTO cases were the lowest at just 13%. In-group collapse was approximately 13% for both DVTO clients and sentencing requirement cases.

Figure 4.6

Client Flow Through the Spousal Abuse Program<sup>1</sup>



<sup>1</sup> Includes all SAP clients referred by DVTO, self referrals, sentenced, and other.

**TABLE 4.2**  
**SAP Clients by Initial Source of Referral and Current Case Status<sup>1</sup>**

Referral Source		In progress		Collapsed		Completed		Total		
		Open	Referred Out <sup>2</sup>	Pre-Group Collapse <sup>3</sup>	In-Group Collapse <sup>4</sup>	Completed First Time <sup>5</sup>	Completed with Restarts <sup>6</sup>	Overall	Completed	
								N	Rate <sup>7</sup>	
DVTO	n	17	9	16	17	33	34	126	67	67.0
	%	13.5	7.1	12.7	13.5	26.2	27.0	100		
	Avg Mths <sup>9</sup>	25.4	12.4	10.3	15.7	6.8	10.7	13.6		
Sentencing Requirement	n	9	7	23	13	25	21	98	46	56.1
	%	9.2	7.1	23.5	13.3	25.5	21.4	100		
	Avg Mths <sup>9</sup>	21.7	5.9	10.6	15.5	13.4	13.5	13.4		
Other <sup>8</sup>	n	4	5	37	21	8	8	83	16	21.6
	%	4.8	6.0	44.6	25.3	9.6	9.6	100		
	Avg Mths <sup>9</sup>	23.5	7.2	5.9	12.7	7.6	8.5	10.9		

Source of data: Management Information System (MIS) (June 2002 -- November 2004). Missing Cases =4.

<sup>1</sup> Three deceased cases were dropped from analysis.

<sup>2</sup> Referred out of the program for other treatment (alcohol, drugs, or one-on-one).

<sup>3</sup> Left program before entering group.

<sup>4</sup> Left program after entering group.

<sup>5</sup> Straight through program steps (in group once, graduated).

<sup>6</sup> Through program steps with restarts (in group more than once, graduated).

<sup>7</sup> Overall completed rate is based on the number completed divided by the overall total minus cases in progress.

<sup>8</sup> "Other Referral Source" includes self-referral, Family and Children's Services, and private therapist. Self-referral had the lowest completion rate at 12.8%.

<sup>9</sup> Average months was calculated as the time from intake until the client completed group. The SAP staff standardly kept files open for three months after last contact with the client.

Referrals out of group for other treatment (not a collapse) did not vary as much as collapse rates. Note, for example, that approximately 7% of DVTO cases were referred out compared to 7% of sentenced cases, and 6% of "other" cases.

Table 4.2 also contains data on the average number of months in the SAP for each unique type of case. Overall, the "other" cases were in the program for the shortest period of time (i.e., 10.9 months); however, these cases had the highest collapse rates and few have completed the program – thus, the lower number of days. The overall average time in the program for DVTO cases was 13.6 months compared to 13.4 months for the sentenced cases but many more of the DVTO cases actually completed the group treatment.

It should be noted that the amount of time the DVTO client's case was open corresponded closely to the time the DVTO court file was active (i.e., from first appearance – usually two weeks after the assault occurred – until date of sentencing). The sentencing requirement clients, however, came to the SAP after their trial and sometimes after jail time. Thus, their "contact" with the legal system was actually at least six months on average longer than the DVTO clients. This, of course, also means the time between their offence and commencing treatment was at least six months compared to a few weeks for DVTO clients.

The relapse prevention time was also not included in the length of case time. This decision was made because very few clients actually attended the relapse prevention group even when it was a condition of their probation sentence. Further, there was evidence on the SAP client file that indicated that a number of these cases

were reported to the probation officers as a breach, but no further action was taken. The data in the file indicated that this problem was isolated as opposed to systemic and follow up indicated that the problem had been recognized and dealt with by probation services.

To add to the confusion about when a case was open or closed, over the 30 months that clients were followed, 15% of the cases (n=48) were closed and re-opened and 1% (n=4) were closed and re-opened three times. In 44% of the re-opened cases a re-assault had occurred. Further, of those who re-entered SAP, only 26% (n=14) had completed group in the first round. Interestingly, after returning to the program, most of those who had completed it first time (n=9), dropped out the second time. Only one completed it second time and four were referred to one-on-one counselling.

### 4.3 Baseline Measures

#### 4.3.1 Spousal Assault Risk Assessment (SARA)

The SARA (which is a non-standardized checklist) is completed by SAP staff and acts as a means for systematically reflecting upon and reviewing key issues that contribute to an overall assessment of the extent to which the targeted client is likely to place themselves or others at risk. Table 4.3 summarizes the available SARA data.

**TABLE 4.3**  
Average SAP Client SARA Profiles at Pre-test by Referral Source

Referral Source	Criminal History <sup>1</sup>	Psychosocial Adjustment <sup>2</sup>	Spousal Assault History <sup>2</sup>	Current Offence <sup>1</sup>
DVTO (n=62)	2.4	6.0	6.2	1.7
Sentencing Requirement (n=42)	3.3	6.5	7.2	2.0
Other (n=12)	3.4	7.1	5.7	1.6

Source of data: MIS.

<sup>1</sup> Range 0-9.

<sup>2</sup> Range 0-14.

<sup>3</sup> Other includes self-referral, Family and Children's Services, and private therapist.

The subscales of the SARA consist of different numbers of items with each item consisting of a rating on a 0 to 2 point item scale. The number of items in each subscale vary and thus scores across subscales should not be treated as comparable. The SARA is revised over time as new information is added to reflect the most current risk level.

As Table 4.3 indicates, all of the study groups, i.e., referred by DVTO, sentencing requirement, and "other," were comparably high-risk at intake. Further, the subscale psychosocial adjustment (DVTO=6.0, sentencing requirement=6.5, and other=7.1) and spousal assault history (DVTO=6.2, sentencing requirement=7.2, and other=5.7) were particularly high, pointing to the complex and long-term etiology behind the clients' current situations.

#### 4.3.2 Level of Abuse: A Comparison

Based on previous research, it was possible to compare the responses of the current three client study groups (that completed measures at least once) and partners with responses obtained from clients from another jurisdiction. While this jurisdiction is not directly comparable, it was one of the few studies which provides a Canadian comparison. The comparisons for physical and psychological abuse intensity are contained in Table 4.4.

**TABLE 4.4**  
**SAP Client by Referral Source and Partner Scores on**  
**Hudson Abuse Scale at Pre-test with a Comparative Study**

	Yukon SAP Means		Calgary Counselling
	Client Reports	Partner Reports <sup>1</sup>	
Physical Abuse <sup>2</sup>			
DVTO (n=75)	4.1 (s.d.=5.5)	6.8 (s.d.=10.5) (n=28)	2.5 (s.d.=4.6) (n=317)
Sentencing Requirement (n=40)	4.1 (s.d.=7.1)		
Other (n=18) <sup>3</sup>	1.2 (s.d.=2.7)		
Non-Physical Abuse <sup>2</sup>			
DVTO (n=75)	13.4 (s.d.=10.6)	22.4 (s.d.=16.7) (n=17)	13.8 (s.d.=11.5) (n=324)
Sentencing Requirement (n=12)	12.6 (s.d.=10.3)		
Other (n=20) <sup>3</sup>	17.3 (s.d.=14.9)		

Source of data: MIS.

<sup>1</sup> The number of cases did not permit these analyses to be broken down by referral source.

<sup>2</sup> Range of scores 0-100.

<sup>3</sup> Other includes self-referral, Family and Children's Services, and private therapist.

The Hudson Physical and Non-Physical Abuse Scales (client and partner) have been used in previous research in Calgary with individuals who have attended groups for perpetrating intimate partner violence (Tutty, Babins-Wagner, & Rothery, 2003). As such, we can compare the average scores at pre-test across studies. In all cases, the scores seem relatively similar across different populations of abusive individuals with a few exceptions.

As Table 4.4 indicates, the DVTO referred clients and the sentenced clients were very similar and high on both self-reported physical abuse (DVTO=4.1 and sentenced=4.1) and self-reported non-physical abuse (DVTO=13.4 and sentenced=12.6). These reported levels were also quite similar to the Calgary study where physical abuse=2.5 and non-physical abuse=13.8 (only Time 1 data were available). Further, all of these groups were above the clinical threshold established for the Hudson Physical Abuse Scale, i.e., 2.0.

The SAP "other" clients had a somewhat different profile. They reported lower levels of physical abuse (i.e., 1.2) and higher levels of non-physical abuse (i.e., 17.3). However, when comparisons are made between SAP client groups and their partners who received the abuse, large differences were found. Note that while the SAP client groups rated the level of physical abuse they perpetrated on their partner from 1.2 to

4.1, the partner rated the level of physical abuse at 6.8. Likewise, non-physical abuse was also rated almost two times higher by the partner with the exception of the other client groups. These findings most likely demonstrate the tendency of those who perpetrate abuse on their partner to rationalize and minimize the severity of their behaviour.





## 5.0 OUTCOME RESULTS

This section presents an analysis of the client outcome data and is relevant to the second objective of this report: to determine the effectiveness of the DVTO system and the SAP in achieving their objectives.

The relevant data collected on clients involved with SAP from June 2002 to November 30, 2004 can be grouped into three categories:

1. pre-test/post-test standardized measure data;
2. police involvement and criminal behaviour trend data (longer-term outcome); and
3. a brief discussion regarding victims.

The standardized measures data were collected by the SAP-MIS. Pre-test data were collected as part of the initial assessment of the clients and the measures were re-administered (post-test) at the end of the 10 weeks of group therapy. The longer-term criminal behaviour outcome data were obtained from the RCMP information systems Canadian Police Information Centre (CPIC) and Police Information Retrieval System (PIRS).

### 5.1 Pre-test/Post-test Standardized Outcome Measures

This section of the findings focuses on measuring change over time from the beginning of the SAP (pre-test) to the end of the 10-week group treatment sessions (post-test). These measures of outcomes represent what the program expects to achieve with clients in the short-term. The focus is mainly on change of attitudes and perceived behaviour.

Of the 129 clients who completed the group portion of the treatment program, 63% (n=81) completed the pre-test measures and some of the second set of measures (post-test). Only a few clients filled out all of the measures so the response rate by measure ranged from 53% to 67% (n=43 to 54) of the clients who filled out any post-test measures. There were no significant difference between those who completed the Time 2 instruments and those who did not on demographic characteristics. Interviews with the SAP staff indicated that many of their clients are challenged by low literacy and/or FASD. While ideally the program could be completed in 10 to 16 weeks, as indicated in the previous chapter, many of the clients have to suspend attending the group session to deal with issues, such as substance abuse and/or alcoholism, which are interfering with their functioning in the group and many just drop out. Thus, the actual number of clients who complete the program during the evaluation period is small compared to the total number entering the program.

Although the number of respondents who completed both the SAP and the package of standardized measures at both pre- and post-test is small compared to the total sample at pre-test, we compared the three different groups of clients: (1) those

referred by the DVTO; (2) those attending because of a sentencing requirement (court ordered); and (3) “other” clients (including those who were self-referred). One-tailed paired t-tests were calculated to explore whether the results were in the expected direction and were statistically significant.

### 5.1.1 Attitudes Toward Marriage and Family

#### The Attitudes Toward Marriage and the Family Scale (ATMF)

The ATMF scale was designed to measure traditional sex role attitudes in three distinct areas of marital/family life: domestic, social and sexual (Feldman, 1983). Studies have found that the measure possesses high internal reliability, as well as content validity. The validity of the measure has been further established by strong positive relationships between the ATMF and the Attitudes Towards Women Scale (Spence, Helmreich & Stapp, 1975).

As Table 5.1 indicates, the DVTO and sentenced clients improved their attitudes toward marriage and the family, changing to less traditional views of women’s roles from pre-test to post-test (from 30.5 to 27.7 for DVTO and 30.8 to 29 for sentenced clients). This improvement was statistically significant for DVTO clients, but was not significant for the sentencing requirement group. The “other” clients actually moved toward more traditional views over time but were far less extreme at pre-test.

**Table 5.1**  
**Pre-test/Post-test Scores on Attitudes Towards**  
**Marriage and Family for SAP Clients by Referral Source**

Referral Source	Pre-test <sup>1</sup> Average	Post-test Average	% showing Positive Change	T-Test Value	p
DVTO (n=25)	30.5	27.7	60.0	2.55	0.01 (sig)
Sentencing Requirement (n=16)	30.8	29.0	56.3	1.00	0.17 (ns)
Other (n=7) <sup>2</sup>	24.7	26.1	28.6	-0.34	0.37 (ns)

Source of data: MIS.

<sup>1</sup> Comparison with Kitchener-Waterloo study mean=29.8 (N=64) (Tutty et al., 2001). Decreasing scores indicate positive change.

<sup>2</sup> Other includes self-referral, Family and Children’s Services, and private therapist.

Interestingly, the “other” clients did not demonstrate improvement on this measure and actually did slightly worse at post-test (moving from 24.7 to 26.1). It should be recognized that this group is very small and thus, we should be cautious in our conclusions.

### 5.1.2 Russell Relationship Belief Measure

The Russell Relationship Belief Measure indicates the extent to which respondents’ beliefs about partner relationships reflect those found to be characteristic of abusive individuals. As Table 5.2 indicates, the overall score for both the DVTO referred clients and the sentenced clients improved significantly over time (DVTO from 3.9 to 4.2 and sentenced from 3.8 to 4.2). The “other” clients did not improve from T1 to T2. The individual scale scores also, for the most part, demonstrated improvement for

the DVTO group and the sentenced group. Note, for example, that the DVTO group improved significantly on “equality” and “considerateness” with 60% of DVTO clients improving on both of these scores. Improvement was also made on “respect differences,” but this was not statistically significant; however, again 60% of the clients improved. Decreasing scores are noted for “partner ownership” and “non-use of force,” but the changes in scores were not significant.

**Table 5.2**  
**Pre-test/Post-test Scores on the Russell Relationship Belief Measure**  
**for SAP Clients by Referral Source**

Referral Source	Scale*	Pre-test Average	Post-test Average	% showing Positive Change	T-Test Value	p
DVTO	Respect Differences (n=20)	3.8	4.0	60.0	-0.90	0.19 (ns)
	Partner Ownership (n=20)	5.6	4.2	45.0	1.13	0.14 (ns)
	Considerateness (n=20)	3.9	4.2	60.0	-1.81	0.04 (sig)
	Non-use of Force (n=20)	4.4	4.3	35.0	0.32	0.38 (ns)
	Equality (n=20)	3.7	4.5	60.0	-2.93	0.005 (sig)
	Overall (n=20)	3.9	4.2	70.0	-2.32	0.02 (sig)
Sentencing Requirement	Respect Differences (n=12)	3.7	4.3	83.3	-4.24	0.001 (sig)
	Partner Ownership (n=12)	4.0	4.4	66.7	-2.14	0.028 (sig)
	Considerateness (n=12)	3.8	4.0	50.0	-0.33	0.374 (ns)
	Non-use of Force (n=12)	4.1	4.4	50.0	-1.16	0.135 (ns)
	Equality (n=12)	3.5	4.0	58.3	-1.80	0.050 (sig)
	Overall (n=12)	3.8	4.2	83.3	-2.28	0.022 (sig)
Other <sup>1</sup>	Respect Differences (n=8)	3.9	3.9	50.0	0.02	0.494 (ns)
	Partner Ownership (n=8)	4.3	4.2	50.0	0.29	0.390 (ns)
	Considerateness (n=8)	3.8	3.9	37.5	-0.14	0.448 (ns)
	Non-use of Force (n=8)	4.5	4.6	50.0	-0.40	0.352 (ns)
	Equality (n=8)	3.9	4.0	25.0	-0.70	0.474 (ns)
	Overall (n=8)	4.1	4.1	50.0	-0.17	0.433 (ns)

Source of data: MIS.

\* Range=1-5. Increasing score indicates positive change.

<sup>1</sup> Other includes self-referral, Family and Children’s Services, and private therapist.

The sentencing group improved significantly on three of the five scales, specifically “respect differences” with 83% of clients improving, “partner ownership” with 67% improving, and “equality” with 58% improving. In contrast to the other two study

groups, the “other” clients improved only slightly (but non-significantly) on “equality,” “considerateness,” and “non-use of force.”

These findings indicate that participation in the program for the DVTO and sentenced clients clearly results in positive changes in clients’ attitudes towards their partner. Along with the findings reported above involving attitudes towards marriage and the family, these results seem to suggest that a clear feature of the experiences of clients as they move through the program is positive attitudinal change or growth.

### 5.1.3 Client Personality

Two scales were included to provide insight into the nature and structure of clients’ personality and self-esteem: the Millon Clinical Multiaxial Inventory (MCMI) and Coopersmith Self-Esteem. Data related to these scales is summarized in Table 5.3.

Some of the scales in Table 5.3 have base rate scores which provide a means to interpret the scores clients receive following their responding to the self-items. The first two scales of the MCMI, “passive-aggressive” and “self-defeating,” represent aspects of personality that can become problematic in programs such as this. “Passive-aggressive” refers to the tendency to quietly work at finding ways to “get back or get even” without providing an overt expression of aggression. “Self-defeating” scale scores reflect the extent to which clients seem bent on not succeeding. As Table 5.3 indicates, the DVTO group had 24% of the clients who fell into the “trait range” for “passive aggressive” and 18% in the “disordered range” at pre-test. For “self-defeating,” 42% of this group fell into the “trait range” and another 15% in the “disordered range.” From pre-test to post-test, the DVTO clients improved on both of these scales with 52% improving on “passive aggressive” and 59% improving on “self-defeating” (significant  $p=.001$ ). For these clients little change was noted on the “social desirability” scales, but they did improve significantly on the “self-esteem” scale – from 66.8 to 75.2 with 63% of the clients improving.

For the sentencing requirement group, 28% of the clients fell into the “trait range” for “passive aggressive” and another 28% of them in the “disordered range.” For “self-defeating,” 38% of the sentenced clients fell into the “trait range” and 19% into the “disordered range.” From pre-test to post-test this client group improved only on “passive aggressive” and actually got slightly worse on “self-defeating” and “social desirability.” However, none of these changes were significant. The sentencing requirement group did improve in “self esteem” over time but not significantly with 69% showing improvement.

The “other” client group in comparison had 18% of clients in the “trait range” for “passive aggressive” and 23% in the “disordered range.” For “self-defeating,” this group had 50% in the “trait range” and 23% in the “disordered range.” From pre-test to post-test the “other” clients improved on all three of the Millon scales, as well as on “self esteem,” but the changes were not significant.

**Table 5.3**  
**Pre-test/Post-test Scores on the Millon Clinical Multiaxial Inventory (MCMI) and**  
**Coopersmith Self-esteem Scale for SAP Clients by Referral Source**

Referral Source	Scale	Pre-test Average	Post-test Average	% Showing Positive Change	T-Test Value	p	% Scoring in "Trait" Range at T1	% Scoring in "Disordered" Range at T1
DVTO	Passive Aggressive Base Rate Score <sup>1</sup> (n=27)	58.0	45.3	51.9	1.78	0.044 (sig)	24.3 (n=74)	17.6 (n=74)
	Self-Defeating Base Rate Score <sup>1</sup> (n=27)	67.5	51.7	59.3	3.56	0.001 (sig)	41.9 (n=74)	14.9 (n=74)
	Social Desirability Base Rate Score <sup>1</sup> (n=27)	44.0	45.6	37.0	-0.94	0.18 (ns)	--	--
	Coopersmith Self-Esteem <sup>2</sup> (n=27)	66.8	75.2	63.0	-2.17	0.02 (sig)	--	--
Sentencing Requirement	Passive Aggressive Base Rate Score <sup>1</sup> (n=16)	55.3	47.4	50.0	0.88	0.20 (ns)	27.7 (n=47)	27.7 (n=47)
	Self-Defeating Base Rate Score <sup>1</sup> (n=16)	52.6	53.3	43.8	-0.08	0.468 (ns)	38.3 (n=47)	19.1 (n=47)
	Social Desirability Base Rate Score <sup>1</sup> (n=16)	40.8	45.1	25.0	-1.40	0.09 (ns)	--	--
	Coopersmith Self-Esteem <sup>2</sup> (n=16)	66.8	75.0	68.8	-1.41	0.09 (ns)	--	--
Other <sup>3</sup>	Passive Aggressive Base Rate Score <sup>1</sup> (n=7)	62.4	55.6	42.9	0.84	0.216 (ns)	18.2 (n=22)	22.7 (n=22)
	Self-Defeating Base Rate Score <sup>1</sup> (n=7)	72.0	59.6	57.1	1.28	0.124 (ns)	50.0 (n=22)	22.7 (n=22)
	Social Desirability Base Rate Score <sup>1</sup> (n=7)	50.1	48.0	57.1	0.78	0.233 (ns)	--	--
	Coopersmith Self-Esteem <sup>2</sup> (n=7)	66.4	71.0	85.7	-0.76	0.239 (ns)	--	--

Source of data: MIS.

<sup>1</sup> Decreasing scores indicate improvement.

<sup>2</sup> Increasing scores indicate improvement.

<sup>3</sup> Other includes self-referral, Family and Children's Services, and private therapist.

The Social Desirability base rate scores were well within the "average" range for all client groups. Scores on this scale can be taken as an indication of the extent to which the client was responding in ways they believed would depict them in a more socially appropriate light. The stability of these scores and the relatively small number

of clients actually scoring in the clinical range means that the results can be viewed more or less at face value.

#### 5.1.4 The Family Assessment Measure – Dyadic Relationship Scale (FAM-DR)

The FAM-DR measures problem-solving skills, conflict resolution skills, and communications skills in two-person relationships (Skinner, Steinhauer, & Santa-Barbara, 1983). The FAM is based on a family functioning process model (Skinner, 1987). The Dyadic Relationship Scale examines specific pairs in the family, in this case, the couple relationship.

For the current analysis, overall scores were calculated to test improvement of the offender relationship with their partner. As Table 5.4 indicates, the analysis indicates that at the pre-test all three groups were either close to or over the threshold score for significant “problem areas” (i.e., 60 and above). Further, Table 5.4 indicates that only the sentencing requirement group improved slightly on this scale and the other groups actually got worse, although the difference was only significant for the “other” group. These findings indicate that all of these clients have problematic relationships with their partner and the relationships do not improve over time. The fact that the other group was significantly worse at Time 2 could be due to the fact that these clients most likely continued contact with their partners during treatment whereas the other two study groups were probably not having contact with partners.

**Table 5.4**  
**Pre-test/Post-test Scores on the Family Assessment Measure**  
**for SAP Clients by Referral Source<sup>1</sup>**

Referral Source	Pre-test Overall Score	Post-test Overall Score	T Test Value	P
DVTO (n=30)	58.3	61.4	-1.62	0.127 (ns)
Sentencing Requirement (n=16)	62.7	60.2	1.49	0.079 (ns)
Other (n=6) <sup>2</sup>	61.8	66.7	-2.25	0.038(sig)

Source of data: MIS.

<sup>1</sup> Increasing scores means increased level of dysfunction and scores over 60 indicate significant "problem areas."

<sup>2</sup> Other includes self-referral, Family and Children's Services, and private therapist.

## 5.2 Criminal Histories and Re-assaults

This section of the findings focuses on the following: (1) the criminal conviction histories of the SAP clients; (2) the pattern of criminal behaviour during and after their involvement with the program; (3) the occurrence of spousal re-assaults within 15 months of SAP intake; and (4) the occurrence of spousal assaults 12 months after completing the program and/or having the file closed. The data analyzed in this section of the report were obtained by searching the Canadian Police Information Centre (CPIC) system using the SAP master list of clients. The CPIC reports generated a list of all previous convictions by *Criminal Code* offence. In addition, the Yukon RCMP Police Information Referral System (PIRS) was also searched. This system records the details of all police contacts with individuals. These police checks were conducted in May 2005.

### 5.2.1 Criminal Conviction Histories of SAP Clients

The conviction data on the clients' criminal histories was grouped into three broad categories: (1) assaults, which included all assaultive types of behaviour against a person; (2) failure to comply/breaches, which included all breaches of recognizance and probation, as well as failure to appear; and (3) all other offences, such as property crimes and drug and alcohol offences. Unfortunately, the data did not permit us to identify whether assaults were domestic or not.

Overall, 60% of the DVTO clients, 65% of the sentencing requirement clients, and 12% of the "other" clients had been convicted of at least one assault prior to their involvement with SAP. Many had been convicted of three or more assaults. Specifically, 21% of the DVTO clients and 31% of the sentencing requirement cases had three or more assault convictions pre-program (see Table C-1 in Appendix C).

The high level of conviction for prior assaults with this client group is consistent with the overall high rates of violent crime in the Yukon. The Crime Statistics in Canada, 2004 report, for example, indicates that in 2004 the rate for assaults (level 1, 2, and 3) was 2,842 per 100,000, which was almost four times the national average for Canada (i.e., 732 per 100,000). Further, the average murder rate in the Yukon for the last 10 years (1995 – 2004) was 6.4 per 100,000, which was more than three times higher than the national average for Canada at 1.9 per 100,000 for the same period of time.<sup>2</sup>

In terms of failure to comply/breaches, prior to intake to SAP a similar pattern emerged with 42% of the DVTO clients, 57% of the sentencing requirement clients, and 11% of the other clients having been convicted of at least one offence. Many were also convicted of three or more offences. For DVTO clients, 27% had three or more convictions compared to 35% for the sentencing requirement cases and only 5% of the "other" clients (see Table C-2 in Appendix C).

The number of other convictions prior to SAP was also high with 61% of DVTO, 61% of sentencing requirement, and 14% of "other" clients having been convicted of at least one offence. Those having been convicted of three or more offences included 43% of the DVTO clients and 48% of the sentencing requirement cases (see Table C-3 in Appendix C).

The number of convictions during and after the program were significantly fewer than prior to program involvement due to two factors. First, the timeframe during and after the program was very short compared to the historical timeframe prior to intake. Second, once in the program all clients were monitored more closely and thus, less likely to re-offend. The one exception, of course, was the number of convictions for breaches. During the program, 16% of the DVTO clients and 19% of the sentencing requirement clients were convicted of a failure to comply/breach (see Tables C-1 to C-3 in Appendix C).

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<sup>2</sup> An average was used here to account for statistical anomalies in comparing a small sample in the Yukon (total population 31,209) with a much larger population.

Table 5.5 contains an overall analysis of differences between the three referral groups for assaults, weapons, failure to comply/breaches, and other offences for the time period before, during and after SAP intake. The most interesting results are for the pre-program period where the three groups were statistically significantly different on all four types of charges. The sentencing requirement clients were the highest in prior convictions, with the DVTO clients being second and the “other” clients a distant third place. All the differences among the three groups were statistically significant with the exception of the sentencing requirement and “other” groups for other offences.

### 5.2.2 Contact with the Police During and After SAP

The occurrence data, which measures the type of contact with police, was tracked both during the clients’ involvement with the program and after the clients’ files were completed/closed up to May 2005. The most common categories analyzed in this report included occurrences where the client was: (1) a complainant; (2) intoxicated; (3) subject chargeable; (4) charged; and (5) victim. These categories are not mutually exclusive (i.e., intoxicated was the most common multiple category). One incident could involve more than one occurrence category.

Overall, 54% of the DVTO clients, 48% of the sentencing requirement clients, and 16% of the “other” clients had at least one official contact with police during their involvement with the program. Many of those had more than three contacts (i.e., 37% of DVTO clients, 40% of sentencing requirement clients, and 10% of “other” clients).

After the program was completed/closed, 30% of DVTO clients had additional contacts with the police compared to 32% of sentencing requirement clients, and 1% of “other” clients. This drop off in contacts is to some extent a function of the length of time since the program was completed/closed. Overall, the data indicate that a significant proportion of both DVTO and sentencing requirement clients (approximately 20%) continued to have a significant number of contacts with the police (see Tables C-4 to C-9, Appendix C). In part this may be due to the increased monitoring provided by the DVTO system.



**TABLE 5.5**  
**Mean Number of Assault, Weapon, Failure to Comply/Breaches, and**  
**Other<sup>1</sup> Convictions Pre, During, and Post-Program by Initial Referral Source**

Referral Source and Charge	Pre-Program						During Program						Post-Program					
	n <sup>2</sup>	%	Mean	S.D.	Range	Significance	n <sup>2</sup>	%	Mean	S.D.	Range	Significance	n <sup>2</sup>	%	Mean	S.D.	Range	Significance
DVTO (n=129)																		
Assaults	77	59.6	1.6	2.2	0-12	3, 4, 5	9	7.5	0.1	0.3	0-2	5	3	2.3	0.0	0.2	0-2	--
Weapons	17	13.2	0.2	0.4	0-3	3, 4, 5	1	0.7	0.0	0.1	0-1	--	0	0.0	0.0	0.0	0-0	--
Failure to Comply/Breaches	54	41.8	2.0	3.7	0-22	3, 4, 5	21	16.3	0.6	1.8	0-11	4	8	6.2	0.1	0.5	0-4	--
Other	78	60.5	4.1	5.8	0-25	3, 4	14	10.9	0.2	0.8	0-5	3	4	3.1	0.0	0.2	0-1	--
Sentencing Requirement (n=100)																		
Assaults	65	65.0	2.4	3.4	0-17	3, 4, 5	10	10.0	0.2	0.6	0-4	5	1	1.0	0.0	0.1	0-1	--
Weapons	18	18.0	0.3	0.7	0-4	3, 4, 5	0	0.0	0.0	0.0	0-0	--	0	0.0	0.0	0.0	0-0	--
Failure to Comply/Breaches	57	57.0	3.2	4.6	0-19	3, 4, 5	19	19.0	0.5	1.4	0-10	4	4	4.0	0.1	0.6	0-5	--
Other	61	61.0	5.1	7.1	0-39	3, 4	11	11.0	0.2	0.5	0-4	3	1	1.0	0.0	0.3	0-3	--
Other <sup>5</sup> (n=85)																		
Assaults	10	11.7	0.2	0.6	0-3	3, 4, 5	1	1.2	0.0	0.1	0-1	5	0	0.0	0.0	0.0	0-0	--
Weapons	0	0.0	0.0	0.0	0-0	3, 4, 5	0	0.0	0.0	0.0	0-0	--	0	0.0	0.0	0.0	0-0	--
Failure to Comply/Breaches	9	10.6	0.3	1.0	0-7	3, 4, 5	4	4.7	0.1	0.8	0-7	4	0	0.0	0.0	0.0	0-0	--
Other	12	14.1	0.6	2.0	0-14	3, 4	3	3.5	0.0	0.2	0-1	3	0	0.0	0.0	0.0	0-0	--

Source of data: CPIC (conviction data) up to May 2005. See supporting Tables C-1 to C-3 in Appendix C.

<sup>1</sup> Other includes alcohol and property convictions.

<sup>2</sup> "n" with one or more charge.

<sup>3</sup> Significant difference between DVTO and Sentencing Requirement.

<sup>4</sup> Significant difference between DVTO and Other.

<sup>5</sup> Significant difference between Sentencing Requirement and Other.

<sup>6</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

Table 5.6 contains an overall analysis of the differences between the three referral groups for complainant, intoxicated, subject chargeable, charged, and victim occurrences for the time period during and after program completion/closed. During the program, the occurrence patterns were very similar for the DVTO clients and the sentencing requirement clients and these two groups had much higher rates of contact than the “other” clients. For all groups “intoxicated” was the most common occurrence (DVTO Mean=1.36; sentencing requirement Mean=2.02; and “other” Mean=0.48). The next most common was “charged” or “subject chargeable” for DVTO and sentencing requirement and “complainant” for “other.”

For post-program occurrences for the DVTO and sentencing requirement groups there was a decrease in the number of contacts from the during program time period. The most notable change was that the DVTO group rates of contact for “intoxicated” and “subject chargeable” were significantly lower than the sentencing requirement group (i.e., 0.38 for DVTO compared to 1.05 for sentencing requirement and 0.34 for DVTO compared to 0.86 for sentencing requirement, respectively). Both of these groups remained significantly higher than the “other” group.

### 5.2.3 Occurrences of Spousal Re-assaults

The measurement of spousal re-assaults is both complex and controversial. Using “convictions” would seem the most reliable measure, but there are a number of reasons (including under reporting) a re-assault may not necessarily result in a conviction. Further, the time between an incident and a conviction can be considerable, thus, making convictions an inappropriate measure in a shorter term evaluation. Victim partner’s reports are also used, but not maintaining contact and conducting interviews with victims is very problematic and few researchers have been successful in doing this. Probably the most common and reliable approach for operationalizing re-assaults is to use police records of arrests or charges. This is the approach that we used in this evaluation.

The police occurrence file data were searched to identify the presence of charges relating to occurrences both during and after SAP. After identifying whether assault charges were present, we then had to check the Crown paper files to ensure that the assault charges were spousal since this could not always be determined from the occurrence data. Interestingly, of all the assault charges searched, 90% were spousal assaults indicating that the offender targeted their partners.

**TABLE 5.6**  
**Mean Number of Complainant, Intoxicated, Subject Chargeable, Charged,**  
**and Victim Occurrences During and Post-program by Initial Referral Source**

Referral Source and Occurrence	During Program						Post-Program					
	n <sup>1</sup>	%	Mean	S.D.	Range	Significance	n <sup>1</sup>	%	Mean	S.D.	Range	Significance
<b>DVTO (n=129)</b>												
Complainant	35	27.1	0.7	1.7	0-15	--	19	14.7	0.3	0.9	0-5	<sup>4</sup>
Intoxicated	43	33.3	1.4	3.4	0-25	<sup>4</sup>	18	14.0	0.4	1.6	0-16	<sup>2, 4</sup>
Subject Chargeable	41	31.8	1.0	2.4	0-17	<sup>4</sup>	15	11.6	0.3	1.5	0-13	<sup>2, 4</sup>
Charged	48	37.2	1.1	2.0	0-13	<sup>3, 4</sup>	25	19.4	0.3	0.7	0-4	<sup>3, 4</sup>
Victim	17	13.2	0.2	0.4	0-3	--	6	4.7	0.1	0.2	0-1	<sup>4</sup>
<b>Sentencing Requirement (n=100)</b>												
Complainant	23	23.0	1.0	3.6	0-28	--	18	18.0	0.5	1.7	0-14	<sup>4</sup>
Intoxicated	36	36.0	2.0	5.7	0-49	<sup>4</sup>	19	19.0	1.1	3.4	0-20	<sup>2, 4</sup>
Subject Chargeable	35	35.0	1.3	2.8	0-19	<sup>4</sup>	21	21.0	0.9	3.0	0-20	<sup>2, 4</sup>
Charged	37	37.0	1.1	2.1	0-12	<sup>3, 4</sup>	12	12.0	0.3	1.2	0-7	<sup>3, 4</sup>
Victim	9	9.0	0.2	0.7	0-5	--	6	6.0	0.1	0.5	0-4	<sup>4</sup>
<b>Other<sup>5</sup> (n=85)</b>												
Complainant	10	11.8	0.5	1.9	0-13	--	1	1.2	0.1	0.9	0-8	<sup>4</sup>
Intoxicated	6	7.1	0.5	3.0	0-26	<sup>4</sup>	0	0.0	0.0	0.0	0-0	<sup>2, 4</sup>
Subject Chargeable	6	7.1	0.4	2.9	0-26	<sup>4</sup>	0	0.0	0.0	0.0	0-0	<sup>2, 4</sup>
Charged	5	5.9	0.1	0.4	0-2	<sup>3, 4</sup>	0	0.0	0.0	0.0	0-0	<sup>3, 4</sup>
Victim	5	5.9	0.1	0.4	0-2	--	0	0.0	0.0	0.0	0-0	<sup>4</sup>

Source of data: PIRS (occurrence data not conviction data) up to May 2005. See supporting Tables C-4 to C-8, Appendix C.

<sup>1</sup> "n" with one or more occurrence.

<sup>2</sup> Significant difference between DVTO and Sentencing Requirement.

<sup>3</sup> Significant difference between DVTO and Other.

<sup>4</sup> Significant difference between Sentencing Requirement and Other.

<sup>5</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

Given the lack of a “no treatment control group,” the calculation of re-assault rates in the evaluation involved the replication of the formula used in two significant and reliable evaluations. Palmer et al. (1992) conducted the first (and possibly only) Canadian randomized control group (RCT) evaluation comparing offenders who completed a 10 week batterer program with a control group of offenders who were placed on probation. A year after the program ended, the evaluators attempted to contact the offenders and partners by mail and telephone. The response rates were very low so the evaluators searched police records, complaints and arrests. Police records indicated that within the 12 month period after the program, 10% of those offenders who received the program re-offended compared to 31% of the offenders who only received probation. Thus, the first method that we chose to measure the rate of re-assaults was to identify the group of SAP clients who completed or had their case closed for 12 months before May 2005 (N=174) and then to identify the percentage of re-assaults within this group. The second method that was used to develop a comparable rate of re-assaults was based on the work of Gondolf (2003). The rates used by Gondolf were based on the offenders’ partners’ reports confirmed with an analysis of police reports and offenders’ self-report (Gondolf, 2000a, 2000b).

As Gondolf (2003) indicates:

We first considered the re-assault rates for both program completed and dropouts at the few sites. These rates offer some assessment of the policy of court-referral to these batterer programs, regardless of program “dose” or compliance. The cumulative re-assault rate (i.e., from intake through the follow up period) was 32% for the last 15 months....

Table 5.7 contains the analysis of the data for this evaluation which follows as closely as possible the previous work of Palmer et al. (1992) and Gondolf (2003). Note that in terms of re-assaults 12 months after completed/closed, just 9% of the DVTO clients re-assaulted compared to 10% of the sentencing requirement cases and none of the “other” cases. These rates compare very favorably to Palmer’s rate of 10% re-assaults for the treatment group. Almost half (45.5%) of these re-assaults occurred within two months after the case was completed/closed.

**TABLE 5.7**  
**Rate of Re-assaults by Initial Referral Source**

	<b>n</b>	<b>Rate</b>
Rate of re-assault 12 months after completed/closed <sup>1</sup>		
DVTO (n=65)	6	9.2
Sentencing Requirement (n=50)	5	10.0
Other (n=59)	0	0.0
<b>Total (n=174)</b>	<b>11</b>	<b>6.3</b>
Rate of re-assault 15 months after intake <sup>2</sup>		
DVTO (n=100)	18	18.0
Sentencing Requirement (n=74)	12	16.0
Other (n=72)	2	2.7
<b>Total (n=246)</b>	<b>33</b>	<b>13.4</b>

Source of data: PIRS (occurrence data). See supporting Tables C-10 to C-13 in Appendix C.

<sup>1</sup> Palmer et al. (1992) found one year after the treatment program ended, 10% of the program clients had re-assaulted compared to 31% of the control group.

<sup>2</sup> Gondolf (2003) found that the rate of re-assaults for clients of court-referred programs was 32% at 15 months after intake.

The results regarding the rate of re-assaults 15 months after intake are also reassuring. As Table 5.7 indicates, the rates of re-assaults were very similar for the DVTO group with 18% and the sentencing requirement group with 16%. The “other” group was very low at 3%. These rates compare well with Gondolf’s rate of 32%, which included a component of victim reporting which could account for some of the differences. Interestingly, almost half of the re-assaults occurred within two months after program intake. It is also interesting to note that the assault rates for the other group was very low (i.e., 0.0% at 12 months and 2.7% at 15 months). This may suggest that the program is having a preventative effect on these clients.

Within the total time frame of the evaluation there were also 15% (n=6) of the clients who re-assaulted at least twice. An assessment of the file data for these cases suggested that they were very similar to the group that re-assaulted only once.

In an attempt to identify the significant predictors for re-assaults, correlations were calculated and are contained in Table 5.8. As is suggested by previous research, prior criminal behaviour is the strongest predictor. Note pre-program assaults, failures to comply/breaches, and other convictions were all significantly correlated to re-assaults. The number of “weapons” convictions was low and thus it was not a significant predictor. Further, being male and being First Nations also were positively correlated to re-assaults.

**TABLE 5.8**  
**Correlations Between Whether a Spousal Assault Re-offence Occurred Following**  
**Program Intake or Program Completed/Closed and Predictor Variables**

Predictor Variable	n	r
Number of pre-program assault convictions	314	0.27**
Number of pre-program weapon convictions	314	0.08
Number of pre-program failure to comply/breaches convictions	314	0.28**
Number of pre-program other <sup>1</sup> convictions	314	0.30**
Gender 1=Male 2=Female	314	-0.12*
Race 1=First Nations 2=Caucasian	314	-0.10*
Final disposition <sup>2</sup> 0=Did not complete program 1=Completed program	307	0.04
Initial Referral Source 1=DVTO 2=Sentencing Requirement	314	0.01

Source of data: PIRS and MIS.

<sup>1</sup> "Other Convictions" includes alcohol and property offences.

<sup>2</sup> Excludes "In progress" cases.

\* p<.05.

\*\* P<.01

Interestingly, neither initial referral source nor whether the program was completed were significantly correlated to re-assaults. The lack of predictive power with these variables could be due to what researchers in this area refer to as the "difficulty in distinguishing the effects of the treatment program from the system effects or context of the program" (see Gondolf, 2003 and Bennett and Williams (no date) p. 15). In other words the relatively low re-assault rates using both formulas strongly suggest an "overall" positive effect in reducing re-assault rates regardless of the initial source of referral and whether the clients had a "high or low dose" (i.e., completed or did not complete the program). The comparably low re-assault rate is a reassuring finding particularly given the extensive prior criminal histories of clients and the overall high levels of assaultive behaviour in the Yukon as reported in *Crime Statistics in Canada, 2004*.

### 5.3 Victims

This evaluation was originally designed to track victims in the same way that data were gathered for offenders. Unfortunately, things did not go as planned. Some data were gathered from victims at intake and are included in this report. Specifically, we were able to collect Hudson Physical Abuse Scale data for 28 victims and Hudson Non-physical Abuse Scale data for 17 victims.

In an attempt to strengthen the study, we organized focus groups. However, we were only able to contact half of those on the list of victims who had been involved with the DVTO. While a number agreed to participate, very few attended the focus groups.

While the number are too small to make any conclusions, there were a few themes worth mentioning: (1) they felt the RCMP were supportive; (2) there was a

sense of being disconnected from the process; (3) breaches were a problem; (4) they felt a lack of self esteem; and (5) they understood the need for victims to take initiative in seeking support from victim services.

Engaging abused women in research can be challenging even shortly after they have used services such as shelters or follow-up programs. In a large-scale qualitative research study, Tutty, Rothery, Cox, and Richardson (1995), interviewed 65 women while they were in a Calgary emergency shelter and six months later. They re-interviewed 35 women but, notably, lost track of another 38 women who could not be located for a follow-up interview. Researchers such as Rumptz, Sullivan, Davidson and Basta (1991) developed special procedures to locate abused women for follow-up or longitudinal studies. These involved gaining permission to contact the woman's mother or best friend for contact information.

More recently, Gondolf (1998) evaluated an outreach program in the US developed to serve women who had been to court because their partners were involved with the justice system. An initial sample of 1,895 women were contacted by program staff within several weeks of their court contact and offered three services. Almost half of the women could not be reached and another third refused services.

Gondolf (1998) concluded that battered women whose partners are court-ordered to attend batterer intervention programs tend to rely on the criminal justice system and their own informal tactics (threatening separation/divorce, staying at a friends house) to cope with violence. While a little more than half (58%) of the women called the police, only 28% accessed domestic violence counselling and only 7% utilized shelter services. Gondolf concluded that abused women that use the justice system have different patterns of help-seeking than women that use shelter and other services and may need to be engaged differently.

Clearly, engaging women whose abusive partners have been mandated to attend treatment is a common problem. Thus, Babins-Wagner, Tutty and Rothery (in progress) are currently studying a sample of abused women that have rejected invitations to attend counselling while their partners attend a batterer intervention program. In the meantime and in the absence of other literature addressing this issue, the following strategies may be helpful:

- Most agencies conduct partner checks several times throughout the course of men's treatment groups. The women partners could be invited to attend counselling at the end of the checks, particularly if they have indicated any concerns about their partner's behaviour.
- Women may perceive the focus and in-depth nature of the support groups offered as evidence that they need therapy and/or have contributed to the abuse. The name and content of the programs could be revised to emphasize that they will address the issues for women whose partners are in treatment, thus confirming that the partners need to change their behaviour, but that the women need to understand what is happening. A name such as "What You Need to

Know While Your Partner Attends a Batterer Intervention Program” might engage some women better.

- While women may not be aware of their own needs, they may be experiencing difficulties with their children’s behaviours/reactions. A group focusing on mothering children exposed to domestic violence could initially engage on that topic, but ultimately provide support for women’s issues themselves.
- Since women’s interactions with the justice system are typically conflicted (even if the police provide safety), women often have mixed feelings about the justice response to violence.



## 6.0 DVTO CASELOADS AND COST

This section of the report presents analyses of court and program data that are relevant to the third objective of this evaluation: to conduct a cost analysis of the DVTO program. Specifically, this section presents information on the following:

- a profile of the DVTO court caseload for 2004;
- a profile of court cases concluded in 2004;
- a comparison of the rate of case collapse, pre- and post-DVTO; and
- a unit case cost analysis of DVTO cases.

The data for this section of the report were obtained from the Court Record Information System (CRIS), and the Yukon Department of Justice, financial records.

### 6.1 DVTO Court Caseload for 2004

As pointed out in Section 3.0 of this report, the DVTO court session is held every other Monday. Initially, court sessions were scheduled only for the afternoon, but as the caseload increased, it was necessary to also schedule sentencing cases in the morning. The morning sessions began March 1, 2004.

Table 6.1 contains a profile of the average DVTO caseload per day for 2004. Please note that the average number of cases dealt with per day was just over 24. These cases, on average, involved approximately 20 offenders and just over 55 offences. Thus each case, on average, involved just over two offences.

**TABLE 6.1**  
**DVTO Court Caseload Per Day for 2004<sup>1</sup>**

Caseload	Mean	S.D.	Range
Number of cases	24.1	7.0	12-35
Number of offenders	19.7	5.8	9-30
Number of offences	55.5	18.3	23-88

Source of data: CRIS.

<sup>1</sup> Note, in 2004, there were a total of 24 DVTO court sessions in the afternoon. In addition, there were also 16 sessions in the morning. Means are calculated on the basis of 24 days.

Table 6.2 provides a picture of actions that resulted from the DVTO court in 2004. The most common action was adjournment, which occurred on average just over 16 times per day. The second most common action was fine and probation, with just over 15 per day. This was followed by for election (4.1 per day), stay of proceedings (3.5 per day), pre-sentence report (2.3 per day), to fix date (2.1 per day), and bench warrants (1.7 per day).

**TABLE 6.2**  
**Average Number of Actions Resulting from DVTO Court per Day (n=24) for 2004**

<b>Action</b>	<b>Mean</b>	<b>S.D.</b>	<b>Range</b>
Adjournment	16.4	9.1	3-35
Fine and probation	15.3	6.7	0-26
For election	4.1	4.1	0-14
Stay of proceedings	3.5	4.3	0-14
Pre-sentence report	2.3	2.5	0-8
To fix date	2.1	1.6	0-5
Bench warrant	1.7	3.0	0-10
Application	1.4	2.7	0-10
Disposition	1.1	2.7	0-10
For trial	0.8	2.0	0-7
Bail supervision report	0.7	1.3	0-4
Jail	0.7	1.4	0-5
Conditional sentence/probation	0.7	1.5	0-5
Probation review	0.5	0.9	0-3
For sentence	0.5	1.0	0-3
No change	0.4	0.8	0-3
Conditional discharge	0.4	0.9	0-4
Conditional sentence application	0.4	1.0	0-4
No other final disposition possible	0.3	1.0	0-5
Suspended sentence	0.3	0.6	0-2
Withdrawn	0.2	0.8	0-4
Amend documentation	0.1	0.3	0-1
Jail and probation	0.1	0.4	0-2
Order to reissue summons	0.1	0.3	0-1
Diversion	0.1	0.6	0-3
Absolute discharge	0.1	0.3	0-1
Conditional sentence breach	0.0	0.2	0-1
Judicial interim release	0.0	0.2	0-1

Source of data: CRIS.

## **6.2 Profile of DVTO Cases Concluded in 2004**

As Table 6.3 indicates, there were 56 cases, involving 44 offenders that concluded in 2004. Of these cases 82% were DVTO cases, 4% were sentencing requirement cases, and 14% were "other" cases. These cases involved 163 charges, or approximately three charges per case. Of these charges, 61 were assaults and 82 were failures to comply/breach.

**TABLE 6.3**  
**Profile of DVTO Cases Concluded in 2004<sup>1</sup>**

Referral Source	# of Offenders	# of Cases	Charges Concluded	# of Assault Charges <sup>2</sup>	# of Weapon Charges <sup>3</sup>	# of Failures/Breaches <sup>4</sup>	# of Other Charges <sup>5</sup>	Avg. # of Days in Court <sup>6</sup>
DVTO								
n	36	48	152	55	6	78	13	36
%	81.8	85.7	93.3	90.2	100.0	95.1	92.9	mean=304.0
Sentencing Requirement								
n	2	2	2	--	--	1	1	2
%	4.5	3.6	1.2	--	--	1.2	7.1	mean=94.0
Other <sup>7</sup>								
n	6	6	9	6	--	3	--	6
%	13.6	10.7	5.5	9.8	--	3.7	--	mean=174.5
<b>Total</b>								
<b>N</b>	<b>44</b>	<b>56</b>	<b>163</b>	<b>61</b>	<b>6</b>	<b>82</b>	<b>14</b>	<b>44</b>
<b>%</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>mean=280.5</b>

<sup>1</sup> Source of data: Court Record Information System (CRIS).

<sup>2</sup> Assaults: CC 264.1 (n=13); CC 266 (n=42); CC 267 (n=11); and CC 279 (n=2).

<sup>3</sup> Weapons: CC 86 (n=2); CC 88 (n=1); and CC 91 (n=3).

<sup>4</sup> Failures/Breaches: CC 145.3 (n=55); CC 733.1 (n=25); and CC 811 (n=1).

<sup>5</sup> Other: CC 349 (n=1); CC 129 (n=4); CC 344 (n=1); CC 403 (n=2); CC 430 (n=3); CC 72 (n=1); CC 298 (n=1); CC 348 (n=1); and CC 742.5 (n=1).

<sup>6</sup> Excludes four stay of proceeding cases where the number of days in court was less than 30.

<sup>7</sup> "Other Referral Source" includes self-referral; Family and Children's Services; private therapy; Sex Offender program; and Victim Services and five cases not included in master list.

Table 6.4 provides a description of the final dispositions of the 163 charges concluded in 2004. In terms of assaults, 39% were concluded with a stay of proceedings, 25% were concluded with other (combined) dispositions, and 15% concluded with conditional sentencing/probation. Another 13% were concluded with a conditional discharge. In terms of jail, 25% of the dispositions involved a jail term averaging over three months (100.5 days). Further, 45% of the dispositions involved probation averaging nine months (277.2 days).

In terms of failure to comply/breaches, on average there were 2.2 per offender of which 61% were concluded by a stay of proceedings disposition, 20% were concluded by other (combined) dispositions, 6% received conditional sentence/probation, and 10% received a conditional sentence. Overall, 33% of the dispositions for failure to comply/breaches received a jail term averaging approximately 24 days. Probation was a part of the disposition for 13% of the cases averaging just over 10 months (322.7 days). It is important to note that failure to comply/breaches are not dealt with separately or immediately. They are usually held over and concluded when the substantive charge they are associated with (mainly assaults) is concluded.

**TABLE 6.4**  
**A Profile of DVTO Court Sentences Concluded in 20041**

Charge	Final Disposition <sup>1</sup>						Term				Fine
	SOP	C/S	C/D	C/P	S/S	Other <sup>3</sup>	Jail		Probation		
							n	Avg. <sup>4</sup>	n	Avg. <sup>5</sup>	
Assaults <sup>6</sup> n=61 %	24 39.3	1 1.6	8 13.1	9 14.8	4 6.6	15 24.6	15 24.6	100.5	28 45.9	277.2	1 1.6
Weapons <sup>7</sup> n=6 %	3 50.0	-- --	1 16.7	1 16.7	1 16.7	-- --	1 16.7	30.0	3 50.0	331.7	-- --
Failure to Comply/Breach <sup>8</sup> n=82 %	50 61.0	8 9.8	1 1.2	5 6.1	2 2.4	16 19.5	27 32.9	23.5	11 13.4	322.7	-- --
Other <sup>9</sup> n=14 %	7 50.0	1 7.1	-- --	1 7.1	1 7.1	4 28.6	4 28.6	136.3	4 28.6	390.0	-- --

<sup>1</sup> Source of data: CRIS. Unit of analysis is charge.  
<sup>2</sup> SOP-Stay of Proceedings; C/S-Conditional Sentence; C/D=Conditional Discharge; C/P=Conditional Sentence/Probation; and S/S-Suspended Sentence.  
<sup>3</sup> All other dispositions include combined sentences (e.g., jail and probation).  
<sup>4</sup> Average length of jail term in days.  
<sup>5</sup> Average length of probation term in days.  
<sup>6</sup> Assaults: CC 264.1 (n=13); CC 266 (n=42); CC 267 (n=11); and CC 279 (n=2).  
<sup>7</sup> Weapons: CC 86 (n=2); CC 88 (n=1); and CC 91 (n=3).  
<sup>8</sup> Failures/Breaches: CC 145.3 (n=55); CC 733.1 (n=25); and CC 811 (n=1).  
<sup>9</sup> Other: CC 349 (n=1); CC 129 (n=4); CC 344 (n=1); CC 403 (n=2); CC 430 (n=3); CC 72 (n=1); CC 298 (n=1); CC 348 (n=1); and CC 742.5 (n=1).

### 6.3 Case Collapse Rates

As is discussed in Section 3.0 of this report, historically, the rate of domestic assault cases collapsing because the complainant failed to show or changed their view of what happened in order to excuse the accused has been a significant issue. These collapses have disrupted court scheduling and wasted valuable resources. Worse yet, they may have resulted in the victim's continuing in an abusive relationship. Thus, one of the objectives of the DVTO court has been to reduce the collapse rate for spousal assault cases. Another important issue is to encourage offenders to accept responsibility/guilt early in the process, thus taking the pressure off the victim to testify.

In order to examine the effect the DVTO court has had on these two issues, a comparison of initial court activities was conducted. Cases of spousal assault for the year 1999 (which was prior to DVTO court) were compared with spousal assault cases processed by the DVTO court in 2003.

Table 6.5 contains this comparative analysis of initial court proceedings. First, as expected, there's been a significant increase in the early guilty pleas from 35% pre-DVTO to 53% after DVTO was implemented. While there was a significant number of cases pre-DVTO that changed pleas to guilty (26%), the overall rate of acceptance of responsibility was still significantly higher for the DVTO cases (i.e., 72% compared to 63%). In terms of collapse or dropout rates, the rate fell from 28% pre-DVTO to 20% after DVTO was implemented.

As Table 6.5 indicates, only a small portion of cases proceeded to trial both before and after DVTO was implemented (9%). Even though the number of these cases is small, it is interesting to note that the conviction rate has increased from 40% pre-DVTO to 66% after implementation of DVTO. Overall, 66% of the cases pre-DVTO proceeded to disposition compared to 78% after DVTO was implemented – all of which would have been referred to SAP as part of sentencing.

**TABLE 6.5**  
**Pre-DVTO and DVTO Comparison of Initial Court Proceedings**

Initial Court Proceedings	Pre-DVTO (1999)		During DVTO (2003)	
	n	%	n	%
Acceptance of Responsibility by Accused				
Early guilty plea	41	35.0	53	53.0
Change of plea to guilty	30	26.0	12	12.0
Consent peace bond	2	2.0	7	7.0
Total acceptance of responsibility	73	63.0	72	72.0
Judicial stays/no evidence <sup>1</sup>	33	28.0	20	20.0
Proceeded to trial				
Found guilty	4	40.0	6	66.0
Found not guilty	6	60.0	3	33.0
Total proceeded to trial	10	9.0	9	9.0
Total cases	116	100.0	101	100.0
Proceeded to disposition <sup>2</sup>	77	66.0	78	78.0

Source of data: CRIS.

<sup>1</sup> This includes stay of proceedings and Crown calls no evidence and is referred to as collapses or drop out rate.

<sup>2</sup> This includes those who accept responsibility (n=73) and those found guilty (n=4).

## 6.4 Cost of DVTO/SAP Cases

As was indicated in Section 1.5 of this report, several circumstances made it impossible to obtain accurate, reliable, direct and indirect costs of the DVTO system and the SAP. These issues included: the complexity of the court system; the involvement of offenders in multiple legal proceedings; the lack of information on offenders who came to SAP after trial; and the high number of partners who contributed to the DVTO system. Thus, it was not possible to conduct any form of complex cost analysis such as cost-benefit analysis in fulfillment of Objective 3 of this evaluation. Given that there is a significant lack of information on costs of spousal abuse treatment programs and specialized court systems, we felt it was important to at minimum, calculate annual unit cost per case thus providing some baseline cost information on these two case components of the DVTO system.

It should be understood that the cost estimate discussed below would be “maximum costs” since they do not include other key component costs such as for police and probation services.

### 6.4.1 Cost Base

While the cost base would normally include a number of costs such as direct costs, indirect costs, project overheads, agency overheads (e.g., rent), and in-kind contributions, we chose to focus on just direct costs for two reasons. First, as mentioned above, there were considerable limitations on the data available. Second, the DVTO court and the SAP did not involve new project funding, with one exception –

funds for the project coordinator were obtained from Justice Canada. The resources in place were reorganized to conduct an existing workload in a “different way.” Thus, the direct base cost of running the DVTO court for 2004 was identified to be \$39,280.<sup>3</sup> The direct cost of running SAP, plus the cost of the DVTO coordinator, was \$264,818 in 2004.<sup>4</sup>

#### 6.4.2 Calculation of Annual Unit Cost

Calculation of the annual unit cost per case first involved identifying the average annual caseload. For the DVTO, this was 24.1 cases, as indicated in Table 6.1. For the SAP, monthly rates were calculated by using the dates cases were opened and closed for each month of 2004. The number of cases closed in a given month was subtracted from open cases, and the number of cases opened in the month was added. Then the average annual rate was calculated by adding the monthly caseloads and dividing by 12. This resulted in an average annual caseload of 170.6 for 2004. The base annual costs of running the DVTO court and SAP were divided by the average caseloads, resulting in an average annual unit cost per case. The results are contained in Table 6.6.

**TABLE 6.6**  
**Annual Unit Cost of the DVTO/SAP System for 2004**

<b>Cost</b>	<b>DVTO Court</b>	<b>SAP</b>	<b>Total</b>
Program cost	\$39,280	\$264,818	\$304,098
Average monthly caseload	24.1 <sup>1</sup>	170.6 <sup>2</sup>	--
Average annual unit cost per case	\$1,630 <sup>3</sup>	\$1,552	--

Source of data: Court operations and Yukon Department of Justice.

<sup>1</sup> These are mainly DVTO cases.

<sup>2</sup> This includes all cases in DVTO, sentencing requirement, and other.

<sup>3</sup> Please note that this amount does not include the cost of court for clients who were convicted in trial court and sentenced. Unfortunately, these costs were not available.

As Table 6.6 indicates, the average annual unit cost per case in 2004 was \$1,630 for the court proceedings and \$1,552 for the SAP. It is important to note that the additional funding for the DVTO coordinator represents only approximately 15% of the total cost of the SAP.

Unfortunately, we were not able to identify any comparable cost estimates of specialized courts or treatment programs for batterers. However, given the cost of a trial for one day would be \$1,964, the \$1,630 unit cost for the DVTO court case seems reasonable, particularly given the DVTO cases last an average of 304 days (see Table 6.3) and the offender has up to 21 court dates which may or may not require a court appearance. Such increased monitoring most likely reduces the probability for assaults. Thus, from a value-added perspective, the moderate additional costs of the DVTO coordinator’s position seems to be a good investment.

<sup>3</sup> The daily rate of direct costs (salaries only) of the Territorial Court was identified by court operations to be \$1,964 (higher if translation is required). In 2004, the DVTO court held 24 afternoon sessions and 16 morning sessions or the equivalent of 20 full days. Thus, the 2004 client cost was 20x\$1,964=\$39,280.

<sup>4</sup> Based on .80 of the direct salary cost of SAP counsellors plus the half-time coordinators position for 2004.

## 7.0 SUMMARY AND CONCLUSIONS

This report presents the results of a comprehensive process and outcome analysis evaluation designed to monitor and test the effectiveness of the Domestic Violence Treatment Option (DVTO) located in Whitehorse, Yukon. It is important to note that the DVTO program includes both a therapeutic treatment program called the Spousal Abuse Program (SAP), as well as an elaborate intervention system. The key component of the intervention system is a specialized DVTO court which deals only with spousal (partner) abuse cases; the system also includes the police, Probation Services, a special Crown, Victim Services, and non-government women groups. The goal of this evaluation is to determine the effectiveness of both the SAP and the intervention system. As Gondolf (2003: p.3) has indicated, "batterer programs are part of a dynamic context that needs to be weighed in analyzing and interpreting outcomes." Thus, the specific objectives of the evaluation are to:

- (1) identify whether the DVTO program has been implemented as planned;
- (2) determine the effectiveness of both the DVTO system and the Spousal Abuse Program (SAP) in achieving their objectives;
- (3) conduct a cost analysis of the DVTO program; and
- (4) document the DVTO model so that it can be replicated elsewhere in the country.

### 7.1 Findings: The Development and Implementation of the DVTO

Section 3.0 of this report documents in detail the development and implementation of the DVTO system and is relevant to the first objective of this evaluation report. The major findings are as follows:

- The DVTO court system is a comprehensive multi-component/partner strategy designed specifically for dealing with spousal assault. It is based on the current research knowledge and is consistent with the program structure and system development identified by Gondolf (2001).
- The goals and objectives of the DVTO are clear, well stated, and measurable (see Section 3.2).
- The DVTO program structure, components, and roles are well developed, compatible, and clearly documented (see Section 3.3 and Appendix B).
- Over time the Steering Committee has changed its role from initiating and developing to monitoring and sustaining the DVTO system. This new role is both appropriate and necessary and involves such tasks as monitoring compliance with protocols, as well as educating new partner representatives.

- The SAP, a key component of the DVTO system, has also changed and developed over time in response to new problems and issues. Some of the innovative developments are as follows:
  - the development of a relapse prevention program component;
  - the continued development of a special program for female offenders; and
  - the identification of offenders who are cognitively impaired and the development of special approaches for them (i.e., a special group, as well as one-on-one treatment).

## **7.2 Findings: SAP Outputs**

Section 4.0 of this report presents data on referrals to SAP, intake, case flow, client profiles, and baseline measures for SAP clients. These data are relevant to the process analysis, the first objective of this report. The information being reported here was entered into the program information system between June 2002 and November 2004.

### 7.2.1 Intake and Case Flow

- The total number of clients ever involved with SAP since the DVTO was implemented in May 2000 up to December 2004 is approximately 550. Prior to June 2002 (i.e., May 2000 to May 2002), there were 238 clients who were processed through intake but were not included in the evaluation data since the study was not fully implemented until June 2002.

### Client Profiles (June 2002 – November 2004)

- The total number of clients for the time period of the evaluation (June 2002 – November 2004) is 318 and approximately 40% of all cases were initially referred by the DVTO. The second largest percentage of SAP clients, over 32%, have been involved with SAP because of a sentencing requirement. Note also that over 17% of cases were self-referral cases and approximately 9% were referred by Family and Children’s Services.
- Approximately 70% of the cases involved First Nations clients.
- Overall, approximately 20% of the total number of cases involved female offenders.
- In the first two years of the evaluation there were seven cases which involved “dual charges” (i.e., charging both partners at the same occurrence). In the past year there have been 11 new cases involving dual charges – half of which have already concluded in a “stay of proceedings.”



## Client Flow Through the Spousal Abuse Program (SAP)

- The highest overall completion rate, approximately 67%, was achieved by DVTO clients. The next highest rate, approximately 56%, was for cases in the sentencing requirement category. This compares well with the 70% figure that Gondolf (2001) referred to as a high completion rate. The lowest overall completion rate was 22% for the “other” cases (which included the self referral group with only a 12.8% completion rate).
- Both the DVTO and sentencing requirement cases had approximately 26% who completed SAP first time. However, more of the DVTO clients (27%) completed with restarts than sentencing requirement restart cases (21%).
- Pre-group collapse was the highest for “other” cases at 45% and the DVTO cases were the lowest at just 13%.
- Approximately 7% of DVTO cases were referred out compared to 7% of sentenced cases, and 6% of “other” cases.
- The overall average time in the program for DVTO cases was 13.6 months compared to 13.4 months for the sentenced cases.
- The sentencing requirement clients, however, came to SAP after their trial and sometimes after jail time. Thus, their “contact” with the legal system was actually at least six months on average longer than the DVTO clients.
- Very few clients actually attended the relapse prevention group even when it was a condition of their probation sentence.
- 15% of the cases (n=48) were closed and re-opened and 1% (n=4) were closed and re-opened three times. In 44% of the re-opened cases a re-assault had occurred. Further, of those who re-entered SAP, only 26% (n=14) had completed group in the first round. Interestingly, after returning to the program, most of those who had completed it first time (n=9), dropped out the second time.

### 7.2.2 Baseline Measures

#### Spousal Assault Risk Assessment (SARA)

- SARA checklists indicated that all of the study groups, i.e., referred by DVTO, sentencing requirement, and “other,” were comparably very high-risk at intake. The SARA subscale psychosocial adjustment (DVTO=6.0, sentencing requirement=6.5, and other=7.1) and spousal assault history (DVTO=6.2, sentenced requirement=7.2, and other=5.7) were particularly high, pointing to the complex and long-term etiology behind the clients’ current situation.

## The Hudson Physical and Non-Physical Abuse Scales

- The Hudson Abuse Scales indicated that the DVTO referred clients and the sentenced clients were very similar and high on both self-reported physical abuse (DVTO=4.1 and sentenced=4.1) and self-reported non-physical abuse (DVTO=13.4 and sentenced=12.6). Further, all of these groups were above the clinical threshold established for the Hudson Physical Abuse Scale, i.e., 2.0.
- While the SAP client groups rated the level of physical abuse they perpetrated on their partner from 1.2 to 4.1, the partner rated the level of physical abuse at 6.8. Likewise, non-physical abuse was also rated almost two times higher by the partner with the exception of the “other” client groups.

### **7.3 Findings: Program Outcomes**

Section 5.0 of the report presents an analysis of the client outcome data and is relevant to the second objective of this report: to determine the effectiveness of both the DVTO system and the Spousal Abuse Program (SAP) in achieving their objectives. The major findings are summarized below.

#### 7.3.1 Pre-test/Post-test Standardized Outcome Measures

This section of the findings focuses on measuring change over time from the beginning of SAP (pre-test) to the end of the 10-week group treatment sessions (post-test). These measures of outcomes represent what the program expects to achieve with clients in the short-term. The focus is mainly on change of attitudes and perceived behaviour.

- Of the 129 clients who completed the group portion of the treatment program, 63% (n=81) completed the pre-test measures on some of the second set of measures (post-test). Only a few clients filled out all of the measures so the response rate by measure ranged from 53% to 67% (n=43 to 54) of the clients who filled out any post-test measures.
- Interviews with the SAP staff indicated that many of their clients are challenged by low literacy and/or FASD thus, they had difficulty completing the instruments.

## The Attitudes Toward Marriage and the Family Scale (ATMF)

- Results for the ATMF Scale indicate the DVTO and sentenced clients improved their attitudes toward marriage and the family, changing to less traditional views of women’s roles from pre-test to post-test (from 30.5 to 27.7 for DVTO and 30.8 to 29 for sentenced clients). This improvement was statistically significant for DVTO clients, but was not significant for the sentencing requirement group.
- The “other” clients actually moved toward more traditional views over time but were far less extreme at pre-test.

### Russell Relationship Belief Measure

- The overall score for both the DVTO referred clients and the sentenced clients improved significantly over time (DVTO from 3.9 to 4.2 and sentenced from 3.8 to 4.2).
- The “other” clients did not improve from T1 to T2. The individual scale scores also, for the most part, demonstrated improvement for the DVTO group and the sentenced group.
- The sentencing requirement group improved significantly on three of the five scales, specifically “respect differences” with 83% of clients improving, “partner ownership” with 67% improving, and “equality” with 58% improving. In contrast to the other two study groups, the “other” clients improved only slightly (but non-significantly) on “equality,” “considerateness,” and “non-use of force.”
- These findings indicate that participation in the program for the DVTO and sentenced clients clearly results in positive changes in clients’ attitudes towards their partner.

### Client Personality: Millon Clinical Multiaxial Inventory (MCMI)

The first two scales of the MCMI, “passive-aggressive” and “self-defeating,” represent aspects of personality that can become problematic in programs such as this. “Passive-aggressive” refers to the tendency to quietly work at finding ways to “get back or get even” without providing an overt expression of aggression. “Self-defeating” scale scores reflect the extent to which clients seem bent on not succeeding.

- The DVTO group had 24% of the clients who fell into the “trait range” for “passive aggressive” and 18% in the “disordered range” at pre-test. For “self-defeating,” 42% of this group fell into the “trait range” and another 15% in the “disordered range.”
- From pre-test to post-test, the DVTO clients improved on both of these scales with 52% improving on “passive aggressive” and 59% improving on “self-defeating” (significant  $p=.001$ ).
- For the sentencing requirement group, 28% of the clients fell into the “trait range” for “passive aggressive” and another 28% of them in the “disordered range.” For “self-defeating,” 38% of the sentenced clients fell into the “trait range” and 19% into the “disordered range.”
- From pre-test to post-test this client group improved only on “passive aggressive” and actually got slightly worse on “self-defeating” and “social desirability.”
- From pre-test to post-test the “other” clients improved on all three of the Millon scales, as well as on “self esteem,” but the changes were not significant.

## Self Esteem

- The DVTO clients did improve significantly on the “self-esteem” scale – from 66.8 to 75.2 with 63% of the clients improving.
- The sentencing requirement group improved in “self esteem” over time, but not significantly, with 69% showing improvement.

## The Family Assessment Measure – Dyadic Relationship Scale (FAM-DR)

The FAM-DR measures problem-solving skills, conflict resolution skills, and communications skills in two-person relationships.

- At the pre-test all three groups were either close to or over the threshold score for significant “problem areas” (i.e., 60 and above).
- Only the sentencing requirement group improved slightly on this scale and the other groups actually got worse although the difference was only significant for the “other” group.
- These findings indicate that all of these clients have problematic relationships with their partner and the relationships do not improve over time.

### 7.3.2 Criminal Histories and Re-assaults

This section of the findings focuses on the following: (1) the criminal conviction histories of the SAP clients; (2) the pattern of criminal behaviour during and after their involvement with the program; (3) the occurrence of spousal re-assaults within 15 months of SAP intake; and (4) the occurrence of spousal re-assaults 12 months after completing the program and/or having the file closed.

#### Criminal Conviction Histories of SAP Clients

- Overall, 60% of the DVTO clients, 65% of the sentencing requirement clients, and 12% of the “other” clients had been convicted of at least one assault prior to their involvement with SAP. Many had been convicted of three or more assaults. Specifically, 21% of the DVTO clients and 31% of the sentencing requirement cases had three or more assault convictions pre-program (see Table C-1 in Appendix C).
- The high level of conviction for prior assaults with this client group is consistent with the overall high rates of violent crime in the Yukon.
- Prior to intake to SAP, 42% of the DVTO clients and 57% of the sentencing requirement clients had been convicted of at least one failure to comply/breach offence.

- The number of other convictions prior to SAP was also high with 60% of DVTO, 61% of sentencing requirement, and 14% of “other” clients having been convicted of at least one offence.
- During the program, 16% of the DVTO clients and 19% of the sentencing requirement clients were convicted of a failure to comply/breach (see Tables C-1 to C-3 in Appendix C).
- For the pre-program period where the three groups were statistically significantly different on all four types of charges, the sentencing requirement clients were the highest in prior convictions, with the DVTO clients being second and the “other” clients a distant third place. All the differences among the three groups were statistically significant with the exception of the sentencing requirement and “other” groups for other offences.

### Contact with the Police During and After SAP

The occurrence data, which measures the type of contact with police, was tracked both during the clients’ involvement with the program and after their cases were completed/closed up to May 2005.

- Overall, 54% of the DVTO clients, 48% of the sentencing requirement clients, and 16% of the “other” clients had at least one official contact with police during their involvement with the program. Many of those had more than three contacts (i.e., 37% of DVTO clients, 40% of sentencing requirement clients, and 10% of “other” clients).
- After the case was completed/closed, 30% of DVTO clients had additional contacts with the police compared to 32% of sentencing requirement clients, and 1% of “other” clients.
- Overall, the data indicate that a significant proportion of both DVTO and sentencing requirement clients (approximately 20%) continued to have a significant number of contacts with the police (see Tables C-4 to C-9, Appendix C). In part this may be due to the increased monitoring provided by the DVTO system.
- During the program, the occurrence patterns were very similar for the DVTO clients and the sentencing requirement clients and these two groups had much higher rates of contact than the “other” clients. For all groups “intoxicated” was the most common occurrence (DVTO Mean=1.36; sentencing requirement Mean=2.02; and other Mean=0.48).
- For post-program occurrences for the DVTO and sentencing requirement groups there was a decrease in the number of contacts from the during-program time period. The most notable change was that the DVTO group rates of contact for “intoxicated” and “subject chargeable” were significantly lower than the sentencing requirement group.

## Occurrences of Spousal Re-assaults

Police records of arrests or charges were used to operationalize re-assaults in this evaluation.

- Of all the assault charges, 90% were spousal assaults indicating that the offenders targeted their partners.
- In terms of re-assaults 12 months after completed/closed, just 9% of the DVTO clients re-assaulted compared to 10% of the sentencing requirement cases and none of the “other” cases. These rates compare very favorably to Palmer’s (1992) rate of 10% re-assaults for the treatment group (31% for the control group).
- Almost half (45.5%) of these re-assaults occurred within two months after the case was completed/closed.
- The rates of re-assaults 15 months after intake were very similar for the DVTO group (18%) and the sentencing requirement group (16%). The “other” group was very low at 3%. These rates compare well with Gondolf’s (2003) rate of 32%, which included a component of victim reporting which could account for some of the differences.
- Interestingly, almost half of the re-assaults occurred within two months after program intake.
- Within the total time frame of the evaluation there were also 15% (n=6) of the clients who re-assaulted at least twice. An assessment of the file data for these cases suggested that they were very similar to the group that re-assaulted only once.
- As is suggested by previous research, prior criminal behaviour was the strongest predictor for re-assaults. Pre-program assaults, failures to comply/breaches, and other convictions were all significantly correlated to re-assaults.
- Being male and being First Nations also were significantly correlated to re-assaults.
- Neither initial referral source nor whether the program was completed were significantly correlated to re-assaults. The lack of predictive power with these variables could be due to what researchers in this area refer to as the “difficulty in distinguishing the effects of the treatment program from the system effects or context of the program” (see Gondolf, 2003 and Bennett and Williams (no date)).

- The comparably low re-assault rate is a reassuring finding particularly given the extensive prior criminal histories of clients and the overall high levels of assaultive behaviour in the Yukon as reported in *Crime Statistics in Canada, 2004*.

### 7.3.3 Victims

This evaluation was originally designed to track victims in the same way that data were gathered from offenders. Unfortunately, things did not go as planned. In an attempt to strengthen the study, we organized focus groups. However, we were only able to contact half of those on the list of victims who had been involved with the DVTO. While a number agreed to participate, very few attended the focus groups.

- While the numbers are too small to make any conclusions, there were a few themes worth mentioning: (1) victims felt the RCMP were supportive; (2) there was a sense of being disconnected from the process; (3) breaches were a problem; (4) they felt a lack of self esteem; and (5) they understood the need for victims to take initiative in seeking support from Victim Services.
- Prior research indicates that abused women are recognized as a problematic population with which to offer services and conduct research.

## 7.4 Findings: Caseloads and Cost

Section 6.0 of the report presents analyses of court and program data that are relevant to the third objective of this evaluation: to conduct a cost analysis of the DVTO program. The major findings are summarized below.

### 7.4.1 DVTO Court Caseload for 2004

- The average number of cases dealt with per DVTO session was just over 24.
- These cases, on average, involved approximately 20 offenders and just over 55 offences.
- The most common court action was adjournment, which occurred on average just over 16 times per day.
- The second most common action was fine and probation, with just over 15 per day. This was followed by for election (4.1 per day), stay of proceedings (3.5 per day), pre-sentence report (2.3 per day), to fix date (2.1 per day), and bench warrants (1.7 per day).

#### 7.4.2 Profile of DVTO Court Cases Concluded in 2004

- There were 56 DVTO court cases, involving 44 offenders, that concluded in 2004. Of these cases 82% were DVTO cases, 4% were sentencing requirement cases, and 14% were “other” cases. These cases involved 163 charges, or approximately three charges per case. Of these charges, 61 were assaults and 82 were failures to comply/breach.
- In terms of assaults, 39% were concluded with a stay of proceedings, 25% were concluded with other (combined) dispositions, and 15% concluded with a conditional sentencing/probation. Another 13% were concluded with a conditional discharge.
- In terms of jail, 25% of the dispositions involved a jail term averaging over three months (100.5 days) or a combined sentence. Further, 45% of the dispositions involved probation averaging nine months (277.2 days).
- In terms of failure to comply/breaches, 61% were concluded by a stay of proceedings disposition, 20% were concluded by other (combined) dispositions, 6% received conditional sentence/probation, and 10% received a conditional sentence.
- Overall, 33% of the dispositions for failure to comply/breaches received a jail term averaging approximately 24 days. Probation was a part of the disposition for 13% of the cases averaging just over 10 months (322.7 days).

#### 7.4.3 Case Collapse Rates

Analysis of the Court Record Information System (CRIS) data were conducted to examine the effect the DVTO court has had on two issues: collapse rate for spousal assault charges and acceptance of responsibility/guilt. Cases of spousal assault for the year 1999 (which was prior to DVTO court) were compared with spousal assault cases processed by the DVTO court in 2003.

- There’s been a significant increase in the early guilty pleas from 35% pre-DVTO to 53% after DVTO was implemented. While there was a significant number of cases pre-DVTO that changed pleas to guilty (26%), the overall rate of acceptance of responsibility was still significantly higher for the DVTO cases (i.e., 72% compared to 63%).
- The collapse or dropout rates fell from 28% pre-DVTO to 20% after DVTO was implemented.
- Only a small portion of cases proceeded to trial both before and after DVTO was implemented (9%). Even though the number of these cases is small, it is interesting to note that the conviction rate has increased from 40% pre-DVTO to 66% after implementation of DVTO.



- Overall, 66% of the cases pre-DVTO proceeded to disposition compared to 78% after DVTO was implemented – all of which would have been referred to SAP as part of sentencing.

#### 7.4.4 Cost of DVTO/SAP Cases

It was not possible to conduct any form of complex cost analysis such as cost-benefit analysis in fulfillment of Objective 3 of this evaluation. Given that there is a significant lack of information on costs of spousal abuse treatment programs and specialized court systems, we felt it was important to, at minimum, calculate annual unit costs per case, thus providing some baseline cost information.

#### Cost Base

- The direct base cost of running the DVTO court for 2004 was identified to be \$39,280. The direct cost of running SAP, plus the cost of the DVTO coordinator, was \$264,818 in 2004.

#### Calculation of Annual Unit Cost

- The average annual unit cost per case in 2004 was \$1,630 for the court proceedings and \$1,552 for SAP. It is important to note that the additional funding for the DVTO coordinator represents only approximately 15% of the total cost of SAP.
- Given the cost of a trial for one day would be \$1,964, the \$1,630 unit cost for the DVTO court case seems reasonable, particularly given the DVTO cases last an average of 304 days (see Table 6.3) and the offender has up to 21 court dates, which may or may not require a court appearance.
- Increased monitoring most likely reduces the probability for re-assaults. Thus, from a value-added perspective, the moderate additional costs of the DVTO coordinator's position seems to be a good investment.

### **7.5 Conclusions**

The four objectives of this evaluation study and the six stated objectives of the DVTO program set the framework for the conclusions of this report.

#### 7.5.1 Evaluation of Objective #1

#### Has the DVTO program been implemented as planned?

To a large extent, the question of whether the DVTO program has been implemented as planned can be answered by examining the six objectives identified by the program (see Section 3.2). These are discussed below.

1. Fast tracking cases by the police, Crown counsel and defense counsel.

There is no doubt that the protocols set in place by the DVTO system have resulted in fast tracking cases into the courts. In the vast majority of situations, the first appearance occurs within approximately two weeks after charges are laid by the police. In addition to fast tracking the cases into the court, the DVTO system has encouraged offenders to accept responsibility earlier in the process by providing them with a viable alternative to proceeding to trial. Those who plead not guilty and proceed to trial often spend up to six months in the court system before final disposition and sentencing. Then those who are found guilty are usually required to attend SAP as a condition of their sentence.

2. Reduce the number of victims of domestic violence who abandon or withdraw from the criminal justice system.

As the findings on pre-DVTO and DVTO comparisons on collapse rates show, the DVTO system has decreased collapse rates from 28% to 20%. Further, it has also increased the rate of acceptance of responsibility by the offender early in the process.

3. Provide speedy access to effective counseling and treatment programs for offenders.

Again, there is no question that the protocols set in place by the DVTO system result in speedy access to counseling for offenders. In most situations intake into the program occurs within a couple of weeks after the first appearance in court. Usually there is a waiting period prior to beginning group sessions since the treatment program has to set up a waiting list until there are enough offenders to offer the group session. During this waiting period clients must “check in” with their assigned counsellors to ensure that safety plans are in place and that any emergency issues are dealt with. The issue of the effectiveness of the treatment program is dealt with below.

4. Hold the offender accountable by providing close court supervision throughout the therapeutic process.

The average DVTO case is before the courts for just over 300 days. During this time, the court reviews and monitors the case every other week, if necessary. Thus, the average case could be required to appear in court up to 21 times during this 300 day period.

5. Encourage more victims of domestic violence to seek protection and help from the criminal justice system.

As the findings of this report indicate, neither the evaluators nor the staff of the SAP were very successful at connecting with victims. Thus, it is not possible to identify whether the system encourages more victims to seek help and protection.

6. Provide protection information and support for victims and refer them to programs that will assist them and their families.

The relatively low re-assault rates provide strong evidence that the DVTO system, most likely because of increased monitoring, does provide victims with protection against re-assaults. The DVTO system also provides information and support for victims, as well as referrals to appropriate programs. However, while these services are available, the victims must choose to make use of the information and supports. As our findings indicate, victims for the most part were partly detached themselves from the process and did not take advantage of the resources that were available to them. While this is recognized in the research literature as a general problem, it can't be ignored.

#### Conclusions: Evaluation of Objective #1

For the most part, the DVTO program has been implemented as planned and has achieved the majority of its objectives. The only process objectives that the DVTO program has not fully achieved are those that deal with motivating victims to become involved and taking advantage of the resources available to them.

#### 7.5.2 Evaluation of Objective #2

#### Are both the DVTO system and the SAP treatment effective in achieving their objectives?

The data and findings of this report indicate that both the DVTO clients and sentencing requirement clients are generally very difficult and challenging. Prior to their involvement with the DVTO, many have extensive histories of assaults as well as high levels of involvement in other criminal activities. Addiction and substance abuse problems are also very prevalent as is indicated by the high number of contacts with police that involved intoxicated states, as well as information from the SAP counsellors which documented the frequent need to suspend treatment in the program to deal with addiction issues.

Despite the fact that these clients are very difficult, the rates of re-assaults were amazingly low. For example, 12 months after the clients completed their contact with the program, only 9% of the DVTO clients and 10% of the sentencing requirement clients had re-assaulted. These rates compare well with the rates identified by Palmer (1992) of 10% re-assault rates for an experimental treatment group and 31% for a group of non-treatment offenders. Likewise, the rate of re-assaults 15 months after intake into the program was also comparatively low. Of the DVTO clients 18% had re-assaulted and 16% of the sentencing requirement clients had re-assaulted. These rates are relatively low when compared to the rate of 32% identified by Gondolf (2001).

While the overall DVTO system and SAP together appear to be effective in terms of preventing re-assaults, it is difficult to distinguish the effects of the treatment program from the system effects, a common problem in this area of research (see Gondolf, 2003 and Bennett and Williams (no date)). However, as indicated above, the DVTO process

has been successful in achieving most of its stated process objectives. Likewise, findings regarding the shorter-term standardized outcome measures, which focus on attitude change and personality characteristics, seem to indicate that the SAP treatment is effective in changing attitudes and characteristics that have been found to be associated to assaultive behaviour particularly with the DVTO referred clients. Further, SAP has also achieved relatively high rates of program completion for the DVTO clients at 69%.

### Conclusions: Evaluation of Objective #2

Overall, we would conclude that the DVTO system and SAP as a whole are very effective. While each of these components of the overall system has some claim to achieving individual objectives, the interactive effect seems to be the strongest in preventing re-assaults with a very difficult client group. The DVTO model, which combines a comprehensive justice system approach with a treatment program for batterers, provides an excellent model for dealing with spousal assault and abuse.

#### 7.5.3 Evaluation of Objective #3

##### What is the cost of the DVTO program?

Unfortunately, it was not possible to conduct any form of complex cost analysis such as cost-benefit analysis. However, given the lack of information on costs of spouse abuse treatment programs and specialized court systems we felt at minimum, that annual unit costs should be calculated. The unit cost per case for the DVTO court cases in 2004 was \$1,630. This compares well against a given cost of a trial for one day, which would be \$1,964. The average unit cost of the SAP clients for 2004 was \$1,552. It is important to point out that no additional resources were required to set up the initial DVTO system other than the cost of a half-time, project coordinator, which increased the average cost of the SAP unit cost per case by only 15%.

#### 7.5.4 Evaluation of Objective #4

##### Document the DVTO model so it can be replicated elsewhere in the country.

The detailed process analysis of the DVTO system contained in Section 3.0 of this report along with detailed protocols for all of the partners contained in Appendix B should provide the information necessary for replication of the DVTO model.

## **7.6 Recommendations**

There are a number of recommendations for both the DVTO system and SAP which follow from the findings of this report. They are briefly outlined below.

### 7.6.1 Recommendations for the DVTO System

1. Currently, it appears that the relapse prevention program is not being taken seriously by the clients. Likewise, its purpose and function within the DVTO system has been ambiguous. If it is part of the condition of probation and is ignored by the client, the client should be charged with breach. Further, the relapse prevention program should be formalized and supported by the professional representatives of all components of the DVTO process.
2. Careful consideration should be given regarding the DVTO court sending offenders who have dropped out of the DVTO and/or re-offended back for second or third time. Many of these clients are very difficult and noncompliant. Consideration should be given to other appropriate criminal justice consequences such as jail terms, possibly combined with treatment.
3. There appears to be a recent increase in police laying dual charges, many of which are later concluded with stay of proceedings. This may be a training issue for police.

### 7.6.2 Recommendations for SAP

1. The findings of this report suggests that SAP should consider adding a relationship counseling component for those who wish to return to their prior relationships. It appears that currently the level of dysfunction of these relationships is high and is not being dealt with (see Appendix D for comments).
2. Development of the female offender treatment program should continue. Further, this development should be tracked carefully and documented since little is known about this client group and the effectiveness of various treatment approaches.
3. The low level of cognitive functioning of the clients appears to be a major issue. Assessment tools should be refined to identify these issues. Further, once identified, new strategies and treatment resources need to be developed in order to provide relevant treatment to these developmentally delayed clients.
4. Victim Services and SAP should continue to explore methods for motivating the victims to make use of appropriate services.

### 7.6.3 Recommendations for Further Research

The findings of this report highlight the need for further research in a number of areas which are listed below:

1. The lack of involvement of victims in this study and in the literature in general points to an urgent need to conduct both survey research and tracking (longitudinal) research to increase knowledge about victims so that appropriate and meaningful responses to their needs can be developed.

2. The significant proportion of female offenders points to the need to develop research which will identify information which would address the following questions:
  - How do female offenders differ from male offenders?
  - What clinical approaches are appropriate for addressing their needs and changing their behaviour?
  - How is the increase in the number of female offenders related to the police practice of dual charging by police?
  - Is female offending a function of the criminalization of a response to being repeatedly abused?
3. The significant proportion of non-compliant offenders who repeatedly breach and re-offend suggest the need to develop research which would address the following questions:
  - Can these “persistent” offenders be screened and identified earlier?
  - Can assessment tools be developed to accurately identify their needs?
  - Appropriate clinical and justice system responses for these difficult clients need to be developed, implemented and evaluated.
4. The overall lack of improvement in the functioning of the offenders’ relationships with their partners over the duration of the SAP program suggests both the need for program development, as well as a detailed evaluation to test the effectiveness of this sub-component of the program.
5. More detailed cost analysis research such as cost benefit analysis should be developed, since there is a dearth of information in this area. The complexities and limitations of this type of research, however, must be recognized.

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**APPENDIX A**

**SUMMARY OF  
STANDARDIZED MEASURES**





## DVTO SUMMARY OF STANDARDIZED MEASURES

### Millon Clinical Multiaxial Inventory (MCMI)

The MCMI is a well-used personality inventory that has been used to identify personality pattern in men who abuse intimate partners (e.g., Hamberger, Lohr, Bonge, & Tolin, 1996; Rothschild, Dimson, Storaasli & Clapp, 1997; Tweed & Dutton, 1998; White & Gondolf, 2000). The total scale is 175 items with a true/false format, resulting in 24 clinical and 4 validity scales. The psychometric properties as reported in the manual (Millon, 1994) demonstrate good to excellent reliability and excellent construct validity with the DSM-IV. Three subscales were used for the current study: (1) the self-defeating clinical subscale (“Masochistic” in the second edition); (2) passive aggressive clinical subscale (“Negativistic” in the second edition); and (3) the social desirability validity scale. The two clinical scales were among four “over-controlled” personality types that suppress rage and were the most associated with murdering one’s partner (the other two scales were avoidant and dependent) (Dutton & Kerry, 1999). Similarly, Hamberger, et al. (1996) found three clusters on the Millon in a sample of 833 abusive men: non-pathological, antisocial and passive-aggressive-dependent.

For the Validity scale scores range 0 to 3 with anything above 1 rendering the validity of the whole measure questionable.

For the other scales, raw scores are converted to “Base Rate” scores which range from 0 to 115 (these are essentially like percentile ranks). Higher scores reflect more of the trait. There are clinical cutoffs as well for the Negativistic and Masochism scales with Base Rate scores of 60 representing the average or median scores, 75 (and up) representing a cutoff for “trait” status and 85 representing the cutoff for “disorder” status.

As the words suggest “trait” means its part of the personality while “disorder” means that it is a big problem that gets in the way of much of life functioning.

For Social Desirability the cut scores are the same but the labels change to “average,” “present,” and “prominent.”

**Self-Defeating:** Self-Defeating scale scores reflect the extent to which clients seem bent on not succeeding. Scores in the “disordered” range on this scale indicating serious self-defeating issues that could limit or challenge their ability to benefit from counseling.

**Passive Aggressive:** Passive Aggressive scale measures the tendency to quietly work at finding ways to “get back or get even” without providing an overt expression of aggression. Clients scoring in the “disordered” range could make them fairly hard to work with at group meetings.

**Social Desirability:** Social desirability is presenting oneself in a manner approved of by society and masking problems. Saunders developed a method to adjust scores on other tests and subscales taking into consideration the extent to which individuals are presenting themselves in a socially desirable manner.

### **Coopersmith Self-Esteem Scale (SEI)**

The Coopersmith Self-Esteem Scale is a commonly used measure of self-esteem, consisting of 25 items that clients rate as either “like me” or “unlike me” (Coopersmith, 1990). Developed from the psychometrically sound children's version, the author reports that the adult SEI has acceptable internal consistency ( $\alpha=.81$ ) and is significantly related to other measures of self-esteem (Bedian, et al., 1977, as cited in Coopersmith, 1990). Raw scores range from 0 to 25, and are multiplied by four for comparison to the published norms. Higher scores signify greater self-esteem.

### **The URICA-DV Attitudes and Behaviour Subscale**

The University of Rhode Island Change Assessment Scale-Domestic Violence (URICA-DV) assesses the stage of change that a client is in, based on Prochaska and DiClemente's transtheoretical model of change in psychotherapy (Prochaska, 1995). It posits that individuals making changes in behaviour go through predictable changes: Precontemplation (in which individuals deny that a problem exists); Contemplation (when individuals acknowledge that a problem exists and consider whether they might change, but not within the next six months); Preparation (individuals have made a decision to change in the next 30 days and make small steps toward or plan how they will change); Action (when individuals actively engage in making changes or behaving in healthier ways); Maintenance (individuals have maintained the change for at least six months and are actively working to prevent relapsing); and Termination (when there is negligible chance of relapse). The model began with more health-related issues such as smoking cessation and treatment compliance. It has been utilized more recently in broader psychological changes such as batterer treatment.

The URICA-DV scale is being used in some other evaluations of men's treatment groups. According to Levesque et al. (2000), the scale has four dimensions: Precontemplation, Contemplation, Action, and Maintenance. Each dimension is represented by five items with internal consistency (coefficient alphas) ranging from .68 for Maintenance to .81 for Action. None of the four scales correlate with social desirability. Construct and discriminant validity for each of the scales was also established.

### **Physical Abuse of Partner (PAPS)**

Hudson's PAPS measures levels of perceived physical abuse perpetration, as reported by the abuser (Hudson, 1992). Examples of items are, “I push and shove my partner around violently” and “I throw dangerous objects at my partner.” The PAPS has demonstrated excellent internal consistency with a Cronbach alpha in excess of .90.

The scale is also reported to have good content, construct and factorial validity. This scale ranges from 0-100 and 2 is the clinical threshold.

### **Non-Physical Abuse of Partner Scale (NPAPS)**

Hudson's NPAPS measures levels of perceived non-physical abuse perpetration, as reported by the abuser (Hudson, 1992). The scale includes verbal, emotional and financial forms of non-physical abuse. Examples of items are: "I expect my partner to obey," "I scream and yell at my partner," and "I carefully control the money I give my partner". The reliability and validity information is the same as for the PAPS. This scale ranges from 0-100 and 15 is the clinical threshold.

### **Partner Abuse Scale: Physical (PASPH)**

Hudson's PASPH measures the degree or magnitude of perceived physical abuse which clients receive from a spouse or partner (Hudson, 1992). It is the same as the PAPS above from the perspective of the victim.

### **Partner Abuse Scale: Non-Physical (PASNP)**

Hudson's PASNP measures the degree or magnitude of perceived non-physical abuse which clients receive from a spouse or partner (Hudson, 1992). It is the same as the NPAPS above from the perspective of the victim.

### **The Relationship Belief Scale (Russell)**

Attitudes that support using violence against women intimate partners have been found to differentiate between abusive and non-abusive men and are a central focus for most interventions with male abusers (Hanson, Cadsky, Harris & Lalonde, 1997). Mary Russell's 1995 treatment program entitled "Confronting Abusive Beliefs" incorporates elements of the Duluth program, the first to articulate the goal of changing attitudes (Pence & Paymar, 1993). However, few attitude scales are available to assess changes in attitudes towards relationship abuse. Russell first conducted interviews with 15 men at various stages of treatment. From an original pool of 320 statements made by the men with respect to beliefs about their relationships, 50 were chosen by 15 experienced men's counselors as differentiating men who were abusive from those who were not. While work to develop the psychometric properties of the scale is ongoing, the measure has strong face validity in that the items reflect the beliefs of abusive men in their own words.

### **The Family Assessment Measure – Dyadic Relationship Scale (FAM-DR)**

The FAM-DR measures problem-solving skills, conflict resolution skills, and communication skills in two-person relationships (Skinner, Steinhauer, & Santa-Barbara, 1983). The FAM is based on a family functioning process model (Skinner, 1987). The Dyadic Relationship Scale examines specific pairs in the family, in this case, the couple

relationship. The scale has cut-off scores indicating strength (scores between 30-40), average functioning (40-60), and problem areas (60-70) with higher scores indicating more dysfunction.

The seven subscales include Task Accomplishment, Role Performance, Communication, Affective Expression, Affective Involvement, Control, and Values and Norms. Task Accomplishment refers to the ability of the family to resolve problems by exploring alternative solutions and implementing the planned solutions. Effective families are believed to experience as many problems as ineffective families but deal better with them. Role Performance is the assigned activities of family members that fulfil necessary family functions. Communication is assessed on two dimensions: whether it is clear or masked (content of message is clear or unclear), and whether it is direct or indirect (sent to person to whom it is intended or deflected to other people). Affective Expression is communicating emotions appropriately with respect to the content and the intensity of the affect. Affective Involvement is the extent to which the family shows emotional involvement with each other. Control refers to how family members influence each other especially with respect to consistency and responsibility of the response. Value and Norms are the explicit and implicit rules in the relationship and the latitude with which family members choose their beliefs and behaviours. Each of these concepts is related to the variables targeted in the current evaluation: problem solving skills, conflict resolution, and communication skills. The coefficient alpha of the total scale is excellent (.95), and those for the subscales are respectable (Skinner, 1987).

### **The Attitudes Towards Marriage and the Family Scale (ATMF)**

The ATMF scale was designed to measure traditional sex role attitudes in three distinct areas of marital/family life: domestic, social and sexual (Feldman, 1983). Studies have found that the measure possesses high internal reliability as well as content validity. The validity of the measure has been further established by strong positive relationships between the ATMF and the Attitudes Towards Women Scale (Spence, Helmreich & Stapp, 1975). It consists of 29 items and scores range from 0 to 87 with higher scores indicating a more traditional sex role orientation.

## **APPENDIX B**

### **DVTO PROTOCOLS**

- Steering Committee
- RCMP
- Crown
- Role of Judges and Courts
- Spousal Abuse Program
- Adult Probation
- Victim Services
- Yukon Legal Services Society
- Domestic Violence Treatment Option: Protocol Regarding Involvement of Family & Children's Services Branch Staff
- Government of Yukon Women's Directorate
- Yukon Women's Transition Home (Kaushee's Place)



## **TERMS OF REFERENCE FOR THE DOMESTIC VIOLENCE STEERING COMMITTEE**

A Domestic Violence Treatment Option Steering Committee is comprised of representatives from government agencies, non-governmental organizations and the community who deal with domestic violence offenders and victims on a regular basis. The membership of the committee includes representation from the following organizations:

- The Crown
- Defense counsel
- Victim Witness Assistance Program
- Police
- Probation
- Judiciary
- Children's Services
- Transition Home
- Department of Justice
- Women's Directorate
- Victoria Faulkner Women's Centre
- Whitehorse Correctional Centre
- Salvation Army Adult Residential Centre
- Francophone community
- Aboriginal community
- Others as determined by the Steering Committee

The primary role of the committee is to recommend policy with respect to the implementation and operation of the Domestic Violence Treatment Option. At the same time, the Steering Committee will provide a forum for information sharing and problem solving with specific emphasis on the implementation and effective operation of the treatment option, and will promote a more efficient allocation of community resources directed towards domestic violence. Through its membership, the Committee will strive to maintain an open dialogue with community agencies, government departments and the court in order to build a mutual understanding and a coordinated response to domestic violence in our community. The Committee will contribute to public education by stimulating public awareness of domestic violence and by providing information regarding victimization, offending, and safety. In particular, the Steering Committee will ensure that this domestic violence initiative is properly evaluated and publicized.

The Steering Committee will achieve these goals by undertaking the following:

- Meet on a monthly basis to review the operation of the Domestic Violence Court;
- Identify gaps and problems in the operation of the court and identify other issues in the justice community's response to domestic violence;

- Develop and implement policies, procedures and protocols pertaining to domestic violence and the operation of the Domestic Violence Court;
- Communicate effectively with the agencies participating in the Steering Committee;
- Work with other sectors within the community to promote a coordinated and effective justice response to domestic violence cases;
- Where appropriate, review and analyze specific cases of domestic violence for the purpose of improving the justice system's response to domestic violence cases;
- Provide direction to and receive reports from the Executive Committee; and
- Publish brochures and deal closely with all media in order to inform the public about domestic violence and how to access the available justice-based and community-based resources.

It is expected and understood that issues that affect the effective implementation and ongoing operation of the domestic violence court process will be brought to the Steering Committee and resolved collaboratively.



# **DOMESTIC VIOLENCE TREATMENT OPTION: RCMP PROTOCOL**

## **Introduction**

The RCMP Yukon supports the Domestic Violence Treatment Option (DVTO) program. The RCMP recognizes that domestic violence is a serious criminal offence. The RCMP will work in a cooperative manner with concerned agencies to seek solutions to the serious problem of domestic violence.

## **Responsibilities of the RCMP**

The RCMP recognizes that it is their responsibility to investigate all complaints of domestic violence.

## **Guiding Principles**

The RCMP will commit to the following guiding principles:

- to participate on territorial committees for the purpose of maintaining inter-agency partnerships;
- to continuously evaluate and update RCMP training in the area of domestic violence;
- to conduct a thorough and timely criminal investigation concerning all complaints of domestic violence;
- to audit domestic violence investigations quarterly;
- to expedite, when feasible, all domestic violence investigations; and
- to set the first court appearance for criminal charges to the first available pre-arranged sitting of the DVTO court.

February 15, 2002



# **DOMESTIC VIOLENCE TREATMENT OPTION: CROWN PROTOCOL**

## **Introduction**

The establishment of mandatory charging and prosecution policies have signaled the seriousness with which the Crown views domestic violence cases, and have contributed to the growing recognition that domestic violence is not a family problem, but rather is a serious criminal and societal problem.

It is important to continue to take domestic violence seriously, but experience has shown that there is a need to explore different approaches, like the Domestic Violence Treatment Option, in an effort to encourage more victim disclosures and to have more impact on reducing violence. Such alternatives require a different approach to prosecution and demand increased cooperation with other agencies, education and training, and sensitivity to victim needs.

## **Roles and Responsibilities of Crown Counsel**

### **1. Designated Crown**

The Domestic Violence Treatment Option requires a high degree of communication between individuals and agencies, as well as a clear understanding of the dynamics of domestic violence. These requirements could be met by:

- assigning a designated Crown;
- assigning a designated alternate Crown to ensure continuity and consistency, in case of illness or absence; and
- requiring both to participate in ongoing specialized training on domestic violence and its impact on victims.

### **2. Relationship with the RCMP**

As a prerequisite, the Domestic Violence Treatment Option requires that cases be thoroughly investigated, ensuring a reasonable likelihood of conviction. This, in turn, requires a close liaison between the RCMP and the Crown, particularly in the areas of evidence gathering, court brief preparation and training. This could be accomplished by:

- providing training to the RCMP;
- assisting the RCMP in developing an investigatory protocol for domestic violence cases that would require the gathering of evidence that could be used independent of the victim's testimony, including properly taken KGB statements, photographs, medical reports, recordings/transcripts of 911 calls for assistance, and third party witness statements;
- vigilantly completing charge reviews to ensure that such evidence is routinely gathered;

- working with the RCMP to ensure that disclosure on all domestic violence cases is expedited and complete;
- working with the RCMP and other Crown to ensure that all domestic violence cases are set to or adjourned to a sitting of the Domestic Violence Treatment Option Court; and
- providing a reporting letter to the RCMP, upon completion of the sentencing, which sets out the sentence given, the reasons for the sentence and a brief synopsis of the offender's performance in the program.

### 3. Interaction with Victims and Victim Services

Crown should develop procedures to maximize communication with victims and Victim Services. Such procedures should ensure that victims are able to comfortably voice their concerns, that the input of victims is sought with respect to major decisions, and that victims are provided with clear and comprehensive information about the legal process, in general, and about their offender's proceedings, specifically. This could be accomplished by:

- being available immediately before court to speak to victims;
- being available to speak to victims by telephone or in person at any other time, upon the request of a victim;
- working with the Victim Services worker to ensure that the victim is provided an explanation prior to court of what is likely to happen that day in relation to the case involving the victim and answering any questions the victim may have;
- ensuring the victim's position, needs and concerns are communicated to the court;
- explaining all major decisions to the victim before court and seeking the victim's input on such decisions; and
- meeting with the victim and/or Victim Services after court and explaining what happened in court, what the offender must do, and reviewing with the victim the bail terms of the offender.

### 4. Safety of Victims

Crown should consider victim safety as the paramount consideration in determining the Crown's position on release of the offender, variation applications and sentencing. This could be accomplished by:

- consulting with treatment professionals and Victim Services to gather offender risk management information and provide such information to the court at appropriate points in the process;
- receiving training in the use of proven risk management instruments such as SARA (Spousal Assault Risk Assessment), and by incorporating the use of such tools into practice and submissions; and
- encouraging the RCMP to begin using proven risk management instruments such as SARA.

## 5. Incentives to Offenders

To encourage offenders to opt into the Domestic Violence Treatment Option, the Crown must ensure that defence counsel are provided with disclosure of particulars and with the Crown's position on sentencing, in both regular court and in the Treatment Option, to ensure that defence counsel is in a position to fully advise their clients. This could be accomplished by:

- providing disclosure to the designated defence counsel prior to the first court appearance, wherever possible;
- assessing each file and determining positions for sentencing in both regular court and the Domestic Violence Treatment Option. The Crown's position on sentencing should be viewed by the offender as providing a significant benefit and incentive to elect the Treatment Option;
- clearly conveying both positions to the designated defence counsel; and
- clearly documenting the Crown file to ensure consistency.

## 6. Offender Accountability

The Crown should take positions that promote offender accountability:

- by requiring a clear acceptance of responsibility on the record;
- by requiring frequent court appearances to monitor the offender's progress; and
- by pursuing breaches of release and probation conditions.

## 7. Cooperation and Coordination

The Crown should actively foster a cooperative working atmosphere with all other participants in the Domestic Violence Treatment Option process:

- by treating all participants with respect and courtesy;
- by sharing information;
- by being available to provide training to other participants in the process and to receive training from other participants in the process; and
- by attending and participating in pre-court meetings, working group meetings, and steering committee meetings.

## 8. Ongoing Commitment

The Crown should continue to evaluate this protocol in light of developing experience, and amend as needed.



# **DOMESTIC VIOLENCE TREATMENT OPTION: ROLE OF JUDGES AND COURTS**

## **Introduction**

Judicial officers can make an important contribution towards improving the justice system response to domestic violence. In addition to being knowledgeable about the underlying causes and effective responses to domestic violence, the judge is positioned to communicate by words and conduct that these cases are viewed seriously by the court. The judge can influence the performance of police and prosecutors by insisting on professional investigations and prosecutions. By treating victims with courtesy and respect, and by insisting on appropriate security for the courtroom and immediate surroundings, victims will feel emotionally and physically safe. Judges can encourage other court personnel who have contact with victims of domestic violence to receive appropriate training in domestic violence including how to recognize and respond to high-risk situations.

Judges also play a crucial role in domestic violence cases by protecting and enhancing victims' rights. Judges are responsible for controlling the courtroom and can make rulings that will affect victims' rights to be present, notified, and heard. Judges can and should be catalysts for coordinating the delivery of services to both victims and offenders.

## **Role and Responsibilities of Judges Generally**

The following suggestions for judges who deal with domestic violence are modeled on a general statement of victims' rights developed by the United States Department of Justice (New Directions from the Field: Victims' Rights and Services for the 21<sup>st</sup> Century, Office for Victims of Crime, United States Department of Justice).

1. The voices and concerns of domestic violence victims should be recognized and institutionalized within the court system. Judges should ensure that procedures are in place that will provide the necessary information to victims in a timely and effective fashion, and if necessary, be prepared to advise victims of their rights as routinely as they advise defendants of their rights.
2. Judges and all court personnel at all levels of the court system should receive initial and continuing education on the dynamics of victimization, the impact of domestic violence on victims and their families, and about what the judiciary can do to make the court less intimidating to victims. This education must include training on the special needs of some victim populations such as victims with disabilities and victims from different cultures.

3. Judges should facilitate the option of domestic violence victims and their families to be present and to be heard at all court proceedings.
4. Judges should consider victim safety as the paramount consideration in any pre-release or post-release decision. Judges should ensure that the victim has an opportunity to express his or her views in a complete and informed manner prior to any decision being made. Unless the victim requests otherwise, the victim and the children should be allowed to remain in the family home.
5. As part of any pretrial release order, judges should normally include a no-contact provision that includes non-attendance at the victim's residence and place of employment unless satisfied that such an order is unnecessary to ensure the victim's emotional and physical safety. When such orders are made, it is essential that a procedure that addresses the needs and best interest of the children, including visitation rights, be put in place. It is important that these orders not be varied until a proper risk assessment is made available.
6. Before imposing a sentence, judges should encourage the victim, the victim's representative, or, when appropriate, representatives of the community to present an oral or written victim impact statement.
7. Judges should ensure that reasonable efforts were made to confer with the victim in all domestic violence cases prior to making any significant decisions, including release conditions, treatment plans and particularly prior to any plea agreements. The purpose of this conference is to obtain the views of the victim prior to a final decision being made and to explain the reasons for the decision to the victim.
8. Judges should play a leadership role in ensuring that all judicial officers and court clerks receive joint training so that all have a comprehensive picture of what happens to a victim as he or she navigates through the criminal justice system. Judges should also encourage police, prosecutors, defense counsel to receive such training. In many instances it will be appropriate for this training to be carried out together.
9. Judges have a responsibility to manage their cases and calendars to make victim involvement as feasible and convenient as possible. Telephones, video-conferencing and videophones should be utilized to give victims greater access to the justice system.
10. Judges should play a leadership role in ensuring that separate waiting areas are available in all courthouses for domestic violence witnesses to minimize the contact of victims with defendants, their relatives, and friends before, during, and after court proceedings.



11. Judges must take a leadership role in conceptualizing and advocating that the justice system encompasses not only traditional adjudication and punishment but also holistic problem solving and treatment for victims as well as offenders.

## **The Domestic Violence Treatment Option**

### Overview

The Domestic Violence Treatment Option (DVTO) provides an additional sentencing option for responding to charges of domestic violence. For the purposes of the DVTO, domestic violence includes actual and threatened violence between intimate partners that would constitute an offence under the *Criminal Code* of Canada. At the current time, it does not include violence directed towards children or elders. It does not replace the traditional criminal court, which remains available to those accused persons who prefer to have their charges dealt with there

The DVTO is a court-based alternative that encourages the offender to take responsibility for his/her behaviour. The accused person is eligible for this therapeutic option only after the facts have been accepted and an early guilty plea has been entered. Prior to making this application, the accused person is dealt with in accordance with the provisions of the *Criminal Code*. This includes arrest by the police if necessary, the laying of a charge, and release on bail conditions if appropriate. The police and the court make these decisions independently, with the safety of the victim and the risk of re-offending as paramount considerations. These considerations remain paramount throughout the DVTO process.

Sentencing usually occurs after the defendant has successfully completed the Spousal Abuse Program and after other programming such as alcohol or drug counseling has been initiated or completed to the satisfaction of the court. The sentence imposed will normally include a further period of court supervision. The DVTO is not a form of diversion. It does result in a criminal record. The DVTO sentence is enforceable by the court in that breaches of the order can result in re-sentencing of the defendant on the original charge and/or sentencing for the breach.

While all Whitehorse domestic violence charges are now “fast-tracked,” the DVTO requires an early guilty plea, and is delayed until the offender completes some necessary programming. Any concerns about the DVTO procedure should be raised with the Bar representatives on the Steering Committee, as this is the proper forum for initiating procedural changes. The DVTO is a sentencing option available only upon application by the accused: an accused who has concerns about the DVTO procedure can have his case dealt with in the normal manner in criminal court

## Procedure

1. The Royal Canadian Mounted Police set all first appearances involving domestic violence for 1:30 p.m. on the Monday approximately two weeks after the incident. This time period is several weeks shorter than the normal time for first appearances and is an essential aspect of fast-tracking domestic violence cases. This same appearance schedule should be adhered to if the accused is arrested and released on bail. The police have implemented special procedures to ensure that disclosure is given to Crown counsel prior to each first court appearance in order that disclosure can be made to the defence in a timely manner consistent with fast tracking.
2. Persons charged with domestic violence are required to appear in court on Mondays at 1:30 in the afternoon to enable them to meet with counsel in order to prepare for court. Court will commence at 2:00 p.m. Holding court at the same time and in the same courtroom each week facilitates attendance by resource persons, such as representatives from the Family Violence Prevention Unit, Victim Services, Children's Services and Probation Services. Information about the DVTO will be provided to the defendant at the first court appearance. Counsel are also able to meet and discuss outstanding issues. There is an opportunity for everyone to share information and to develop a consensus.
3. Both Legal Aid and the Crown's office have agreed to assign specific lawyers to the DVTO sitting of the court. This assignment will allow for the development of expertise and will provide continuity, allowing the same counsel to take a case to its completion. Duty counsel treat this sitting of the court like a circuit point, meaning that he/she will conduct a preliminary assessment of the accused's eligibility for legal aid at the time of court appearance, often avoiding a further adjournment and delay.
4. The Monday afternoon sitting enables the court to deal with judicial interim release applications that involve domestic violence that arose during the preceding weekend.
5. The DVTO will be available to the defendant only upon application. This application should be made at the first or second court appearance. The defendant must be prepared to accept responsibility for the offence and agree to abide by the procedures established by the DVTO as a condition of eligibility.
6. Adjournments prior to acceptance into the program will only be granted for specific reasons, for example, to obtain further disclosure, and normally for two weeks only. When an application is made for the DVTO, the court will adjourn the case for two weeks for intake assessment by the Family Violence Prevention Unit, who will then advise the court as to the offender's suitability for their programming.

7. It is anticipated that the DVTO will be used primarily for simple assaults as defined by s. 266 of the *Criminal Code*. More serious charges will not be screened out automatically but will be considered on their merits, with victim safety being a primary consideration. Repeat offenders will not be excluded for that reason alone.
8. Whether a defendant is accepted into the program will depend entirely on the intake assessment decision by the Family Violence Prevention Unit. It is expected that only a small number of defendants will be assessed as ineligible. If a defendant is found to be ineligible for the DVTO, the defendant will be returned to the formal court process.
9. A formal guilty plea must be entered prior to the commencement of the treatment program.
10. The Family Violence Prevention Unit will provide recommendations for treatment. The treatment recommendations may be incorporated in an undertaking or in a recognizance. Modest modifications of the treatment plan may take place during subsequent court reviews.
11. During the time period prior to sentencing, the court will undertake regular reviews of the defendant's progress, usually monthly if his/her progress is satisfactory. Reviews may also be initiated by the Bail Supervisor or by treatment personnel. Once accepted into the treatment program, the defendant may be returned to the formal court process as a result of failing to follow the treatment plan, missing treatment sessions or as a result of not participating in group sessions.
12. Probation Services will normally prepare a detailed pre-sentence report for the court to assist with sentencing. It will also identify other programming needs such as for alcohol and drug counseling. The court will not sentence the offender until after the SAP has been successfully completed and other recommended programming has been identified or started. Sentencing can occur anywhere from six to nine months after the first court appearance.
13. The court encourages and places significant weight on the recommendations of the treatment team and on joint submissions from counsel but, as in any case, reserves the right to impose the appropriate disposition based on all of the relevant information.
14. The court will continue to conduct periodic reviews of the defendant's progress while the sentence is being completed. A willful breach of the sentence imposed by the court can result in additional charges. Breaches of court orders in domestic violence cases are different from most other situations in that they almost always raise issues of safety and increased risk to the former victim and other family members. For that reason, these breaches must be subject to immediate risk assessment and brought into court immediately (fast-tracked).

15. Every effort is made to address the complainant's needs and concerns throughout the process. Safety considerations are given the highest priority. Victim Services can assist the complainant and provide information about available services. The complainant will be invited to participate in the assessment process. The court will encourage the victim to be heard at all stages of its process and may direct that appropriate court documents be made available to the victim.

# **DOMESTIC VIOLENCE TREATMENT OPTION: SPOUSAL ABUSE PROGRAM PROTOCOL**

## **Introduction**

The Domestic Violence Treatment Option (DVTO) in the Yukon is a co-operative approach to ending domestic violence. The Spousal Abuse Program (SAP) is an integral component of the option. SAP is aimed primarily at men who have assaulted or threatened their female partners, been charged under the *Criminal Code*, and have taken responsibility in court for their actions. The program is also available for female abusers of male victims.

The first objective of all involvement in domestic violence cases is the safety of all members of the family – the adult victim and the children who have often witnessed the violence and other forms of abuse and may have been abused by the offender as well. The offender may be experiencing an emotional crisis. The offender may also pose a danger to third parties such as extended family, co-workers, and the victim's friends, or to family pets.

The program ensures early intervention through DVTO; the program assesses the offender, provides information to the case management team, and provides individual and group therapy.

Abusive men control their victim's actions, thoughts and feelings. Abuse is a continuum of behaviours both physical and psychological, and most such behaviour is learned in the family of origin as an accepted method of solving problems. The program helps men to examine their own belief systems and to learn new skills for managing stresses, emotions and behaviours.

Most men want and need healthy relationships, but often have many internal and external barriers to overcome. A variety of techniques are used to develop insight and help reduce minimization, denial and blame:

- Offenders are challenged with respect to sex-role conditioning and stereotyping.
- Male and female staff who co-facilitate group therapy model respectful and caring relationships.
- Safety is continually emphasized.
- Behavioural modification approaches are utilized.

## **Roles and Responsibilities of Spousal Abuse Program**

1. In order to be eligible for the DVTO, the offender must, at a very early stage of the proceedings, elect and accept responsibility for his actions. At that point, he is given an appointment with a SAP counsellor, usually within a week.

2. The client attends the SAP offices for intake and initial assessment of his suitability for treatment, normally completed within two weeks. Almost all men are accepted, unless some of the following characteristics are present:
  - severe mental illness;
  - brain injury;
  - extreme denial;
  - inadequate language skills; or
  - severe substance abuse.
3. When the initial assessment is completed, the counsellor writes a letter of acceptance or refusal to the court. The reasons for refusal are outlined, and other recommendations, such as alcohol and drug treatment, may be made to the court.
4. Within this period, the SAP staff member discusses the safety of the victim with her Victim Services worker.
5. Once accepted to the program, a counsellor is assigned and the offender begins the full assessment process. A full assessment identifies and explores patterns of behaviour, experiences and belief systems, and measures levels of resistance to change or commitment. The assessment also includes consent for release of information generally contained in an information package received from the Adult Probations case manager. This package may include Police Report to Crown Counsel, Circumstances of the Offence report, criminal record, Spousal Abuse Risk Assessment, Level of Service Inventory scores, alcohol and drug assessments, psychological reports, previous case plan and progress reports, probation orders, and pre-sentence and bail supervision reports.
6. A relapse prevention plan, which the client proposes for keeping his family safe, can be developed once the assessment is completed and potential risk is thoroughly understood. This plan is generally attached to the client's application to the court for changes in an existing "no-contact order." The client, his counsellor, the Victim Services worker and sometimes the victim appear in court when this application is heard, along with the Crown and the defence.
7. The counsellor contacts the victim for her input to the assessment process, and maintains contact with her through all phases of treatment, if she is willing.
8. Individual Counselling is undertaken with the offender to establish a solid therapeutic relationship and to address specific issues. Although important, it is an adjunct to the main process of group therapy.

9. The offender enters the first available treatment group. Group treatment is the overwhelmingly preferred method of treating this population. Group allows more effective confrontation of denial, simultaneously enhances responsibility for behaviour and self-esteem, and encourages relationships with other men. A male-female team of co-facilitators models respectful communications and provides the men an opportunity to explore issues with a healthy woman and a healthy man.
10. Any concerns, such as breaches of the participation agreement or non-participation, are dealt with immediately. The client's progress is continually monitored by the facilitators through periodic case conferences with Adult Probation staff. Progress is also monitored through regular appearances in court while the offender is in the program.
11. On completion of the group treatment component, a progress report is issued by SAP staff to the court. Progress is measured by the facilitators' observations of the offenders' response to the activities and challenges in group, and shifts in his accountability – such as reduced minimization, denial and blaming, acceptance of responsibility for his thoughts, feelings and behaviours, and examination of his belief systems. A final report, developed with each client, will reflect the offender's response to treatment and include recommendations. This report will be filed with the court and will normally be incorporated into a court order for community supervision.
12. These recommendations will then become a vital part of treatment follow-up or relapse prevention. Relapse prevention group component is a critical component of treating batterers. Maintaining a comprehensive therapeutic relationship with the counsellor allows the client to address relapses and ongoing risk and safety issues, and to further develop emotional management. Primarily relapse prevention is carried out through a bi-weekly group however in some circumstances it can be done one-on-one. Referrals are also made to outside organizations to handle specific issues, such as the long-term treatment of childhood trauma.

Relapse prevention is designed to assist abusive men in ongoing management of their abusive behavior. The group component is offered every two weeks and has ongoing intake. Its focus is to assist offenders in managing their abusive behavior. The component provides an avenue of easy access to those individuals who have attended the ten-week program previously and have either re-offended or are choosing to reconnect with the program.

Termination of client services from the SAP is decided upon a case-by-case basis in keeping with the program policy of observable behavior change and management of risk over a lengthy period of time, not based primarily on the completion of a ten-week group program.

13. Once treatment has been completed, clients are encouraged to maintain contact with the SAP as needed.



## **DOMESTIC VIOLENCE TREATMENT OPTION: ADULT PROBATION PROTOCOL**

### **Introduction**

Probation officers are an important and necessary link between the offender, the court, the community, the victim, and the referral agencies. Adult probation officers in the Yukon are guided by the following two program objectives as identified by the Department of Justice, Community and Correctional Services:

- *To contribute to the protection of society and the health of communities using a Restorative Justice Approach framework which provides community and institutional based approaches for healing and reparation.*
- *To provide programs and services for victims and offenders that have as their primary goal safe integration of the offender into the community as law abiding citizens.*

These program objectives authorize corrections involvement in utilizing innovative approaches to assisting both victims and offenders.

Probation officers provide a specialized service to the court, the offender, the victim and the community. Probation officers are officers of the court and peace officers charged with assisting the court in gathering information, supervising court orders, and assisting offenders and victims. When providing services, the probation officers adhere to the following guiding principles:

- *To reduce offender recidivism through assessment, planning and interventions;*
- *To identify high risk offenders and provide specialized interventions; and*
- *To administer court orders in an effective and efficient manner.*

### **Roles and Responsibilities of Adult Probation**

Adult Probation Services plays a crucial role in the supervision of individuals engaged in the DVTO process. As the primary case manager, the probation officer is responsible for providing sound case planning in an integrated manner with all members of the case management team throughout the entire process. The probation officer's involvement starts prior to the accused's first appearance in court and continues until file termination. To meet the requirements for sound case management, Adult Probation Services will dedicate two senior probation officers to assist with the DVTO in Whitehorse. Regional probation officers will be responsible for the DVTO cases in their respective communities. The probation officer is ideally situated to facilitate the flow of information between the DVTO and the community and in this capacity will assist the

timely and appropriate release of pertinent information to interested parties. Responsibilities of probation officers include:

- review the docket on DVTO court days and ensure that all relevant information that is available is gathered prior to court;
- if the individual on the DVTO docket is already a client the DVTO probation officer will contact the supervising probation officer to apprise themselves of all relevant information regarding the client's current status on bail, probation or conditional sentence;
- if the accused has an existing closed file from another jurisdiction the probation officer may request assistance in accessing relevant information from that jurisdiction;
- participate in the pre-court meeting and present information on relevant cases before the court and make appropriate sentencing recommendations based on the current relevant information;
- attend at DVTO court to respond to questions from the court; and
- should the accused be placed on a Recognizance or an Undertaking the probation officer will review the order with the accused within three working days. During the initial meeting with the accused the probation officer will review the reporting instructions to both the probation officer and the FVPU and any special conditions, e.g., no contact conditions. The probation officer will explain the consequences of non-compliance with any condition.

#### 1. Relationship with the Crown

- Participate in the pre-court meeting and present information on relevant cases before the court and make appropriate sentencing recommendations based on the current relevant information.
- Should the client reappear in court for a breach of a DVTO court order, the probation officer will initiate contact with the RCMP, the FVPU, and other relevant players to ascertain the client's status within the community, the FVPU program, the home, or any other relevant information that has a bearing on the status of the client. The probation officer will track the case and provide information necessary for prosecution if required.

#### 2. Relationship with Family Violence Prevention Unit (FVPU)

- The probation officer will direct the client to establish contact with the FVPU as per their agreement with FVPU made after DVTO court.

- Offenders are expected to follow through with the commitment to complete all relevant treatment.

### 3. Safety of Victims

When a request is received from the court to complete and file a Bail Supervision Report, the probation officer will address, at a minimum, the following:

- Whether there is a history of violence or abusive behavior and, if so, details of the past abuse.
- Whether the complainant fears further violence if the accused should be released and, if so, the basis for the fear.
- The complainant's opinion as to the likelihood of the accused obeying terms of release, in particular, no contact provisions.
- Whether the accused has a drug or alcohol problem, or a history of mental illness.
- The probation officer will use the guidelines in *R. v. Bliele*, Reasons for Judgement of the Honourable Mr. Justice Peter Martin as a basis for all Bail Supervision Reports in DVTO.
- The supervising probation officer shall complete a risk needs assessment using both the LSI and the SARA as soon as practical, but no less than 15 working days after the offender has been accepted by the FVPU. These assessments shall be discussed with both the offender and the FVPU treatment team.
- The probation officer will route all interactions with the victim through the assigned Victim Services worker unless the victim or Victim Services otherwise directs. There will be times when the victim may not be connected with Victim Services and at these times interaction with the victim will be initiated and maintained by the probation officer should the victim agree. In any case, all interactions with the victim will be discussed with and guided by Victim Services.

### 4. Incentives of Offenders

- Offenders are expected to follow through with the commitment to complete all relevant treatment.
- The supervising probation officer will meet and case conference with the FVPU on a timely basis to keep apprised of the offender's progress. At the case conference special attention will be directed to any indication of escalation in risk factors on the part of the client.

- All relevant file information will be gathered, reviewed and forwarded to FVPU within two weeks of the client's first appointment at the FVPU.
- The probation officer in conjunction with Victim Services and the Spousal Abuse Program will ensure that the victim and other appropriate agencies and individuals are notified if required for safety. Generally, Victim Services is responsible for contact with the victim.
- Offenders who miss two unexcused treatment appointments will be breached within five working days.

#### 5. Offender Accountability

When a request is received from the Court to complete and file a Bail Supervision Report the probation officer will address, at a minimum, the following:

- whether there is a history of violence or abusive behavior, and, if so, details of the past abuse;
- whether the complainant fears further violence if the accused should be released and, if so, the basis for the fear;
- the complainant's opinion as to the likelihood of the accused obeying terms of release, in particular no contact provisions;
- whether the accused has a drug or alcohol problem, or a history of mental illness; and
- the probation officer will use the guidelines in *R. v. Bliele*, Reasons for Judgement of the Honourable Mr. Justice Peter Martin as a basis for all Bail Supervision Reports in DVTO.

#### 6. Cooperation and Coordination

The probation officer will actively foster a cooperative working environment with all other participants in the Domestic Violence Treatment Options process by:

- treating all participants with respect and courtesy;
- sharing information;
- being available to provide training to other participants in the process and to receive training from other participants in the process; and
- attending and participating in all relevant Domestic Violence Treatment Option initiatives.

# **DOMESTIC VIOLENCE TREATMENT OPTION: VICTIM SERVICES PROTOCOL**

## **Introduction**

Most domestic violence takes the form of violence against women by their male partners who wish to exert their power and control. Violence is generally a learned behaviour, and may have become normalized in the relationship.

It may be difficult or impossible for a woman to leave the violent relationship because of love, dependency, cultural and religious values, lack of support, financial barriers, or fear. The violence can continue or even escalate if she leaves or threatens to leave the abusive partner. The power imbalance inherent in a violent relationship is perpetuated by societal and individual values and messages which undermine the efforts of victims to gain control of their situations and to have offenders held accountable for their actions.

In the past, as a result of societal attitudes and a lack of understanding of the dynamics of spousal assault, the criminal justice system has often caused the secondary victimization of women, and, of course, their children. By including victims' concerns at every level of the court process and by educating participants and the public about the often tangled dynamics of domestic violence, Victim Services constitutes an essential component of the Domestic Violence Treatment Option.

The most important task of Victim Services is to address the physical and emotional safety of victims of domestic violence. In addition, Victim Services will provide the victim with information, support, counselling and referrals, as well as serving as an informational conduit between the court, Crown, Spousal Abuse Program, probation officers, and the victim.

## **Roles and Responsibilities of Victim Services**

- A Victim Services worker will check the RCMP log Mondays to Fridays to liaise with the RCMP and to do an intake on any new spousal assault cases.
- These intakes will be assigned to a Victim Service Worker either the same day or at the Intake Meeting on Wednesday mornings depending on the urgency of the case. If a worker is already working with a victim, that worker will be notified of the new incident.
- The assigned worker will attempt to make contact with every victim as soon as possible, usually on the day of assignment, to offer services including assistance with obtaining medical treatment, crisis counselling, and support and safety planning.

- During the initial contact, an initial safety assessment is done with the victim and they are provided with a copy of the undertaking.
- If a child is involved in the incident either directly or by witnessing it, contact with Family and Children Services is made.
- If a Bail Supervision Report is being prepared Victim Services will provide the victim's concerns to the probation officer and Crown in writing if time permits, or verbally if not.
- The worker will follow up by providing information regarding the VS/FVPU women's counselling program and the court process. Referrals may also be made to agencies such as Child Abuse Treatment Services, Yukon Family Services Association, Alcohol and Drug Secretariat, Mental Health Services, Kwanlin Dun Wellness, etc.
- If the offender is already involved with the criminal justice system, Victim Services will liaise with the Spousal Abuse Program and/or probation officer.
- If the victim reports a breach of the Undertaking to Victim Services, we refer the victim to the RCMP to provide a statement and liaise with the Spousal Abuse Program and probation officer.
- We participate in pre-DVTO docket meetings with other participants and provide information as appropriate.
- We attend court with the victim if they choose to attend, provide information to them if they don't, and provide information to the court if requested.
- We maintain contact with the victim throughout the process to provide information, to offer supportive counselling if requested, and to reassess safety as needed.
- We maintain an ongoing integrated case management process with other agencies involved, including case conferences.
- We offer the victim an opportunity to provide a Victim Impact Statement, either written or in person for sentencing.
- We provide continuing contact and counselling as long as requested, and refer to the Woman's Program or other counselling services.
- No Contact Orders – when a request is made to lift a no contact order, Victim Services liaise with Spousal Abuse Program staff and/or probation officer to look at safety issues. We may engage in safety planning with the victim. All decisions are made in a collaborative/team management approach.

- Victim Services will not provide the court with an opinion on the advisability of lifting the no contact order. Risk assessment is to be done by the Spousal Abuse Program counsellors only. Victim Services' philosophy is to support and empower victims to make their own informed decisions. However, on occasion, due to cognitive impairments or the young age of the victim, we may express concern about the victim's ability to assess her situation.
- Several attempts will be made to contact every victim of spousal abuse by telephone, collateral contacts, home visits or occasionally by letter. If there is no response, Victim Services cannot force a victim to contact them or participate in the program.
- The reasons victims are often unwilling are many and varied. They include fear, mistrust of the criminal justice system, isolation, love, confusion and trauma. If a victim is unwilling to participate, they are offered information and the door is left open for future contact.





# **YUKON LEGAL SERVICES SOCIETY**

## **DVTO Court Designated Legal Aid Defence Counsel Letter of Understanding**

Without limiting the generality of the foregoing, designated Legal Aid Defence Counsel's ("Defence Counsel") role in DVTO Court is as follows:

1. Defence Counsel will attend all scheduled Monday DVTO Courts. It is the current understanding that said Courts will be scheduled approximately twice per month. If it is determined that greater Court frequency is required, the availability of Defence Counsel will have to be reviewed.
2. Defence Counsel, or his or her designate, will make best efforts to attend all Steering Group, Working Group and Pre-court meetings.
3. Legal Aid will make best efforts to ensure that no more than two designated staff lawyers are assigned to this Court.
4. Defence Counsel will meet with all accused persons attending at the DVTO Court for first appearance. They will brief said individuals on the details of the DVTO, including the expectations the program has of accused persons, the time commitments, the acceptance of responsibility, and the likely result of the sentencing upon successful completion of the program.
5. If time permits, Defence Counsel will conduct a review of disclosure with accused persons at first appearance. If time does not permit a thorough review of disclosure, Defence Counsel will make application to adjourn the matter for a period of two weeks to ensure that an informed decision can be made by the accused person.
6. After providing preliminary advice, Defence Counsel is not responsible for representing individuals who are not financially eligible for Legal Aid assistance.
7. In furtherance of the above-noted policy, after the first appearance, accused persons will be urged to specifically apply for Legal Aid in order to determine ongoing eligibility.
8. Defence Counsel will represent Legal Aid eligible clients in DVTO Court to the completion of their matters.

9. Yukon Legal Services Society is supportive of the goals and objectives of the DVTO Court. However, it is essential for all participants in the process to be aware that Defence Counsel's ultimate responsibility lies in protecting the best interests of his or her client. To that end, Defence Counsel may make unpopular decisions and submissions which, at first blush, may not appear to be consistent with a "team approach."
10. Ultimately, Defence Counsel receives instructions from his or her client and, limited only by the parameters of ethical conduct, Defence Counsel must follow those instructions and argue stridently and forcefully to advance his or her position. This is the essence of advocacy and does not involve the promotion of strongly-held, personal beliefs.

The above provides a brief synopsis of Defence Counsel's involvement in the DVTO Court. If any participants have any specific questions or concerns, please do not hesitate to contact me.

Yours very truly,

*Nils F.N. Clarke*  
Barrister and Solicitor  
Executive Director

NFNC/ds

cc: Gordon Coffin

## **DOMESTIC VIOLENCE TREATMENT OPTION: PROTOCOL REGARDING INVOLVEMENT OF FAMILY & CHILDREN'S SERVICES BRANCH STAFF**

### **Service Context:**

Yukon's *Children's Act* prescribes the mandate of the Director of Family & Children's Services. The Director is required (at s. 106) to take reasonable steps to ensure the "safeguarding of children, to promote family conditions that lead to good parenting, and to provide care and custody or supervision for children in need of protection."

The Director of Family & Children's Services and her agents are required by Yukon law to investigate, and determine what action should be taken, regarding any report that a child may be in need of protection. (*Children's Act*, s. 117.)

The *Children's Act*, at s. 116, defines when a child is in need of protection. This definition includes a child being in "probably danger of physical or psychological harm" and a child being physically abused in any way by a parent or other caregiver.

the Health Canada 1999 publication, "A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/Family Violence," written by Marlies Suderman and Peter Jaffe, provides a useful summary of current thinking about the effects of family violence exposure on children. Children who are exposed to family violence, through the "experience of seeing, hearing, and observing the aftermath and living fear" live in what Suderman and Jaffe call a "toxic environment in which children's well-being and development are severely compromised." thus, the Family & Children's legislated mandate extends beyond those situations where children may be assaulted themselves in the home, and includes a requirement to assess the impact of exposure to family violence on children.

### **Recommended Procedures:**

Any DVTO case where children live in the home should be referred to F&CS, even when the children were not present at the time of the assault;

The referral should be made to the F&CS Intake and Assessment/or After-Hours Social Worker at 667-3002 (24 hour);

Once a referral has been made, the F&CS social work staff will work with the DVTO case management team to ensure a coordinated approach to the ongoing assessment;

F&CS staff will keep the case management team informed of the progress of the child protection investigation through the DVTO case management meetings;

Please refer to the attached "Interagency Agreement for the Investigation of Child Abuse," signed by the Yukon Departments of Education, Justice and Health & Social

Services, RCMP and Justice Canada in October 1998. This agreement describes the agreed upon collaborative process for investigating possible child protection matters in the Yukon. Note that exposure to family violence is one of the possible child protection circumstances contemplated by the agreement.

Once a referral has been made to F&CS, any further information obtained regarding the risk to the child should be reported immediately to the F&CS social worker;

Yukon's *Children's Act* protects persons who report a belief that a child may be in need of protection (unless the report was done maliciously or falsely). (see s. 115).

## **DOMESTIC VIOLENCE TREATMENT OPTION PROTOCOL: GOVERNMENT OF YUKON WOMEN'S DIRECTORATE**

The Women's Directorate works with other government departments, other governments, and non-government organizations, to support the government's commitment to the legal, social, and economic equality of women.

### **The Women's Directorate participates in the Domestic Violence Treatment Option steering committee, with its other partners.**

The Directorate does not generally deliver services directly to individual women. However, on occasion, we are an initial point of contact for women (and sometimes men) who are seeking advice, guidance, and/or referrals to other agencies.

### **When contacted by an individual, Women's Directorate staff:**

1. provide information on various programs and services offered in the Yukon, through a verbal explanation and through provision of pamphlets and other written material. This also includes a description of the Domestic Violence Treatment Option as well as the traditional court process;
2. describe the options available to the individual, usually focusing on the following:
  - a. the Women's Advocate service, at the Victoria Faulkner Women's Centre;
  - b. the most accessible women's shelter (e.g., Kaushee's Place);
  - c. the Family Violence Prevention Unit, specifically Victim Services; and
  - d. the RCMP.
3. upon request, make the initial contact with the service provider on the individual's behalf; and
4. in special circumstances, accompany the woman to provide additional support to her on her first visit to the service provider.

October 19, 2001

**RE: Domestic Violence Treatment Option Court**

As requested by the Chair of the Domestic Violence Treatment Option Court Steering Committee, this letter is to confirm the ongoing participation of Yukon Women's Transition Home (Kaushee's Place) within the DVTO Committee.

As you are undoubtedly aware, Yukon Women's Transition Home's primary mandate is to provide shelter and support to women and children living under domestic violence. We are also dedicated to working towards systemic and social change by helping to create a more appropriate and effective multi-agency response to domestic violence. To this end, our participation on the DVTO Committee meshes with several of the Committee's operating principles:

- To be a vehicle for recognizing the needs and issues and safety concerns of victims of violence.
- To ensure that domestic violence initiatives are properly evaluated and publicized.
- To stimulate public awareness by providing information.

It has been recognized within the DVTO Committee that participating stakeholders represent different mandates and interests. While we may not consistently agree with the dominant views represented within the Committee's discussions, our continued participation within the process symbolizes our willingness to *"maintain open dialogue with community agencies, government departments and courts in order to build mutual understanding"* as reflected in the DVTO Committee's operating principles.

Finally, I would like to underline that our organization is strongly committed to building mutual understanding within the DVTO Committee process. However, it should be understood that our participation within the Committee cannot be at the sacrifice of our organization's autonomy to monitor and provide independent comment upon issues which may at times overlap with those being discussed within the DVTO Committee – or to respond to issues pertaining to domestic violence in general.

Sincerely,

Barb Powick  
Executive Director

**APPENDIX C**  
**SUPPORTING TABLES**





**TABLE C-1**  
**Number of Assault Convictions Pre, During,**  
**and Post-Program by Initial Referral Source**

Number of Assault Convictions by Referral Source	Pre-Program		During Program		Post-Program	
	n	%	n	%	n	%
DVTO (n=129)						
0	52	40.3	120	93.0	126	97.7
1	30	23.3	8	6.2	2	1.6
2	20	15.5	1	0.8	1	0.8
3+	27	20.9	0	0.0	0	0.0
Sentencing Requirement (n=100)						
0	35	35.0	90	90.0	99	99.0
1	21	21.0	5	5.0	1	1.0
2	13	13.0	4	4.0	0	0.0
3+	31	31.0	1	1.0	0	0.0
Other <sup>1</sup> (n=85)						
0	75	88.2	84	98.8	0	0.0
1	7	8.2	1	1.2	0	0.0
2	1	1.2	0	0.0	0	0.0
3+	2	2.4	0	0.0	0	0.0

Source of data: CPIC up to May 2005.

<sup>1</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**TABLE C-2**  
**Number of Failure to Comply/Breaches Convictions Pre, During,**  
**and Post-Program by Initial Referral Source**

Number of Failure to Comply/Breaches Convictions by Referral Source	Pre-Program		During Program		Post-Program	
	n	%	n	%	n	%
DVTO (n=129)						
0	75	58.1	108	83.7	121	93.8
1	9	7.0	3	2.3	4	3.1
2	10	7.8	5	3.9	3	2.3
3+	35	27.1	13	10.1	1	0.8
Sentencing Requirement (n=100)						
0	43	43.0	81	81.0	96	96.0
1	17	17.0	10	10.0	2	2.0
2	5	5.0	4	4.0	1	1.0
3+	35	35.0	5	5.0	1	1.0
Other <sup>1</sup> (n=85)						
0	76	89.4	81	95.3	85	100.0
1	4	4.7	2	2.4	0	0.0
2	1	1.2	1	1.2	0	0.0
3+	4	4.7	1	1.2	0	0.0

Source of data: CPIC up to May 2005.

<sup>1</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**TABLE C-3**  
**Number of Other<sup>1</sup> Convictions Pre, During,**  
**and Post-Program by Initial Referral Source**

Number of Other Convictions by Referral Source	Pre-Program		During Program		Post-Program	
	n	%	n	%	n	%
DVTO (n=129)						
0	51	39.5	115	89.1	125	96.9
1	16	12.4	8	6.2	4	3.1
2	7	5.4	1	0.8	0	0.0
3+	55	42.6	5	3.9	0	0.0
Sentencing Requirement (n=100)						
0	39	39.0	89	89.0	99	99.0
1	9	9.0	9	9.0	0	0.0
2	4	4.0	1	1.0	0	0.0
3+	48	48.0	1	1.0	1	1.0
Other <sup>2</sup> (n=85)						
0	73	85.9	82	96.5	85	100.0
1	3	3.5	3	3.5	0	0.0
2	4	4.7	0	0.0	0	0.0
3+	5	5.9	0	0.0	0	0.0

Source of data: CPIC up to May 2005.

<sup>1</sup> "Other Convictions" includes alcohol/drug, property, and other convictions.

<sup>2</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**TABLE C-4**  
**Total Number of Occurrence Contacts with Police During**  
**and Post-Program by Initial Referral Source**

Number of Complainant Occurrences by Referral Source	During Program		Post-Program	
	n	%	n	%
DVTO (n=129)				
0	60	46.5	91	70.5
1	11	8.5	9	7.0
2	10	7.8	10	7.8
3+	48	37.2	19	14.7
Sentencing Requirement (n=100)				
0	52	52.0	68	68.0
1	5	5.0	10	10.0
2	3	3.0	2	2.0
3+	40	40.0	20	20.0
Other <sup>1</sup> (n=85)				
0	72	84.7	84	98.8
1	3	3.5	0	0.0
2	1	1.2	0	0.0
3+	9	10.6	1	1.2

Source of data: PIRS up to May 2005. Please note that occurrence categories are not totally mutually exclusive.

<sup>1</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**TABLE C-5**  
**Number of Complainant Occurrences During**  
**and Post-Program by Initial Referral Source**

Number of Complainant Occurrences by Referral Source	During Program		Post-Program	
	n	%	n	%
DVTO (n=129)				
0	94	72.9	110	85.3
1	16	12.4	11	8.5
2	10	7.8	2	1.6
3+	9	7.0	6	4.7
Sentencing Requirement (n=100)				
0	77	77.0	82	82.0
1	11	11.0	9	9.0
2	6	6.0	5	5.0
3+	6	6.0	4	4.0
Other <sup>1</sup> (n=85)				
0	75	88.2	84	98.8
1	4	4.7	0	0.0
2	2	2.4	0	0.0
3+	4	4.7	1	1.2

Source of data: PIRS up to May 2005. Please note that occurrence categories are not totally mutually exclusive.

<sup>1</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**Table C-6**  
**Number of Intoxicated Occurrences During**  
**and Post-Program by Initial Referral Source**

Number of Intoxicated Occurrences by Referral Source	During Program		Post-Program	
	n	%	n	%
DVTO (n=129)				
0	86	66.7	111	86.0
1	14	10.9	10	7.8
2	10	7.8	2	1.6
3+	19	14.7	6	4.7
Sentencing Requirement (n=100)				
0	64	64.0	81	81.0
1	11	11.0	6	6.0
2	8	8.0	2	2.0
3+	17	17.0	11	11.0
Other <sup>1</sup> (n=85)				
0	79	92.9	85	100.0
1	3	3.5	0	0.0
2	0	0.0	0	0.0
3+	3	3.5	0	0.0

Source of data: PIRS up to May 2005. Please note that occurrence categories are not totally mutually exclusive.

<sup>1</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**TABLE C-7**  
**Number of Subject Chargeable Occurrences During**  
**and Post-Program by Initial Referral Source**

Number of Subject Chargeable Occurrences by Referral Source	During Program		Post-Program	
	n	%	n	%
DVTO (n=129)				
0	88	68.2	114	88.4
1	16	12.4	8	6.2
2	13	10.1	2	1.6
3+	12	9.3	5	3.9
Sentencing Requirement (n=100)				
0	65	65.0	79	79.0
1	10	10.0	11	11.0
2	6	6.0	4	4.0
3+	19	19.0	6	6.0
Other <sup>1</sup> (n=85)				
0	79	92.9	85	100.0
1	4	4.7	0	0.0
2	0	0.0	0	0.0
3+	2	2.4	0	0.0

Source of data: PIRS up to May 2005. Please note that occurrence categories are not totally mutually exclusive.

<sup>1</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**TABLE C-8**  
**Number of Charged Occurrences During**  
**and Post-Program by Initial Referral Source**

Number of Charged Occurrences by Referral Source	During Program		Post-Program	
	n	%	n	%
DVTO (n=129)				
0	81	62.8	104	80.6
1	16	12.4	18	14.0
2	12	9.3	5	3.9
3+	20	15.5	2	1.6
Sentencing Requirement (n=100)				
0	63	63.0	88	88.0
1	9	9.0	5	5.0
2	15	15.0	3	3.0
3+	13	13.0	4	4.0
Other <sup>1</sup> (n=85)				
0	80	94.1	85	100.0
1	2	2.4	0	0.0
2	3	3.5	0	0.0
3+	0	0.0	0	0.0

Source of data: PIRS up to May 2005. Please note that occurrence categories are not totally mutually exclusive.

<sup>1</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**TABLE C-9**  
**Number of Victim Occurrences During**  
**and Post-Program by Initial Referral Source**

Number of Victim Occurrences by Referral Source	During Program		Post-Program	
	n	%	n	%
DVTO (n=129)				
0	112	86.8	123	95.3
1	15	11.6	6	4.7
2	1	0.8	0	0.0
3+	1	0.8	0	0.0
Sentencing Requirement (n=100)				
0	91	91.0	94	94.0
1	5	5.0	2	2.0
2	1	1.0	3	3.0
3+	3	3.0	1	1.0
Other <sup>1</sup> (n=85)				
0	80	94.1	85	100.0
1	2	2.4	0	0.0
2	3	3.5	0	0.0
3+	0	0.0	0	0.0

Source of data: PIRS up to May 2005. Please note that occurrence categories are not totally mutually exclusive.

<sup>1</sup> "Other Referral Source" includes self-referral, Family and Children's Services, private therapy, Sex Offender program, and Victim Services.

**TABLE C-10**  
**Cases that Completed Program at Least Twelve Months Prior to May 1, 2005 and Had a Re-assault Charge**  
**Less than Twelve Months After Program Completion by Initial Referral Source and Demographic Characteristics**

Cases		Initial Referral Source									Total		
		DVTO			Sentencing Requirement			Other <sup>1</sup>					
		n	Row %	Column %	n	Row %	Column %	n	Row %	Column %	n	Row %	Column %
Caucasian	Male	0	0.0	0.0	2	100.0	40.0	--	--	--	2	100.0	18.2
	Female	0	0.0	0.0	0	0.0	0.0	--	--	--	0	--	0.0
First Nations	Male	5	62.5	83.3	3	37.5	60.0	--	--	--	8	100.0	72.7
	Female	1	100.0	16.7	0	0.0	0.0	--	--	--	1	100.0	9.1
<b>Total</b>		<b>6</b>	<b>54.5</b>	<b>100.0</b>	<b>5</b>	<b>45.5</b>	<b>100.0</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>11</b>	<b>100.0</b>	<b>100.0</b>

Source of data: PIRS and MIS.

<sup>1</sup> "Other Referral Source" includes self-referral; Family and Children's Services; private therapy; Sex Offender program; and Victim Services.

**TABLE C-11**  
**Cases that Completed Program at Least Twelve Months Prior to**  
**May 1, 2005 by Initial Referral Source and Demographic Characteristics**

Cases		Initial Referral Source									Total		
		DVTO			Sentencing Requirement			Other <sup>1</sup>					
		n	Row %	Column %	n	Row %	Column %	n	Row %	Column %	n	Row %	Column %
Caucasian	Male	23	46.9	35.4	5	10.2	10.0	21	42.9	35.6	49	100.0	28.2
	Female	1	8.3	1.5	2	16.7	4.0	9	75.0	15.3	12	100.0	6.9
First Nations	Male	36	37.5	55.4	37	38.5	74.0	23	24.0	39.0	96	100.0	55.2
	Female	5	29.4	7.7	6	35.3	12.0	6	35.3	10.2	17	100.0	9.8
<b>Total</b>		<b>65</b>	<b>37.4</b>	<b>100.0</b>	<b>50</b>	<b>28.7</b>	<b>100.0</b>	<b>59</b>	<b>33.9</b>	<b>100.0</b>	<b>174</b>	<b>100.0</b>	<b>100.0</b>

Source of data: PIRS and MIS.

<sup>1</sup> "Other Referral Source" includes self-referral; Family and Children's Services; private therapy; Sex Offender program; and Victim Services.

**TABLE C-12**  
**Cases that Entered Program by February 1, 2004 and had a Re-assault within Fifteen Months of**  
**Program Intake by Initial Referral Source and Demographic Characteristics**

Cases		Initial Referral Source									Total		
		DVTO			Sentencing Requirement			Other <sup>1</sup>					
		n	Row %	Column %	n	Row %	Column %	n	Row %	Column %	n	Row %	Column %
Caucasian	Male	4	57.1	22.2	2	28.6	16.7	1	14.3	33.3	7	100.0	21.2
	Female	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	--	0.0
First Nations	Male	14	60.9	77.8	7	30.4	58.3	2	8.7	66.7	23	100.0	69.7
	Female	0	0.0	0.0	3	100.0	25.0	0	0.0	0.0	3	100.0	9.1
<b>Total</b>		<b>18</b>	<b>54.5</b>	<b>100.0</b>	<b>12</b>	<b>36.4</b>	<b>100.0</b>	<b>3</b>	<b>9.1</b>	<b>100.0</b>	<b>33</b>	<b>100.0</b>	<b>100.0</b>

Source of data: PIRS and MIS.

<sup>1</sup> "Other Referral Source" includes self-referral; Family and Children's Services; private therapy; Sex Offender program; and Victim Services.

**TABLE C-13**  
**Cases that Entered Program by February 1, 2004 by**  
**Initial Referral Source and Demographic Characteristics**

Cases		Initial Referral Source									Total		
		DVTO			Sentencing Requirement			Other <sup>1</sup>					
		n	Row %	Column %	n	Row %	Column %	n	Row %	Column %	n	Row %	Column %
Caucasian	Male	33	51.7	33.0	7	10.9	9.5	24	37.5	33.3	64	100.0	26.0
	Female	1	6.7	1.0	3	20.0	4.1	11	73.3	15.3	15	100.0	6.1
First Nations	Male	56	41.8	56.0	51	38.1	68.9	27	20.2	37.5	134	100.0	54.5
	Female	10	30.3	10.0	13	39.4	17.6	10	30.3	13.9	33	100.0	13.4
<b>Total</b>		<b>100</b>	<b>40.7</b>	<b>100.0</b>	<b>74</b>	<b>30.1</b>	<b>100.0</b>	<b>72</b>	<b>29.3</b>	<b>100.0</b>	<b>246</b>	<b>100.0</b>	<b>100.0</b>

Source of data: PIRS and MIS.

<sup>1</sup> "Other Referral Source" includes self-referral; Family and Children's Services; private therapy; Sex Offender program; and Victim Services.





## **APPENDIX D**

### **COMMENTS ON COUNSELLING COUPLES IN ABUSIVE RELATIONSHIPS**



## **COMMENTS ON COUNSELLING COUPLE IN ABUSIVE RELATIONSHIPS**

Counselling couples in which one is being abused by the other has been controversial. Although traditional family and couples therapy have been strongly criticized for the manner in which they have failed to address intimate partner assault (Pressman, 1989), it may be a mistake to entirely reject couples intervention as a form of intervention (Tutty, in press). That so many women return to abusive partners suggests that feminist-informed couple's intervention for women who insist that they wish to remain in their relationship might be appropriate at some point (Brannen & Rubin, 1996; Stith, Rosen & McCollum, 2003; Vetere & Cooper, 2001), likely after each has participated in gender-specific groups (O'Leary, 1996).

Unlike traditional couples' interventions, feminist-informed therapists accept the premise that the perpetrator is responsible for his actions, whatever the "provocation" and advocate that violence is not acceptable. They integrate this stance into a family systems approach in a way that allows the therapeutic intervention without implying that the victim is a part of the abuse (Magill, 1989). As ever, the safety needs of the women remain a major concern. Despite the suggestions offered regarding addressing safety, much scepticism remains about treating couples together (Gondolf, 2002).

A recent evaluation of two couples' groups, offered only after each member had participated in gender-specific groups for a year (Johansson & Tutty, 1998), showed significant increases in problem solving and communication skills with violence levels approaching zero for those that completed. The group was developed when previous gender specific groups' members commented that they were able to use the communication and problem solving skills that they had learned in groups with neighbours, bosses and co-workers, however they still found it difficult to change their behaviours with their intimate partners. The groups were offered for two hours a week over a period of 12 weeks. The group facilitators were a male/female social work team with experience in counselling, group work and family violence. The educational focus was minimal, with treatment materials briefly reviewed, so that the major emphasis was on practicing the skills. The facilitators served as guides in the couples' communication process to intervene and provide corrective direction in the couples' efforts to integrate skills. The group members provided support. Nevertheless, only a little more than half of the couples finished and several incidents of serious abusive behaviour occurred during group, including kidnapping of children and the resurgence of violence.

Further research on couples' approaches is essential; a recent article by O'Leary (2001) proposes that couples therapy could be one of a series of multiple interventions in complex cases. Nevertheless, the available evidence suggests caution in using systems interventions, especially as the sole mode of treatment.

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