



## **TRANSITION HOUSE ASSOCIATION OF NOVA SCOTIA**

Suite 319  
1657 Barrington St  
Halifax, NS  
B3J 2A1

Phone: (902) 429-7287  
Fax: (902) 429-0561  
E-Mail: [coordinator@thans.ca](mailto:coordinator@thans.ca)  
<http://www.thans.ca>

---

### **Transition House Association of Nova Scotia Stakeholder Response to the Department of Community Services Provincial Review of Men's Intervention Programs<sup>1</sup>**

## **Context**

Transition Houses grew out of an identified need of women for safety and support in spousal abuse situations. The first transition house in Nova Scotia opened in Halifax in 1978. As of March 2008, there are eleven transition houses (including two Aboriginal Healing Centres) and one outreach organization for abused women under the provincial umbrella of the Transition House Association of Nova Scotia (THANS.) Our organizations *"...provide a full range of support services to women and their children in a safe, supportive environment and... provide survivors of violence with opportunities to learn about available resources and alternatives to facilitate informed personal choices and decisions."*<sup>2</sup>

The following have been identified as the basic core services required for ensuring the safety and well-being of abused women and their children and are provided by THANS member organizations, with the exception of the Naomi Society, which offers services on an outreach basis only, an after hours phone link to Tearmann House and which also engages in public education and community development activities:

- *24 hour, seven days a week staffed<sup>2</sup> emergency shelter services, with the provision of food and basic needs*
- *Professionally staffed 24 hour crisis line*
- *Crisis intervention*
- *Individual and group counselling, on an in-house and outreach basis<sup>3</sup>*

All organizations also offer a variety of advocacy initiatives, secondary community programs and services; participate in community development and in research regarding issues relevant to violence against women.

Our work supports women survivors of intimate partner violence. At the same time, we recognize and value the work of the men's intervention programs in Nova Scotia. Intervention for men who batter is one of the essential elements in an effective, coordinated response to domestic violence. The work done by the Nova Scotia programs, particularly where THANS member organizations and men's intervention programs work collaboratively, contributes to the safety and well-being of the women and children to whom we provide services. We hope that this Briefing Document and the Check List (Appendix A) will be useful tools in your review.

## Key Points

- ***The Safety of women survivors of violence and their children is THANS' priority, and is the driver of our programs, services and collaborations with community and government partners:*** Women and children are vulnerable to violence, not only because of their unequal social, economic and political status in society, but also because of institutional oppression, like racism, classism, heterosexism and ageism. In a recent public consultation report from the Muriel McQueen Fergusson Family Violence Research Centre, the drivers of violence against women "were *identified primarily as an issue of differentials in male and female socialization, as well as a loss of identity within dominant culture, including expectations, entitlements and compliance, power balances and privileges.*"<sup>4</sup> NS has a very high percentage of military personnel, and a number of military family resource centres that address violence against women and intervene with batterers. In this context, it is important to note that the Canadian Armed Forces recognizes as one of its core principles, that "...the safety of the victim is the primary concern."<sup>5</sup> In all of the current research, victim safety is paramount. Given this context, THANS welcomes and encourages collaboration with our colleagues in men's intervention programs that recognize that women's safety must be the primary concern.

### **The Psycho-educational model is the preferred model for men's intervention programs in North America and elsewhere.**

This model provide for immediate programs and services for male perpetrators of violence, which de-escalates the existing level of risk for women survivors, and increases their Safety: There are always safety risks for the women and children for whom we provide services. Debbie Boyd-Crowther, the Director of Family and Community Healing for the Mi'kmaw Family Healing Program (the Millbrook and Waycobah shelters are members of our Association) describes the healing process like this: "...Our services are rooted in the belief that all relations are interconnected in which the individual is viewed as part of a family, the family within the community and the community as part of the greater Nation. We are committed to assisting women, men and children to develop and maintain a healthful and violent free lifestyle. The emphasis of our shelter programs are driven by empowering women to make healthy choices and that involvement with men is done in concert with other services such as men's programs across the province. Men are involved in parallel programs with women only when they demonstrate a willingness to address their issues and make significant gains. It is only at this juncture that we work toward family unification, when both the woman and the man have given themselves time to evaluate and sustain their gains in terms of addressing issues which lead to violence in the family... Family violence is not just a woman's issue; however it must be considered in the broader context with specific programs addressing specific needs. Women's and men's programs are distinct and are unique entities in their own right, however it is all part of a process. Women and men must achieve success in their own programs prior to moving on to the next level which is combining efforts toward peaceful co-existence: this co-existence takes many forms such as reconciliation, living apart amicably, and custodial issues in the best interest of the children where children are involved." It is clear from a variety of cultural contexts, that safety is paramount and primary. Intervention needs to be focused first on stopping an offender's use of violence, not fixing the primary relationship. To address the priority of women's safety most effectively, getting men into intervention programs where groups are open-ended (men may join at any time) as soon as possible, and decreasing or eliminating waiting lists for perpetrators is the ideal. Where appropriate, controls need to be placed on an offender's behavior through arrest and prosecution. Tracking cases and working with

law enforcement, the courts and advocacy programs to ensure interventions conform to agreed-upon policies is imperative. It is our hope that perpetrators can participate in men's intervention programming that offers opportunities to change their ways of addressing power in relationships, and changes their abusive behavior. We must never forget that "Victim Safety is the "gold standard" for batterer intervention programs, the primary criterion by which program effectiveness will be judged."<sup>6</sup>

- ***The Safety of women survivors of violence would be increased by collaborative communication and direct links with the programs that provide services for the partners of women for whom we provide services. Where a transition house serves a community, that organization is ideally positioned to provide the counselling services for the women's component of men's intervention programs, and in some areas in NS, this model has proven to create a safe supported environment for women who are service users of THANS Member Organizations:*** In fact, the Department of Justice's High-Risk Case Coordination Protocol Framework, of which both THANS and the NS Men's Intervention Programs are Parties, recognizes that "*the overall goals of case coordination are to increase victim safety, reduce risk, and avoid duplication. These are achieved through information-sharing, effective planning, collaborative action and improved case tracking. Coordination cannot provide absolute safety, but it can assist to reduce danger. The goal of risk assessment and safety planning is to identify and take coordinated steps to prevent lethality, where compelling circumstances exist which may affect an individual's health and safety.*"<sup>7</sup> Clearly, such coordination is increased when organizations providing services for both the Victim and the Abuser work collaboratively towards de-escalating risk, and increasing offender accountability.
- ***Couples Counselling is contra-indicated for women whose Safety is at risk:*** In cases where women's safety and that of their children is a factor, a focus on clinical or therapeutic issues is a diversion from men's responsibility for their violent behavior, and takes away from what should be the primary focus - women's safety. Men need to learn how to function in relationships without the need for control or violence.<sup>8</sup> Couples counseling can be easily undermined by abusers, who often do not negotiate in good faith. Given the power imbalance and the potential increase of danger for a victim, who might actually discuss her abuse in detail in such sessions, there is serious potential of incurring more wrath from the abuser. An escalation of violence in these cases very often means serious assault and/or death. In an article contributed to the Canadian Medical Association, Dr. Brian Swartz concluded that "*Family and other primary care physicians are in an ideal position and have a responsibility to identify abuse. Validation, support, and safety evaluation should follow disclosure. Patients should be advised that they are not responsible for the violence and that marital/couple therapy is contraindicated.*"<sup>9</sup> In the 2004 Annual Report of the Ontario Domestic Violence Death Review Committee to the Chief Coroner's Office, Appendix A, one of the recommendations stated that "*...Couple or marital therapy is contraindicated unless the woman's safety can be ensured and the man has taken responsibility for his abusive behaviour.*"<sup>10</sup> A victim's love for her partner, her hope that the violence will cease, as well as the encouragement by family and friends to save her relationship may persuade a victim to consider couples counseling. Couples counseling cannot work without the presence of openness, flexibility and the willingness to listen to one another. These traits are not possible when one person is emotionally or physically abusive to another. "*...the justice system should not order or encourage couples counseling in cases where there is an indication that a party is committing physical abuse or employing non-*

*physical coercive or controlling tactics...it could be placing victims at risk of experiencing additional abuse and/or control.”*<sup>11</sup> The Department of Justice in Nova Scotia believes that *“mediation is not a good choice if there is physical violence or emotional abuse, or a history of abuse that may suggest a risk to safety and fair negotiation, there are threats or coercion in the relationship or in going to mediation there is a pattern of control and manipulative behavior in the relationship.”*<sup>12</sup> There is currently a moratorium on the referral of sex offences and spousal and intimate partner violence to adult diversion in the court system in NS, and in many other jurisdictions in Canada. Men’s intervention programs need to reflect the position of Restorative Justice, the Courts, and the Department of Justice in their practices, and refrain from couples counseling, so that abuse survivors’ safety is sustained.

## **Statistics**

The latest National Fact Sheet from Statistics Canada from the Shelter Survey of 2005-2006, indicates that nationally 74% of women in shelters on that date were victims of abuse.<sup>13</sup> In the Nova Scotia Fact Sheet that number rose to 94%. Among the women admitted for abuse, 90% were fleeing emotional and psychological abuse, 79% physical Abuse, 52% threats, 46% sexual abuse, 42% financial abuse and 38% harassment.<sup>14</sup>

Half of abused women in NS shelters on that day had reported police intervention for the most recent violent incident and in 68% of these reported cases, charges were laid against a male abuser,<sup>15</sup> which taken in context with them leaving the family home, greatly increased their level of danger.

The latest Family Violence Tracking Project released by the NS Department of Justice, indicates that “ Between January 1, 2000 and December 31, 2003, police in Nova Scotia reported a total of 12,475 domestic violence incidents. This amounts to approximately eight incidents of violence *being report* to the police on any given day in Nova Scotia.”<sup>16</sup>

In fully 85% of these cases, the Victim-Suspect relationship by gender was a Male Suspect and a Female Victim.<sup>17</sup>

There was a prior history of domestic violence involving the same partner in 46% of the incidents reported, and 44% of the suspects had previous convictions for either criminal and/or drug offences.<sup>18</sup> In a coordinated response to domestic violence in NS, the safety of victims in these cases, and in all cases, is paramount.

From the statistics kept by the Nova Scotia Department of Justice from April 1, 2006 to March 31, 2007, for those files that are considered “High Risk” under the High Risk Case Coordination Protocol, 95% of the victims designated at risk of either lethality or another serious incident of violence, were women.<sup>19</sup>

## **Conclusion:**

Intimate Partner Violence wears a woman's face in Nova Scotia. It is vital that men's intervention programs continue to support safety for abused women and their children. When these programs take their place in a coordinated response to intimate partner violence, where risks to women are de-escalated, safety is the primary theme, and there is a broad community response to male violence, then real change in our society will take place.

The Mission and Philosophy of ***Men Stopping Violence in Atlanta, Georgia***, is reflective of this position:

*"Men Stopping Violence is a social change organization dedicated to ending men's violence against women. Men Stopping Violence works locally and nationally to dismantle belief systems, social structures, and institutional practices that oppress women and children and dehumanize men themselves. We look to the violence against women's movement to keep the reality of the problem and the vision of the solution before us. We believe that all forms of oppression are interconnected. Social justice work in the areas of race, class, gender, age, and sexual orientation are all critical to ending violence against women."*

Dale Trimble, one of the leading experts in the batterer's intervention movement in Canada, provides an appropriate conclusion to this document:

*"Violence against women in relationships is defined as physical or sexual assault, or threat of assault. Other behaviours such as psychological abuse, sexual abuse, financial abuse or spiritual abuse form part of a continuum of the power and control that men may use against their partners. Counselling for assaultive men can be effective in ending men's violence and threats of violence, but not in all cases. Appropriate intervention with assaultive men will make the safety of women and children the number one priority. Counselling that focuses on men stopping their violence, taking responsibility for their behavior and changing attitudes that support control of women is just one component of community intervention to stop men's violence. Victim services, women's shelters, programs for children who are exposed to violence, arrest, active prosecution, community education, court-mandated treatment and incarceration of men who are unwilling to change their criminal behavior can all work together as a complete community response to ending men's violence against women."<sup>20</sup>*

## **Submitted by:**

The Transition House Association of Nova Scotia

March 2008

## **THANS Contact for this Briefing Document:**

Bea LeBlanc, Executive Director

Cape Breton Transition House Association

Member, THANS Management Committee

[cbtranshouse@ns.aliantzinc.ca](mailto:cbtranshouse@ns.aliantzinc.ca)

1-902-562-2186

Local Area THANS Contacts: Please see <http://www.thans.ca>

## Appendix A

### A Checklist for Men's Intervention Programs<sup>21</sup>

1. Does the intervention program address victim safety by:
  - a. Screening at Intake and regularly thereafter for lethality/ increased danger toward victim/ children of family?
  - b. Following a "Duty to Warn" policy wherein victims are warned by intervention program staff or shelter/victim services staff when a "critical incident" (increased risk of harm) has been identified?
  - c. Requiring authorizations to release information, thereby recognizing that confidentiality does not override victim and children's safety?
  - d. Collaborating with local transition houses to contact victims safely and appropriately?
  
2. Does the intervention program work collaboratively with local transition houses by:
  - a. Jointly developing safety protocols for victim contact?
  - b. Scheduling intimate partner/domestic violence training provided by transition house staff?
  
3. Does the intervention program work collaboratively with courts by:
  - a. Facilitating information exchange between program staff and probation officers, judges, or other court designated officials?
  - b. Communicating effective monitoring information of clients that are court-mandated to the programs (e.g., attendance, non-compliance, lack of effective participation in programming?)
  - c. Providing regular reports and additional information upon request?
  
4. Does the intervention program work collaboratively with the community by:
  - a. Placing Victim Safety as their first priority?
  - b. Participating in local interagency committees on domestic violence and other coordinating efforts?
  - c. Participating in and being a party to the local High Risk Case Coordination Protocols?
  - d. Working with other professionals in the community to provide education about intimate partner violence?

5. Does the intervention program work with Batterers by:
  - a. Providing or making referrals for services to address common contributing factors such as substance abuse, mental health or physical disability?
  - b. Providing outreach to under-served populations, particularly those from Aboriginal, African Nova Scotian and New Canadian communities, and in rural and remote areas?
  - c. Ensuring client participation for a minimum of six months?
  - d. Including group education, group intervention strategies and regular supervision of group work by staff?
  
6. Does the intervention program support staff with regular staff development training by:
  - a. Providing education units that focus on abusive behavior as a system of oppression, eliminating all forms of abuse and recognizing victim safety as the primary goal?
  - b. Providing a female-male co-facilitation model and addressing by example, alternatives to the power imbalance between men and women?
  
7. Does the intervention program maintain its effectiveness by:
  - a. Basing its practices on accepted clinical interventions and intimate partner violence research?
  - b. Regularly measuring program effectiveness for their clients?
  - c. Working with the local research community and transition houses and other victim services?
  
8. Does the intervention program develop domestic violence policies that address day-to-day issues and unique situations by:
  - a. Developing guidelines that prioritize responses to high risk cases?
  - b. Documenting actions and information to decrease reliance on memory, increase case management effectiveness and document patterns and history of abuse?
  - c. Encouraging case management processes and linkages with local domestic violence professionals?
  - d. Creating policy that responds in an adequate and timely manner to offender's level of violence and danger?

## References

---

1. *This Briefing Document will focus on the issue of men's violence against women in relationships. This is not intended to ignore the problems of violence against people in same-sex relationships, or of vulnerable males in heterosexual relationships. The author uses the language of men as the perpetrators and women as victims because those are the facts in the overwhelming number of cases of interpersonal violence between intimates, and is the reality of the member organizations of the Transition House Association of Nova Scotia.* (Adapted from wording by Dale Trimble, <http://www.daletrimble.com/index.htm>)

2. **Transition House Association of Nova Scotia STANDARDS of PRACTICE**, ratified by THANS and DCS, July 2001, page 1

2. *The staff of all THANS member organizations are well trained with highly developed skill sets, which include: counselling, advocacy, crisis response, specialized and household management techniques. In their dedication to serving abused women and their children, workers are committed to "life-long learning" and personal development*

3. **Transition House Association of Nova Scotia: Report to the Department of Community Services, May 2003**, page 2-31

4. **Asking For Directions: A Public Consultation Report**, by Emma Cunningham, Male Violence Action Research Team, Muriel McQueen Fergusson Family Violence Research Centre, University of New Brunswick, July 2007

5. **Defense Administrative Orders and Directives 5044, Family Violence**, Department of National Defense, page 2

6. **Controversies and Recent Studies of Batterer Intervention Program Effectiveness**, Bennett, Larry and Williams, Oliver, VAWnet: The National Online Resource Center on Violence Against Women (August 2001)

7.

**High-Risk Case Coordination Protocol Framework: Spousal/Intimate Partner Violence**, Nova Scotia Departments of Justice and Community Services & Public Prosecution Service, 2004

8. *Where do the Batterer intervention Programs Fit In?*, Kivel, Paul, 1996, [www.paulkivel.com](http://www.paulkivel.com)

9. **Violence Against Women**, Brian Schwartz, MD, CCFP (EM), FCFP, Director, Division of Pre-hospital Care and Staff, Emergency, Sunnybrook and Women's Health Sciences Centre; Assistant professor, Family Medicine, University of Toronto, Toronto, Ontario, 2004

10. **Domestic Violence Death Review Committee Annual Report to the Chief Coroner of Ontario**, 2004, Appendix A, page 71

11. **"Stop F.E.A.R. Rockland Court Policy,"** The Legal Corner, New York State Office for

---

the Prevention of Domestic Violence (OPDV) Bulletin, 2003  
[http://www.opdv.state.ny.us/public\\_awareness/bulletins/fall2003/legalcorner.html](http://www.opdv.state.ny.us/public_awareness/bulletins/fall2003/legalcorner.html)

12. **Mediation: What do I need to Know, A Guide for Using Mediation in Family Law Matters**, <http://www.gov.ns.ca/just/srls/NS%20Mediation%20Need%20to%20Know.pdf>  
<http://www.gov.ns.ca/just/srls/NS%20Mediation%20Need%20to%20Know.pdf>

13.  
**Transition Homes in Canada: National, Provincial and Territorial Fact Sheets 2005/2006**,  
<http://www.statcan.ca/english/freepub/85-404-XIE/2007000/national-en.htm>

14. **Transition Homes in Canada: Nova Scotia Fact Sheet, 2005/2006**  
<http://www.statcan.ca/english/freepub/85-404-XIE/2007000/factsheets/ns-en.htm>

15. IBID

16. **Nova Scotia Family Violence Tracking Project Phase 3: 2000-2003**, released in December 2006 and prepared by Policy, Planning and Research, Nova Scotia Department of Justice, page 9

17. IBID, page 18

18. IBID, page 24

19. Statistics from the High Risk Case Coordination Protocol provided by Stephanie MacInnis Langley, Manager of Special Initiatives for Victims Policing & Victim Services Division, Department of Justice

20. **Counselling Programs for Men Who Are Violent in Relationships: Questions and Answers for Practitioners in the Health, Social Services and Criminal Justice Systems**, Trimble, Dale, page 28,  
<http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/Counselling%20for%20Men.pdf>

21. **Adapted** from 1) **Court Checklist for Batterer Intervention Programs, the Ohio Domestic Violence Network**, <http://www.odvn.org> , 2) **The Duluth Model**, <http://duluth-model.org> , 3. **Discussions** with THANS member organization representatives