

CANADIAN FAMILY VIEWS

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DOMESTIC VIOLENCE: A REVIEW OF CANADIAN INCIDENCE LEVELS, CONTRIBUTING FACTORS AND TREATMENT OPTIONS

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ABSTRACT



DOMESTIC VIOLENCE IS ENDEMIC IN CANADIAN SOCIETY, although recent nationwide data shows a gradual reduction in the overall incidence of intra-familial violence. Family violence manifests itself more prevalently in non-traditional family structures and in response to some mental health conditions and substance abuse. This paper examines the recent literature in family violence research, and discusses preventative and intervention options for family practitioners, social agencies and government.

INTRODUCTION

There is general consensus in the literature that the concept of family violence as a sociological issue worthy of serious investigation started with the publication of C.H. Kempe's seminal study of physically abused children in 1962 (*Kempe, Silverman, Steele, Droegemueller, & Silver, 1962*). That study introduced the term "battered child syndrome" to the area of social science research and resulted in substantial legislative, judicial and professional response to the impact of domestic violence on children's well-being.

For the purposes of this paper, the terms domestic violence and family violence will be used interchangeably. The focus of this inquiry will be primarily physical violence, although the inclusion of data related to sexual assault and emotional/verbal violence will be included as it relates directly to concomitant physical violence. This paper will focus primarily on Canadian data, but also reference studies from other countries for comparison purposes.

The paper will be organized in three sections: Rates of Violence; Preventative Measures and Intervention Strategies. A separate paper will analyze the results and discuss a recommended action plan for social and/or government agencies to consider, in order to help ameliorate the incidence of domestic violence in Canada.

RATES OF FAMILY VIOLENCE

The National Clearinghouse for Family Violence is the resource arm of the Family Violence Prevention Unit of the Public Health Agency of Canada. The unit was established in 1996 to address family violence through research and policy change recommendations. The agency has been publishing data collected through Statistics Canada's Canadian Centre for Justice Statistics since that time, and publishes annual reports related to the topic. The 2005 report (there have been seven previous ones) was edited by Kathy AuCoin, entitled *Family Violence in Canada: A Statistical Profile 2005* (*AuCoin, 2005A*). The data in the report is primarily from the 2004 General Social Survey conducted by Statistics Canada. The data represents self-reported domestic assaults of 653,00 women and 546,00 men, and thus is the most recent large-scale accumulation of national statistics on family violence in Canada available.

Violence is defined as a direct or attempted physical assault including hitting, slapping, punching, biting, scratching, butting, pinching, kicking, shoving, throwing an object, using or threatening to use a weapon (blunt object, knife, gun) and the various types of sexual assault.

SPOUSAL VIOLENCE

Spousal violence as a whole has remained relatively unchanged since the previous survey conducted in 1999 which found that the assault rates are 7% for women and 6% for men (*Mihorean, 2005*). The rates for 1999 were 8% and 7% respectively (*Pottie Bunge, 2000*). While this slight decline is a positive trend, it still represents approximately 653,000 women and 546,000 men who were victims of violence at the hands of their spouses (*Mihorean, 2005*).

Education levels and rural vs. urban status seemed to have no impact on spousal violence rates, but common law marital status, aboriginal ancestry, alcohol abuse and homosexual orientation were all correlated with higher rates of spousal assault (*Mihorean, 2005*).

Those living in common law relationships were three times more likely to report having been assaulted in the previous 12 month period (*Mihorean, 2005*). Previous research indicates that those in common law relationships are four times more likely to be murdered by their spouses than those who are legally married (*Gannon, 2004*).

The duration of the marriage, whether the marriage was a step-family, whether the relationship was a previous or current one, and the age of the partners were also associated with higher rates of marital violence. While only 1% of partners aged 45 or older experienced spousal violence, the rate was 5% for those under the age of 25. Furthermore, violence rates were higher for those married less than three years, especially if the relationship was a common law one (2% for married, vs. 5% for common law). Step-families had double the rate of reported violence as original marriages. Furthermore, 4% of those in "previous" relationships (i.e. post separation) experienced violence, versus 1% of those in current relationships. In fact, 34% of women in previous relationships reported that the violence increased after their choice to leave the relationship (*Mihorean, 2005*).

🍁 SAME SEX RELATIONSHIP VIOLENCE

While only 1% of the survey sample indicated that they were gay or lesbian, the reported rate of partner violence was double that reported by heterosexual partners (15% vs. 7%) (Mihorean, 2005). The author notes that the figure should be used with caution, however, due to the fact that a higher proportion of homosexual respondents were not in current relationships (as noted above, the spousal violence rate is considerably higher for those with “previous” relationships than those in current relationships). Nevertheless, other researchers have noted that the rates of violence in same sex relationships are substantially higher than in heterosexual relationships (Kelly & Warshafsky, 1987; Island & Letellier, 1991; Renzetti & Miley, 19967; Renzetti, 1997; Burke, Jordan & Owen, 2002). The Kelly & Warshafsky (1987) study reported that 47% of gays and lesbians had been victims of violent domestic relationships, although the definition of “violence” was fairly broad. In Burke et al (2002), the rate for physical violence for US and Venezuelan males averaged 29.5%. A recent Canadian study found that 13% of women in lesbian relationships reported that they were victims of physical or sexual assault from their partner, and 66% knew fellow lesbians who had been abused in their intimate relationships (Chesley, MacAulay & Rostick, 1998).

🍁 ALCOHOL ABUSE AS A CONTRIBUTING FACTOR

The use of alcohol as a precipitator of a spousal assault has been noted by previous researchers (Wolff & Reingold, 1994). In their 1994 Violence Against Women Survey, Wolff and Reingold found that 29% of women experiencing domestic violence reported that their partners had been drinking alcohol prior to the assault. In the current survey, 44% of women and 24% of men stated that their partners were drinking at the time of the assault. The violence rates for heavy drinkers (classified as consuming five or more drinks at one sitting, five or more times per month) was six times that of light drinkers (6% vs. 1%) (Mihorean, 2005).

🍁 STATISTICS FOR ABORIGINAL VICTIMS

In the General Social Survey, 2% of the respondents self identified themselves as being of aboriginal ancestry (Status, non-status, Metis or Inuit). Their rate of spousal violence was three times that of the non-aboriginal population, however (21% versus 7%). Not only that, the severity of the violence was more pronounced in the aboriginal respondents (severe being defined as assaults causing injury requiring medical treatment, the use or threatened use of weapons, or other life threatening behaviour such as choking and beating). For aboriginals overall, the rate of serious violence was 41% versus 27% for non-aboriginals. For aboriginal women, the rates were more pronounced than for other racial groups (54% versus 37%) (Mihorean, 2005). The rates of spousal violence were higher for aboriginal people than for any other identified group, which suggests that institu-

tional and agency responses need to focus greater attention and resources to address violence within this community.

🍁 POLICE RESPONSE

While many victims of spousal violence contact police for assistance, only a fraction of assaults find their way into the hands of the authorities. Furthermore, victims may endure multiple assaults before finally dialing 911. Data in the GSS found that women are more likely to report violence to police than men (37% versus 17% respectively). Moreover, men are less likely to self-report violence committed against them by women (51% versus 75% for women) (Mihorean, 2005).

The most common reason for concealing an assault is that the victim did not want anyone to find out about it (36%), followed by “dealing with it another way” 21%, and thirdly, that it was a private matter that the victim perceived was of no concern to the police (14%). Due to the general reluctance to report assaults it was hypothesized that victims would endure more than one assault before calling the police. The GSS data confirmed this assumption, finding that 61% had endured at least one assault previously and almost half had been victimized 10 or more times by their partner. Interestingly, 22% of those responding to the GSS phone survey disclosed a prior assault for the first time to the interviewer (Mihorean, 2005).

It is interesting to note the police response to calls for protection by victims of spousal assault. Sixty-two per cent of abusers were warned, 42% were removed from the home, and about one-third were arrested and charged. Despite the law being “gender neutral”, there was a disparity in arrest/removal action between men and women assaulters. Men were removed almost half of the time (48%) versus 32% for women, while men were arrested and charged at almost double the rate of women who assaulted their partners (41% versus 21%) (Mihorean, 2005). Police reported data also confirm that husbands are more likely to be charged with spousal assault than wives (Brzozowski, 2004).

🍁 SOCIAL SUPPORT SYSTEMS

Victims of spousal assault have a variety of support systems to turn to should they wish outside assistance, but the majority turn to informal supports (friends or family members). Women called on friends and family (63% and 67% respectively), while men also were more likely to use informal supports, but less so than women (41% consulted friends, while 47% talked with family members). Co-workers were also used as informal supports fairly equally among men and women (21% and 22%, respectively) (Mihorean, 2005).

For those seeking help from social agencies, crisis lines (10%) and (for women) transition houses and women’s centers (11% and 9%, respectively) were the most frequent sources of assistance. Three percent of men contacted men’s resource centers or support groups (Mihorean, 2005). The figure is low likely due to men’s reluctance to seek help or the lack of support groups

outside large urban centers. One of the concerns for homosexuals of both genders is that transition houses are “geared” for heterosexual women, and there are virtually no respite resources for abused homosexual men (Burke, Jordan, & Owen, 2002). This is a considerable concern given the overall higher rate of violence in same sex relationships.

In all, 34% of the respondents used a social service of some kind. The most common reason for not using a social service was that the victim did not want or perceive that they needed the service, followed by a perception that the incident was too minor to seek outside help. Only 6% of respondents said they didn’t access a service because they weren’t aware of it or none was available in their community (Mihorean, 2005).

For individual professional supports, counsellor/ psychologists were equally consulted by men and women (28%) followed by doctors/nurses (12% for men and 30% for women). Lawyers were consulted by twice as many women as men (22% versus 11%). Clergy were consulted the least among professionals (7% for men and 12% for women) (Mihorean, 2005). The difference between the genders may reflect a greater willingness among women to seek help from social agencies and professionals, although it is clear from the survey that men consider counsellors an acceptable source of assistance at the same level as women. The low level of consultation for clergy may reflect the relatively low level of participation in religion in Canadian society, or a perception that sources other than clergy are more appropriate when dealing with spousal violence.

✿ GENDER DIFFERENCES

A large scale US study conducted in 1986 of over 6000 people found that while the rate of male to female violence decreased between 1976 and 1986 (partially attributed to sustained preventative efforts in response to the 1976 survey results), female to male violence remained the same. Furthermore, contrary to the assumption that female violence was primarily in response to male initiated violence, the study revealed that women were equally as likely as men to initiate the violence (Gelles & Straus, 1988). The authors were not only professionally derided for their findings, but subject (ironically) to bomb scares, death threats and accusations that they were themselves spouse abusers (Gelles, 1999).

The difference between men and women victims also extends to their use of restraining orders against their spouses or ex-spouses. While 38% of women sought such protection, only 15% of men did so. These orders are only a partial deterrent, however, as 47% of the respondents indicated that their abuser had subsequently violated the restraining order (Mihorean, 2005). This data is germane to the information on stalking discussed below.

✿ STALKING AS A PRECURSOR TO VIOLENCE

Stalking by itself does not constitute violence, although it is unwanted and may cause the victims considerable distress

and to fear for their safety. These concerns are warranted as research confirms that stalking behaviours can lead to later assaults (Mullen, Pathe & Purcell, 2000; Department of Justice Canada, 2004; Harmon, Rosner & Owens, 1998). Indeed, a large-scale British study in 2001 found that 37% of women experienced “aggravated stalking” (stalking with a violent component) (Walby & Allen, 2004).

Palarea *et al* (1999) found that stalking victims who had been in a prior intimate relationship with the stalker were the most likely to be threatened with violence or physically intimidated. The current survey of approximately 24,000 men and women over the age of 15 supports this finding: 54% of women and 48% of men were threatened or physically intimidated by a stalker who was an ex-spouse, while 34% of women were intimidated by an ex-boyfriend. While 16% of all stalking victims had been grabbed or assaulted by their stalker, the number more than doubled if the stalker was an intimate (36% for current partners and 34% for former intimates) (AuCoin, 2005B). Furthermore, 14% of all female spousal murders involved a prior criminal harassment conviction against the perpetrator (Beattie, 2005A). Therefore, data on stalking needs to be considered when exploring the extent of domestic violence.

The level of fear experienced by stalking victims can result in significant alterations to daily behaviours and lifestyle including moving, not going out alone, avoiding certain locations and changing phone numbers. For those stalked by an ex-spouse, 60% of women and 44% of men feared for their lives (AuCoin, 2005B).

The majority of stalking victims are women, but not all victims are stalked by the opposite gender. Fifty-three per cent of women in the GSS were stalked by men, but 9% were stalked by other women. Men were most often stalked by other men (28%) while female stalkers of men comprised only 5% of the total. Aboriginals experienced twice the stalking rate of non-aboriginals and were also more likely to be physically attacked by their stalker (26% versus 16% for non-aboriginals) (AuCoin, 2005B).

There were no data presented on the sexual orientation of the victims of stalking although further analysis of the original data could provide information on whether stalking is more or less prevalent among the homosexual community relative to the population as a whole. One internet site commented on the heightened level of difficulty faced by non-heterosexuals in reporting stalking due to fear of being “outed” if they report their stalker to the police or concerns that they would not be dealt with appropriately by the authorities (Hayden, 2005).

✿ VIOLENCE AGAINST CHILDREN AND YOUTH

The data discussed below is from the 2003 Based Uniform Crime Reporting Survey (UCR2) survey from 122 police agencies in Canada, representing 61% of national crime incidents against children under age 18, involving physical and sexual assaults (Beattie, 2005B).

Children are victimized more than adults, especially in

the area of sexual assaults. While children under 18 comprise 21% of the Canadian population, 25% of all physical and sexual assaults are against children and adolescents. When the two primary types of assaults are separated the disparity becomes glaring: 61% of all sexual assaults are against children and youth, whereas 21% of all physical assaults are committed against this age group. Nevertheless, physical assaults on children and youth were the most common type of assault reported to police in 2003 (28,000 versus 9,300 for sexual assaults) (Beattie, 2005B).

Adolescents (age 12-17) are the most targeted age group, with 71% of all assaults being directed at this category. Children aged 3-11 were victimized at 27%, while children under age 3 comprised the remaining 2%. There is a gender disparity in the type of assaults committed. Boys are more likely than girls to be physical assaulted (984 per 100,000 versus 654 per 100,000 for girls), while girls are more likely to be sexual assaulted (452 incidents per 100,000 versus 107 incidents per 100,000 for boys) (Beattie, 2005B).

Beattie (2005B) also examined data from the 1999 *General Social Survey on Victimization*, which surveyed 15-17 year olds as part of a larger survey of all age groups over age 14. This data is important because it indicates assaults that were not reported to police. She found that only 18% of all assaults against this age group were reported to police, and that the figure dropped to 8% if it was a family related violent incident. This is a much lower reporting rate than adult age groups (e.g. 53% for those aged 60-64 and 38% for the 40-44 age group). When adolescent respondents were asked why they chose not to report the assault to police, a plurality (47%) stated that the matter was “dealt with another way”. Significantly, 15% of those reporting family related victimization chose not to report the assault because they feared revenge by the abuser, a reason rarely reported by older victims (Beattie, 2005B).

In the area of sexual assault, friends and acquaintances were the most likely abusers at 48%, but 37% of these types of assaults were committed by family members. Strangers accounted for 13% of the remainder. Siblings comprised the largest group of sexual abusers (31%), followed by extended family members (28%) (Beattie, 2005B).

The UCR2 survey for 2003 also contains data on 900 cases from historical incidents as far back as 1949, but reported to police in 2003. It is remarkable that although physical assaults far outnumber sexual assaults in general, 95% of these reported historical cases were sexual assaults. Clearly, the negative emotional impact of these offences continue to reverberate for years after they are committed. Family members were implicated in 61% of the cases, while 38% of the accused were friends and acquaintances-only 3% were strangers. Women reported the majority of the cases (68%) and for them, 70% of the perpetrators were family members. For men, 43% of the assaulters were family members (Beattie, 2005B).

In these historical sexual assaults, 37% of the accused were parents (which includes all in a legal guardian role including step and foster parents, as the UCR2 reporting

protocols do not allow the police to distinguish between types of parents). Siblings comprised 34% of abusers, while extended family members made up the remainder in the family category (29%). There was a gender disparity between boys and girls, however, in who their abuser was: boys were more likely than girls to be abused by a parent (43% versus 34% for girls), while girls were more likely to be sexually assaulted by a sibling (36% versus 28% for male victims) (Beattie, 2005B).

Age is a factor in whether physical assault is committed by a family member. For children under age 3, family members were implicated in 65% of the cases, while this was true for only 16% of 15-17 year olds. There are gender disparities as well in the area of family related physical assaults. Boys under 12 are victimized more than girls, but assaults against girls exceed boys in the 13-17 year old category. In fact, the highest rate of familial physical assault is against 17 year old girls, at 329 incidents per 100,000 population. This figure is 2.5 times that of the incidence rate for 17 year old boys (129 per 100,000) (Beattie, 2005B). It may be that this disparity reflects a disinclination of family members to get into physical confrontations with boys who are approaching adult strength and physical prowess.

Family related sexual assaults, which includes incest, sexual interference, sexual touching and rape, inordinately effects girls more than boys at all ages. Girls aged 12-14 are most at risk, with age 14 constituting the highest rate of sexual assault, at 160 incidents per 100,000 girls. Boys aged 4-6 had the highest rates of sexual assault, with age 4 representing the highest assault rate (54 incidents per 100,000) (Beattie, 2005B). Clearly boys are most at risk from those inclined to pedophilia, while girls are most at risk from hebephiles (attracted to adolescents).

In the familial cases reported to police in 2003, parents were accused of 40% of the sexual assault incidents, while 31% of the accused were siblings. Extended family members constituted the bulk of the remainder at 28%. Parents were more likely to be charged (43%) when the victim was female, but siblings were more often charged if the victim was male (37%). Sexual assaults within the family are primarily a male issue, with 98% of all familial sexual assault charges being filed against a male relative. Fathers represented 38% of those accused of sexual assault, followed by brothers (33%) and extended male relatives (28%) (Beattie, 2005B).

In the area of physical assault, male relatives represented 72% of those accused. Fathers comprised the largest proportion (61%), followed by brothers (21%) and extended male relatives (8%). In the 28% of physical assaults committed by female family members, mothers represented almost three quarters of the total (74%), followed by sisters (16%) and extended female relatives (9%) (Beattie, 2005B). Thus, while male family members are mostly likely to be implicated, mothers represent a larger portion of those implicated in physical assault than fathers, relative to their gender.

The rate of physical injury from physical or sexual assaults is, fortunately, not extreme. While 38% of children and youth suffered minor injuries, only 1% of those injuries were severe.

Minor injuries are defined as those not requiring professional medical attention, while major injuries are those needing transportation to a medical facility. Boys were more likely to be injured than girls (45% versus 34%), and the youngest age category (0-3 years of age) was most at risk (10% of female infants and 14% of boys suffered major injuries in family related assaults) (Beattie, 2005B).

The “good” news in this situation is that the 2003 rates of assault declined slightly relative to previous years. This may be an anomaly, however, given that there were gradual increases in the assault rates since the UCR2 reporting system was implemented in 1998 (Beattie, 2005B).

While children who witness family violence may not be directly injured, being exposed to such violence has been shown to increase levels of depression, aggression, delinquency, and other emotional difficulties (Jaffe, Wolfe and Wilson, 1990; Sternberg et al, 1993; Edleson, 1999; Fitzgerald, 2004). In the 2004 *General Social Survey on Victimization study*, 52% of female victims with child witnesses sustained an injury, while 28% of men reported the same. Nevertheless, children may experience “collateral damage” in a spousal assault—11% of spousal assaults involved injury or threat of injury to another person in the household, 44% of whom were minor children (Beattie, 2005B). The author has personally counselled children who were traumatized trying to intervene to protect a parent from attack.

In addition to those offenses reported to police, nationwide data from child welfare agencies in a large scale Canadian study of 7,672 case investigations yields important information (Trocmé et al, 2001). The Health Canada study found that physical harm was found in 13% of the cases, and that 3% required professional treatment. The primary perpetrator of child maltreatment (physical abuse, sexual abuse, neglect and emotional abuse) was the biological mother (61%), followed by the biological father (38%). Step-fathers or common law partners comprised 9% of the abusers, while step-mothers/common law partners represented 3%. Other relatives made up the remaining 7%. (The figures exceed 100% due to compiling of multiple categories of abuse.) When only physical violence is considered, biological mothers were still the largest category at 47%, followed by biological fathers (42%), step-fathers (10%) and step-mothers (3%). Alcohol abuse was involved in 34% of the cases (Trocmé et al, 2001).

The largest category of household type where abuse was substantiated was female-headed single parent households (40%) followed by two biological parent households (29%), then two-parent step family households (18%). Father-headed single parent households comprised the smallest category (6%) (Trocmé et al, 2001). It is clear that there is a correlation between domestic violence against children and single parenting, as this household type comprises almost half (46%) of all abuse cases reported to child welfare authorities.

Support services to those fleeing family violence are offered at transition homes and through community based counseling agencies. A survey conducted in 2004 found that over 95,000 women and children were admitted to 473 shelters

across Canada in a one-year period ending March 31, 2004. *The Transition Home Survey* also conducted a “snapshot” day survey on April 14, 2004, which found 6,100 women and dependent children occupying beds in transition homes, with 76% of women and 88% of the children there to escape abuse (Beattie, 2005B). Almost 60% of transition homes provided “children who witness violence” counselling programs (Taylor-Butts, 2005). For community based counseling services, approximately 18% of the clients of 484 agencies who responded to a 2003 survey were children, the majority of whom were victims of family related violence or sexual assaults (90% for females and 75% for males) (Kong, 2004).

✿ PARENTAL ABUSE BY TEENS

Violence in the home is not restricted to parent-child or sibling to sibling assaults. Sometimes parents are the targets of domestic violence by their teenage children. One Canadian study found that teenaged boys were the most frequent perpetrators and that their mothers or step-mothers were the most frequent victims. Furthermore, 76% of the respondents reporting teen-parent violence were single parents (Cottrell, 2001).

✿ ELDER ABUSE

People over the age of 65 form a fast growing segment of the Canadian population. They currently comprise 13% of the population, a figure expected to increase to 15% by 2011 (AuCoin, 2005c). Elder abuse is complex and comprises many forms, including physical assaults, emotional abuse, financial abuse and neglect. This section will focus primarily on physical assault within the family unit.

Researchers have suggested that elder abuse from family members may arise from the learned behaviour of adult children who were physically abused by the parent growing up in the family of origin. Mental illness (of the abuser) and stress due to care-giving of handicapped elders are seen to be other contributing factors (MacDonald & Collins, 2000).

The source of the data in this section was the 2003 UCR2 survey of 122 police agencies cited in the section above. While seniors are the least likely age group to be targets of violence, in 2003, almost 4,000 incidents of assault against seniors were reported to Canadian police. The majority of assaults, however, (63%) were perpetrated by non-family members. Nevertheless, 39% of female victims were assaulted by family members, almost twice the rate of males victimized by family members (20%) (AuCoin, 2005c).

Female family violence victims were equally likely to be attacked by a spouse (34%) or an adult child (33%), followed by an extended family member (24%). In contrast, older men were more likely to be assaulted by an adult child (33%), followed by a spouse (20%). Common assault was the most frequent type of family related violence (55%). Some sort of injury was sustained by 36% of elderly victims, 3% of which were serious injuries requiring professional treatment (AuCoin, 2005c).

As is the case with assaults on children, the majority of the perpetrators of family related elder violence were male (78%). Adult male children comprised the largest cohort (33%), followed by husbands or ex-husbands (30%), then other male relatives (15%). For female assaulters, current or ex-wives ranked at 10% of the total, followed by daughters (6%) and extended female family members (also 6%). Female victims were more likely to be assaulted by a spouse or ex-spouse (43%), while male victims were most often attacked by sons (39%). Approximately eight out of ten of elderly victims assaulted by adult children were living in the same residence as their attacker, suggesting that the stresses of constant living with an aged and possibly infirm parent may contribute to the stresses influencing acts of violence (AuCoin, 2005c).

Community agency services for senior victims of violence (here defined as 55 years or older) were present in approximately one-third of 484 agencies surveyed in a 2004 Victims Services Survey. On the “snapshot day”, 25% of services were provided to senior women and 20% to senior men (Kong, 2004). In a related survey of transition house usage, 34% provided services to senior women seeking refuge from abusive relationships, and on the snapshot day, 5% of women occupying transition house beds fell into the seniors age category (over age 55) (Taylor-Butts, 2005).

✿ INTRA-FAMILIAL HOMICIDE – SPOUSAL

This section focuses on homicides committed by one family member against another including spousal homicide, homicide of children and youth, elder homicide, and murder-suicide. Clearly homicide is the ultimate form of family violence and garners enormous public attention when it occurs. Family is supposed to be the place where members love and protect one another, yet one only needs to read the story of Cain and Abel to see that murderous family violence has early origins.

Statistics on homicides began to be collected in 1961, and was expanded to include family related data in 1974. The data in this section is from the Homicide Survey in the ten-year period from 1994 to 2003. In this period there were 4,490 solved homicides, with 1,695 (38%) being family related. Almost half of the total were spousal killings (47%), while 25% involved children and youth. Sixty percent of the victims were female. Non-family homicides are quite different: almost 80% of those involve male victims (Beattie, 2005A).

The rate of spousal homicide has dramatically declined in the last thirty years in Canada. In 1974, wives were murdered at the rate of 16.5 per one million population. In 2003, the rate was 7.5 per million. For men, the rate declined from 4.4 to 1.7 per million in the same time period. It is apparent that the rate of female spousal homicide has been four to five times that of men and remains so. For example, in 2003 there were 64 women and 14 men murdered by their spouses—a rate 4.9 times greater for women than men (Beattie, 2005A).

Spousal homicide occurs much more frequently in common law relationships compared to those legally married.

While only 13% of marriages are common law, they comprise 40% of all spousal homicides, a rate over three times that of legally married couples. Legally married couples (75% of the population) were involved in 35% of spousal homicides, followed by 23% for separated couples and 2% for divorced couples. When examining the cases involving male victims, 54% of these incidents involved a common law spouse. For female victims, 35% of spousal homicides were committed by common law partners. The over-representation of common law spouses in familial homicide is especially apparent in the 15-24 age category—56% of the spousal murders in this age cohort were common law relationships (Beattie, 2005A). This can be partially explained by the fact that young people are much more likely than older adults to eschew marriage and co-habit.

Common law relationships were also over-represented in spousal murders where there was a concomitant history of family violence. Seventy-seven percent of women convicted of spousal homicide had a reported history of violence between themselves and their victim, versus 60% for men. The rate of prior violence was 54% for women and 46% for men in legal marriages. Separated spouses had a previous family violence rate in 74% of males accused of homicide, versus 69% for accused females (Beattie, 2005A).

The Homicide Survey also records the putative motive for the murder. An escalating argument was the most prevalent motive (41% of cases), followed by jealousy (21%) and frustration (19%). The motive was unknown in 5% of the cases, and for 4%, the motive was financial gain. For male victims, argument escalation was the motive in the majority of cases (65%), a rate almost double that of female victims (34%). There were other male-female differences as well: for men, jealousy as a motivator for murder exceeded the rate for women by more than three times (25% versus 8%), while frustration on the man’s part was the cause at almost 2.5 times the rate for women (22% versus 9%) (Beattie, 2005A). Nevertheless, it is clear that arguments spiraling out of control are a significant instigating factor in spousal murders for both men and women.

Other contributing factors to spousal homicide include mental disorders and drug and alcohol abuse. Starting in 1997, the *Homicide Survey* began collecting data on whether a suspected mental disorder (e.g. schizophrenia, dementia, anti-social personality disorder) or a developmental disorder (such as fetal alcohol syndrome or ADHD) played a role in the homicide. From 1997-2003, 15% of all spousal murder cases involved a suspected mental or developmental disorder, although the rate was more than double for men accused than for women (17% versus 8%) (Beattie, 2005A).

Alcohol or drug abuse played a contributing role in 60% of spousal homicides: 69% consumed alcohol only, 22% ingested both drugs and alcohol, while 9% were under the influence of drugs alone during the commission of the homicide. Drug or alcohol use played a greater role when the accused was female, however (76% versus 55% for men). Nevertheless, 40% of the accused and 53% of the victims were not under the influence of any intoxicants when the murder occurred. Sixty-eight

percent of the victims who were intoxicated consumed alcohol alone, while 22% had been using both alcohol and drugs at the time of their murder (*Beattie, 2005A*). It is interesting to note the similarity in the figures between victims and perpetrators in alcohol and drug use. The chances of spousal murder occurring appears to increase when both parties are under the influence of intoxicants.

✿ INTRA-FAMILIAL HOMICIDE - MINOR CHILDREN

Eleven percent of all homicides in Canada in 2003 were committed against children under age 18, and slightly over half were family related (53%). In the ten-year period ending in 2003, 90% of children who were murdered by a family member were killed by a parent. The 1994-2003 decade recorded that 58% of family related murders were committed by fathers, 32% by mothers and 9% by other family members. "Other" family members play a larger role in the murders of children in the adolescent years (12-17), while mothers and fathers are the primary perpetrators in the younger age categories. Overall, 88% of children aged 0-6, and 75% of children aged 7-11 were killed by family members. Adolescents, however, are more likely to be killed by someone outside the family (67% versus 33%) (*Dauvergne, 2005A*).

It should be noted that parents include biological, step, adoptive and foster parents. Step-parents, however, accounted for 12% of all family related homicides in the 1994-2003 time frame, a threefold increase from the previous 10 year reporting period (*Dauvergne, 2005A*). This may be reflective of the general increase in the number of step-families in Canadian society.

While parents aged 15-24 represent only 3% of the population, they account for 13% of all child homicides and an astounding 59% of the homicide of infants under one year of age. Baby boys are at the highest risk (41 homicides per million versus 28 per million for baby girls). Being violently shaken was the most common cause of death in cases of infant homicide (36% of all cases). Inexperience in parenting, low education levels, developmental problems, combined with economic and relationship stressors may be likely contributing factors (*Dauvergne, 2005A*).

The Homicide Survey also examined motive for murder in family related homicides. Frustration was the stated reason in 39% of the cases, especially if the victim was under age 7. This suggests parenting deficiencies or difficulties dealing with high need children (e.g. those with ADHD, FAS or Oppositional Defiance Disorder). For adolescents, the murder most often occurred as a result of an argument. Concealment of a birth was a significant cause in the death of infants committed by mothers (23%). In the 7-17 age category, revenge was the motivating factor listed for 27% of murders by fathers. Over one-third of family related child murders (34%) involved a suspected mental or developmental disorder on the part of the perpetrator, which is almost four times the rate of non-family homicides of children (9%) (*Dauvergne, 2005A*).

✿ INTRA-FAMILIAL HOMICIDE - ELDERS 65+

The victimization of the elderly may escalate into homicide. Six percent of all homicides in 2003 were committed against the elderly, 31% of them by family members. The rate is declining, however, with a murder rate of 2.7 incidents per million (compared to the highest rate of 9.5 per million in 1987). In the 1994-2003 time period covered by the *Homicide Survey*, older women were much more likely to be killed by a family member (76% of cases): 43% by a spouse and 36% by an adult son. Almost half of elderly men were killed by an acquaintance, however. Men who were killed by a family member (31%) were most often murdered by a son (52%) (*Dauvergne, 2005B*).

The motivation for a family related homicide was most often tied to the escalation of an argument (29%) followed by frustration or anger (26%). By contrast, 31% of elder homicides committed by non-family members were motivated by financial gain (*Dauvergne, 2005B*).

There was a history of family violence in 32% of the cases of elder homicide in the 1994-2003 reporting period. Prior violence was a greater factor in the death of senior men than women, however (38% versus 27% for women) especially if the perpetrator was a spouse. Significantly, prior spousal violence was a factor in 54% of the deaths of senior men, versus 22% for senior women (*Dauvergne, 2005B*). The survey provided no data on whether the violence was mutual, retaliatory or solely initiated, though.

✿ INTRA-FAMILIAL HOMICIDE - MURDER-SUICIDE

Murder-suicides may involve entire families including children and the elderly, and tend to generate a great deal of media attention due to the number of victims and the enormous impact on extended family, friends and co-workers. The data examined in the Homicide Survey includes statistics from 1961-2003 (*Aston & Pottie Bunge, 2005*).

In the 43 years covered by the survey, there were 19,219 solved homicides in Canada, of which 1,994 cases were solved due to the suicide of the perpetrator. The majority of these victims (76%) were killed by family members, followed by acquaintances (21%) and strangers (4%). Fifty-seven percent of the murders were committed by spouses, followed by parents (33%), children/step-children (3%), siblings (2%), and other family members (5%) (*Aston & Pottie Bunge, 2005*).

Men are much more likely to commit suicide following a spousal murder than women (*Rosenbaum, 1990*). The majority (64%) of murder suicides in the Canadian sample were committed by legally married men, followed by common law husbands (23%), separated (10%) and divorced husbands (1%). While 44% of still married husbands had a prior history of family violence, this was true for 65% of separated husbands. Only 3% of all victims were killed by a female spouse (*Aston & Pottie Bunge, 2005*).

In the majority of cases, the men killed only their wives (85%), and 15% of the remaining cases involved multiple

victims. Nine per cent involved two victims and six per cent involved three or more victims. 834 wives and 213 others were killed in murder suicides in the 1961-2003 period. Sons and daughters comprised most of the non-spousal victims (71%)—94% of them were the perpetrator's biological children. In the cases involving more than one victim, almost two-thirds involved the assailant's children (*Aston & Pottie Bunge, 2005*). Some critics allege that political interference with crown prosecutors to divert domestic violence cases to alternate measures other than prosecution (e.g. anger management programs), rather than vigorously prosecuting spousal assault perpetrators, has led to murder suicides. One case in Mission, BC in 2003 involved a woman hospitalized after a violent assault, who was later shot in her hospital bed, along with her mother, by her estranged husband. He later committed suicide during a police dog apprehension after an extensive manhunt (*Jay, August 15, 2005*).

While motive is obviously more difficult to ascertain in such cases, police investigations concluded that jealousy (33%) and escalating arguments (26%) were the most common instigating factors related to murder suicides. Narratives were added to the reporting protocols after 1991, providing more insight into motive. The dissolution of the relationship, whether legal marriage or common law, was a major theme in 39% of the murder-suicide cases in the 1991-2003 period. In 18 of 29 cases where length of separation was noted, the spouse was killed within three months of separation, and nine incidents occurred within two weeks of separation. Moreover, there were 10 murder-suicides by husbands when the wife returned to the family home to retrieve belongings (*Aston & Pottie Bunge, 2005*). Given that 76% of all murder-suicides involve firearms, great caution needs to be exercised by separated spouses returning to a home with guns.

Over one-quarter of the victims of murder-suicides (26%) were minor children in the 43 year span of the survey: 94% were killed by family members (89% by parents or step-parents). Mothers play a larger role, however, in non-spousal familial murder-suicides. Of the children murdered by a parent in a murder-suicide, 69% were killed by their fathers, 3% by step-fathers, and 28% by their mothers. Fathers were more likely to kill a son (54%) than a daughter, whereas mothers were slightly more likely to kill a daughter (53%) (*Aston & Pottie Bunge, 2005*).

When age is factored in, though, boys under one are twice as likely to be killed by a parent in a murder-suicide (2.8 per million versus 1.5 per million for infant girls). Girls aged 1-5 are victimized at a higher rate than boys, however (*Gannon, 2004; Aston & Pottie Bunge, 2005*).

In the majority of parent-child murder-suicides there was no apparent motive (53%). For cases where motive was reasonably known (e.g. as a result of a suicide note) frustration (17%) and revenge (16%) were equally listed. The narratives often noted that the frustration and revenge was directed at the suspect's spouse or partner rather than at the child (*Aston & Pottie Bunge, 2005*).

While only seven percent of murder-suicides in the 1961-2003 reporting period involved seniors over age 65, 83% of these cases were family related: 65% were spousal, 21% were committed by sons or step-sons, 2% by daughters, 2% by brothers and 10% by other family members. Older women were overwhelmingly the victims of spousal murder-suicides (94%), but men and women were equally likely to be victimized if the perpetrator was another family member (45% and 55% respectively) (*Aston & Pottie Bunge, 2005*).

FAMILY VIOLENCE INCIDENCE RATE - SUMMARY

The incidence of family violence is on the decline in Canada. Nevertheless, it continues to impact children, adolescents, husbands and wives, and seniors. Certain categories in the population are affected more than others, including aboriginal people, homosexuals, single parents and those in common law relationships. We will now explore prevention and intervention strategies which could help to further decrease the incidence of domestic violence in this country.

PREVENTION STRATEGIES

Prevention efforts can be broadly grouped into three categories: primary, secondary and tertiary. Primary prevention is generally directed at the population as a whole, and includes school based prevention programs, parenting education programs, and media-based public service announcements aimed at family violence prevention guidance. Primary prevention seeks to educate the populace and prevent violence before it begins. Secondary prevention is targeted at special populations which may be at higher risk of violence, such as single parents, aboriginal groups, immigrant groups, step-families, FAS parents, etc. Secondary prevention generally custom designs the intervention to address the particular needs of the target group, such as a home visitor program for young single parents (*Harrington & Dubowitz, 1993*). Tertiary prevention, such as personal and family counseling and social worker interventions, focuses on individuals and families where violence has already happened, with the aim of preventing the violence from reoccurring (*Public Health Agency of Canada, 2005*).

Primary prevention resources to reduce domestic violence began to be produced and distributed by the government of Canada in 1986, the year the Family Violence Prevention Unit was created within the federal department of Health and Welfare. Two five-year Family Violence Initiatives (1988-92 and 1992-1996) were implemented with the goals of involving government agencies, social agencies, service clubs, educators, unions and business, and community projects in addressing family violence as a social issue (*Public Health Agency of Canada, 2005*).

Other primary goals included enhancing resources for front line professionals, improving services for victims, collecting and disseminating national statistics, sharing information and solutions through a national database (the National Clear-

inghouse on Family Violence), and designating Health Canada as the lead ministry to coordinate all family violence reduction efforts (*Public Health Agency of Canada, 2005*). Certainly, the studies cited in this paper are evidence that those efforts have been useful to those investigating the extent of domestic violence in Canada.

Prevention initiatives targeted six areas. Community Development initiatives empowered various communities to establish programs and services to reduce family violence and sexual abuse of children. Such programs included a child abuse manual for professionals, a sexual abuse resource kit entitled *Caring Communities* developed by the Canadian Institute of Child Health, and sponsorship of annual meetings specifically focused on abuse prevention (*Public Health Agency of Canada, 2005*).

Other initiatives included research and evaluation projects (e.g. to determine the relationship between abuse and punishment), professional development and training for front line workers, and public awareness campaigns. An example of the latter was the *Speak Out Against Violence* developed by the Canadian Association of Broadcasters, which disseminated anti-violence messages through public service announcements on television and radio. A broad variety of other resource materials including children's books, manuals, videos, documentaries, kits and pamphlets were also widely distributed (*Public Health Agency of Canada, 2005*).

In addition, there were prevention initiatives aimed at supporting families with the goal of preventing violence through education. Parent support in the form of educational workshops presented information on parenting skills, alternative disciplinary methods, conflict resolution, anger management, communication skills, drug and alcohol awareness, coping skills, and self esteem enhancement. Many of these workshop threads are covered in the *Nobody's Perfect* program, developed by Health Canada and targeted at the parents of young children (*Public Health Agency of Canada, 2005*). This program is regularly used in the author's community.

Finally, resources and programs were developed to target special populations at a higher risk for family violence, or groups within society needing specially designed materials to address their particular developmental or cultural perspectives. These included school and pre-school children, aboriginal and immigrant communities, young parents, victims, offenders, those with disabilities, adolescents, at-risk youth, rural/isolated communities, and workplace populations. One example of a targeted resource is a booklet entitled *Making a Decision to Care*, written for adolescent sex offenders. Another resource lists all of the counselling services nationwide (by province/territory and community) for men who have assaulted their partners (*National Clearinghouse on Family Violence, 2002*). Other resources, including pamphlets, booklets and workshop materials, were translated into languages other than English and French, including Cree, Inuktitut, Chinese and Spanish (*Public Health Agency of Canada, 2005*).

One author, focusing on child abuse, articulated eight

features that an effective response model needed to have (*Wachtel, 1999*). Andy Wachtel, in a paper entitled *The "State of the Art" in Child Abuse Prevention*, asserted that response models needed to focus on child development, since abuse often negatively impacts the long term emotional well-being and development of the child. Given that fact, responses need to acknowledge the impact of abuse on the whole life span, and thus make early intervention and prevention priorities. Wachtel also stated that the intervention needed to be child-centred and family focused, with a goal of addressing the needs of the whole family, supporting them in efforts to reduce abuse. Services needed to be developed in a community context, be culturally sensitive, and have a continuum of coordinated services between agencies (*Wachtel, 1999*).

✿ INTERVENTION AND REHABILITATION OPTIONS

Many of the resources available for reducing family violence are directed at men, since they are perceived as being primarily responsible for perpetrating such violence. While this view has some credence, research cited above shows that female initiated violence is also a serious matter. One writer has argued convincingly that failing to acknowledge the reality of males as victims seriously impedes their willingness to become active partners in the overall reduction of family violence (*Matthews, 1996*). Nevertheless, the feminist view that violence is a product of a society dominated by the male patriarchy and men's prerogatives is pervasive in the writing on family violence research (*Yllo, 1983; Stordeur & Stille, 1989; Duffy & Momirov, 1997*).

✿ THEORETICAL APPROACHES

An example of a male battering reduction resource is one recently produced by Health Canada, entitled *Counselling programs for men who are violent in relationships* (*Trimble, 2000*). In this resource, Trimble outlines five primary theoretical approaches to addressing men's violence. Psycho-dynamic/insight theory ascribes violence to intra-personal deficits, including mental illness, substance abuse, personality disorders or developmental problems. But this approach does not satisfactorily address the incidence of domestic violence among perpetrators without these deficits. Furthermore, given the time required to conduct such therapy, critics have argued it does not address the short-term safety needs of family members (*Trimble, 2000*).

Ventilation theory posits that anger and aggression can be harmlessly redirected and defused by engaging in "venting" through sustained non-harmful physical activity such as wood chopping or punching a work-out bag. Ventilation theory suggests that family violence is primarily an anger management issue, and critics suggest that it fails to address the underlying causal factors (*Trimble, 2000*). Moreover, anger researchers have found that venting may only temporarily re-direct anger, and may actually reinforce physically acting out when angry (*Tavris, 1982*).

Family systems theory takes the position that violence arises from interaction and communication deficits as well as entrenched inter-generationally transmitted roles between family members. The therapy, often in couples, examines the interactional patterns and works to re-frame the way the couple handles conflict. While this model has the advantage of including the marital dyad in problem resolution, it is not always the most effective approach when violence is severe and still occurring, when there are major power imbalances between the partners, or when ethnic and cultural traditions strongly militate against egalitarian communication approaches. In addition, because family systems practitioners view what happens in the family as systemic, feminist critics argue that it removes responsibility for violence from the [male] perpetrator and places some of the responsibility on the [female] victim (Trimble, 2000). Nevertheless, Straus and Gelles' research shows that such a view is, in part, warranted (Gelles & Straus, 1988).

The pro-feminist theory argues that male perpetrated spousal violence is a direct result of men's need to maintain power and control over women. When women don't submit or cooperate, men use violence, threats, psychological abuse, rape and other forms of aggression to maintain or regain their dominance. Thus the most effective means of counter-acting this mind set is to challenge the "entitlement" beliefs inherent in the "patriarchal social hierarchy" behind such attitudes (Trimble, 2000). Critics of feminist theory hold, however, that such an approach may be resisted by men who see this approach as a threat to their masculinity, and that it fails to address violence arising out of psychological, addiction and developmental deficits (Dutton & Golant, 1995). Even feminist writers recognize that recruiting the cooperation of men is essential to the long-term resolution of family violence issues (Duffy & Momirov, 1997).

Cognitive behavioural and psycho-educational theories take the position that violence is a learned behaviour, and that new behaviours can be learned to replace ineffective strategies in order to handle conflict in non-violent ways. Key to this approach is identifying, challenging and changing dysfunctional thinking that often leads to "irrational" beliefs, which can generate violent reactions. Stress management techniques, "thought stopping" methods, "self-talk" to defuse anger inducing situations, behaviour logs, and teaching improved communication techniques are frequently used strategies (Trimble, 2000). Given the research cited above that jealousy, frustration and escalating arguments are a primary cause of domestic violence, it is logical to employ methods which directly address those causal factors (Beattie, 2005A). Feminist critics argue, however, that cognitive behavioural approaches are too narrow, in that they fail to address the alleged societally endorsed view that males are entitled to dominate women (Stordeur & Stille, 1989). Nevertheless, cognitive behavioural approaches have been well validated as effective in the treatment of a wide variety of problematic conditions, including parental child abuse (Milner & Crouch, 1993).

✿ TREATMENT SUCCESS RATES

Treatment programs have varied rates of "success". "Success" depends on whether one views success as the total cessation of all forms of violence, including verbal abuse, and whether one takes into consideration attrition rates. Attrition rates can be as high as 50% in voluntary treatment programs (Burns, Meredith & Paquette, 1991). In other words, success rates can be skewed by only measuring the more highly motivated cohort who remain until the end of treatment. Some argue that court mandated treatment is more effective as there are legal sanctions for failing to cooperate or complete counselling (Trimble, 2000). Actual case results show that the courts rarely sanction those who fail to complete their mandated therapy, however (Duffy & Momirov, 1997). One investigator who reviewed the results of 25 court mandated programs concluded "the studies reviewed here cast doubt on the assumption that mandatory psychotherapeutic treatments are effective in reducing future incidents of violence between spouses" (Cooper, 1995).

In the 1980's, mandatory arrest of assaultive husbands was implemented in many American jurisdictions, partly in response to a limited field experiment conducted by Sherman and Berk (1984). Sherman and Berk randomly assigned assaultive husbands to three police responses: mandatory arrest, mediation, and imposed separation. They found that the lowest recidivism rate in terms of spousal assault was in the arrest group (Sherman & Berk, 1984). Two replication studies, however, failed to find any appreciable difference in recidivism in the arrest-only category (Dunford, Huizinga, & Elliott, 1990; Hirschell, Hutchinson, & Dean, 1990). Furthermore, another study found a deterrence factor for arrest only among those who were gainfully employed—the unemployed had less at stake and thus quickly tended to revert to their violent ways upon family reunification (Sherman et al, 1991).

A British Columbia study examined the effectiveness of two programs conducted in Victoria and Vancouver (Bodnarchuk, Kropp, & Dutton, 1994). Sixty male participants of the Victoria Family Violence Project and 52 men from Vancouver's Assaultive Husbands Program, plus their current or former female partners, were surveyed using the *Conflict Tactics Scale* and the *Severity of Violence Against Women Scales*. Almost all of the Vancouver participants were court referred but two thirds of the Victoria project's participants were volunteers. Regrettably, the study authors did not compare results of the two groups. The inclusion of their female partners' ratings of their pre- versus post-treatment behaviour was a positive feature, however.

The authors found that both the men's self reports, and their partners' reports concurred that post treatment violent behaviour was substantially reduced overall. Nevertheless, men who had pre-treatment psychological assessments indicating borderline personality disorder, still had significant post-treatment abusive treatment of their partners. In addition, men diagnosed with antisocial or avoidant personality disorders were found to continue with psychologically abusive be-

haviours, post-treatment. The assessment used by the researchers was the Millon Clinical Multiaxial Inventory (Bodnarchuk, Kropp, & Dutton, 1994). The authors noted that the correlation between higher levels of spousal abuse and these specific personality disorders was consistent with previous research (Dutton, 1988; Saunders, 1992). They recommended that a standardized personality assessment ought to be used by clinicians to assess prospective participants referred to group battering reduction programs. It may be that general group therapy programs are less well suited to spousal assaulters with borderline, avoidant and antisocial personality disorders.

✿ THE ROLE OF CLERGY

The role of clergy in response to family violence is important for those actively involved in religious practice. Certainly, Christian families are not immune to domestic violence and some argue that clergy misinterpretation of biblical injunctions requiring wives to submit to their husbands exacerbates the problem (Asldurf & Asldurf, 1989). While many Christians can cite the first half Malachi 2:16 (“I hate divorce,” says the Lord God of Israel”), few realize there is a very significant context forbidding violence by husbands which immediately follows. The remainder of verse 16 states “...and I hate a man’s covering himself [or “his wife” according to the text note in the NIV] with violence as well as his garment,” says the Lord Almighty. So guard yourself in your spirit, and do not break faith” (in Shelley, 1994). Proverbs 11:17B says “a cruel man injures his own flesh” (in Jones, 1966). In other words, continual wife battering is an offense against the covenant relationship between a husband and wife, cruel behaviour towards one’s own “flesh” (since a man and wife are considered one flesh in scripture), and evidence of the hardness of heart and unfaithfulness Jesus stated was an allowable basis for divorce. While some would argue that unfaithfulness only applies to infidelity, I believe the context of Malachi 2:16 suggests that repeated violence inflicted upon one’s spouse constitutes breaking of faith with one’s partner.

There is some evidence that the response of some clergy to spousal assault and domestic violence lacks compassion. A survey of pastors in the US and Canada found that 28% of pastors felt that spousal abuse was the woman’s fault because she failed to act submissively. Pastors who recommended submission to violence along with “spiritual endurance”, were also more likely to oppose advising a victim seeking legal advice. Seventy-one percent of pastors surveyed would not advise a woman to leave the home because of abuse, and 92% would never suggest divorce in response to abuse. One-third of the sample stated they would advise women to remain in the home until the abuse became “severe” (Asldurf & Asldurf, 1988).

A survey of 1000 women who accessed counselling from clergy after being battered was published in the March 9, 1982 issue of Woman’s Day magazine (Bowker, 1988). The women rated non-Christian clergy as most helpful (41% helpful or somewhat effective), followed by Catholic clergy

(40%), then Protestant clergy (30%). As group, clergy was rated as less effective than most other types of professional services. Women’s groups, battered women’s shelters, lawyers, counseling agencies, district attorneys and the police were all ranked higher in effectiveness. This ranking of the efficacy of professional helpers is supported by the study cited above (Mihorean, 2005).

When clergy were ranked as effective, it was when both husband and wife frequently attended religious services, when the frequency and severity of the violence was lower than the norm, when the overall marital satisfaction was higher, and with families with low geographic mobility (Bowker, 1988). As not all clergy can be expected to be expert in dealing with the complex issues of domestic violence, larger churches need to recruit counselling specialists, while clergy in smaller churches need to develop a network of referral resources that they can trust to respect their overall religious values.

✿ THE S.A.F.E. PROGRAM

Given the evidence of spousal homicide cited above, clearly the cost of maintaining family unity at all costs, may, in fact, cost a family member his or her life. Treatment responses, therefore, need to balance maintaining family unity with the overall safety of family members. One such treatment program was developed by Constance Doran at Fuller Theological Seminary (Doran, 1988). The program, dubbed S.A.F.E. (Stop Abusive Family Environments) has been applied to a wide variety of domestic violence situations, including same sex couples, adolescents who abuse parents, child abuse, abuse of men by women, but primarily with battered women and their male partners.

The program is divided into three stages. Stage one is *Initial Separation*. In this stage the parties are advised to separate, in part to ensure the safety of victims of violence, but also to allow an unfettered assessment of the clinical issues involved. It also breaks the “cycle” of violence common in assaultive relationships, where tension builds, is followed by a violent outburst, then concludes with a period of remorse and reconciliation (Doran, 1988). (As the program has been primarily used with male abusers, male pronouns will be used in the program description.)

The focus for the abuser is individual and/or group therapy, preferably with a male therapist, which both supports and confronts him. The abuser is taught to manage his anger by a) confronting minimizing and denial; b) promoting acceptance of responsibility for his behaviour; c) learning to recognize stressors and identify his emotional responses to them; and d) developing assertive, non-aggressive ways to communicate and meet his needs. Unrealistic expectations of himself and others, including sex role stereotypes, are explored in this stage as well.

The battered wife first addresses safety issues for herself and any dependent children, which may include the use of a shelter or seeking a restraining order. A detailed safety plan is worked out with a counsellor. In situations where the violence

is not severe or sustained, some churches have developed trained volunteer “respite” families to shelter abused women as an alternative to community women’s shelters. The support of the church family is important in this stage, in order to reduce the isolation and sense of shame and failure that often accompanies a marital separation. Support of both parties without “taking sides” is critical. The victim should be counselled individually by a female therapist where possible, and encouraged to participate in a group support program (Doran, 1988).

Stage two involves *Limited Contact*. With the consent of the abused partner, and the agreement of that partner’s therapist, limited contact is encouraged. This may initially occur in the therapist’s office. Involvement of the batterer’s therapist in joint therapy sessions is recommended at this stage. The focus of the therapy is addressing underlying marital stressors, and improving conflict resolution and communication skills. A structured apology with a detailed plan of commitment to non-violence from the batterer is a good starting point. If good progress is demonstrated in the controlled setting of the therapy office, and the victim agrees, the parties can be encouraged to contact one another outside of the office setting. Restraining orders should be precisely amended to reflect what the victim has agreed to rather than simply ignoring was has been established. Initial contact should be in presence of non-family neutral parties (here is where the church family can play an important role) (Doran, 1988).

If there is a resumption of violence, the process reverts to stage one. If the “dates” go well, single night overnight stays can commence. After a period of time with no violence or threats of violence (the author recommends 90 days) cohabitation may be recommended, but only with the informed, uncoerced consent of the victim (Doran, 1988).

Family Reunification occurs in Stage Three. In this stage the family resumes living together, but conjoint family therapy, preferably with a male-female therapist team, continues. Ongoing participation in the respective support groups is also recommended. Mentoring by a mature church couple can be very beneficial at this stage, as they can offer encouragement and help to recognize and mitigate back-sliding. Because entrenched behaviours may take a considerable time to overcome, assaultive couples may need monitoring and support over the long term (Doran, 1988).

🌻 THREE PROVINCIAL RESPONSES

In 1995, Saskatchewan was the first province in Canada to enact a comprehensive legal approach to dealing with family violence. The legislation addressed all victims of domestic violence (e.g. men, women, children, elders), specifying three courses of action: emergency intervention orders, victim assistance orders, and warrants of entry. The act designated the appointment of specially trained Justices of the Peace who could give a victim exclusive possession of the family home, direct police to temporarily evict the abuser or accompany the victim to the home to retrieve personal possessions, and

allowed for warrants of entry to permit a victim to enter the home to inspect it or remove another abused family member (e.g. an elder). This legislative initiative was combined with extensive police training on the new law and family violence in general, plus involved women’s shelters and aboriginal groups in the planning and implementation of the overall program (Duffy & Momirov, 1997).

Nevertheless, the most recent national statistics on spousal violence show that Saskatchewan (along with Alberta) still has the highest rate of domestic violence in the country (Mihoorean, 2005). This doesn’t detract from Saskatchewan’s initiative, but does illustrate the need for a comprehensive governmental response to family violence.

In Ontario, two different domestic violence courts were established in the Toronto area. The North York model targets first time offenders, as well as cases with no significant injuries where both partners intend to continue living together. If the offender pleads guilty, the judge orders two months of counselling. If the counselling is successfully completed, a conditional discharge is granted. The judge may order additional counseling or family mediation as well. The focus is on remediation rather than incarceration and punishment. The Old City Hall model is reserved for more serious cases involving injury and brings the full weight of the law against the offenders while offering substantial supports to the victims. The model has been extended to six other Ontario cities (Duffy & Momirov, 1997).

Manitoba was the first province to establish a dedicated Family Violence Court, in Winnipeg in 1990. The FVC attempts to hear cases as expeditiously as possible (average time is three months), involves victims and witnesses more fully in the court process (to reduce recanting and failure to appear), provides improved sentences to better protect the victim, and mandates treatment with monitoring and follow-up. The program also includes both a victim support program for abused women and another one for child witnesses (Duffy & Momirov, 1997).

Provincial harm reduction programs need to be comprehensive in their approach, however. In exploring the need to address domestic violence against children, for example, researchers have identified three essential attributes: underlying support through public policies that strengthen family life; child advocacy and child development education; and commitment of adequate resources to assure that a success program is possible (Nevin & Roberts, 1990). Giving authorities good legislative tools to respond to violence after it occurs is only part of the answer. Strengthening families and properly funding programs at the primary, secondary, and tertiary prevention levels are also essential in order to reduce domestic violence.

CONCLUSION



This paper has explored the incidence of domestic violence in Canada among various social groups: spouses (married, common law, step, same sex), children and youth, elders, and the aboriginal community. We have explored the contributing factors to family violence including marital status, alcohol abuse, age, and gender. The response of the police and courts, as well as the role of community support agencies and various groups has also been examined. Finally, a variety of prevention and intervention strategies were analyzed.

Clearly, this paper is by no means a comprehensive exploration of the entire scope of family violence or the plethora of treatment and prevention approaches. Nevertheless, the data shows that domestic violence is still a serious problem in Canada, with almost 1.2 million men and women reporting that they were victims in the past year (*AuCoin, 2005A*). There is a clear need for targeted attention to common law, same sex, and aboriginal families, all of whom have demonstrably higher rates of violence.

All those who desire strong, safe families must continue in their efforts to design and implement comprehensive and effective strategies to address this serious social issue. It is not just a humanitarian issue, either. Researchers have estimated that the financial cost to the economy of battered women in Canada is \$4.2 billion per year due to time off work, injuries, medical costs, and legal expenses (*Priest, August 9, 1996*). And even court ordered therapy cannot address the issue when timely access to counselling programs are hampered by lengthy waitlists (over 12 months long in Toronto in 1996) (*Duffy & Momirov, 1997*).

Obviously there is no easy answer to the issue of domestic violence. One high profile family research team has offered several policy suggestions to ameliorate violence in the family (*Gelles & Cornell, 1990*). Step one is to eliminate the social norms which perpetuate violence. The level of violence in the popular media and video games certainly glorifies the concept that an acceptable way to resolve differences is to resort to violence. Actively discouraging children from having easy access to such “entertainment” would be part of this step. The

authors also suggest eliminating spanking as a disciplinary option for families, but obviously that is an extremely controversial position. The Ontario Court of Appeal has recently upheld the right of parents to use corporal punishment to discipline children within prescribed limits, but anti-spanking advocates have appealed the decision to the Supreme Court of Canada (*Leishman, February 5, 2002*).

Gelles and Cornell (1990) also advocate the elimination of violence-provoking stress from modern society, clearly no easy task. Still, social policy initiatives which reduce poverty and unemployment, improve housing, increase access to education and training, and ease working conditions, especially for parents of young children, would all help to reduce day to day stressors. Thirdly, families with close connections to extended family and their communities are less prone to dysfunction and better able to get help when troubled. Policy makers can encourage improvements in social bonds and community connectedness, such as by encouraging neighbourhood associations with visitation volunteers, or by easing zoning laws to encourage multi-generational living arrangements (*Gelles & Cornell, 1990*).

Finally, the authors argue that tertiary interventions with violence prone families be vigorously pursued in order to break the intergenerational cycle of violence often found in such families. Problem-solving, conflict resolution, and non-violent strategies to resolve marital and child-rearing issues need to be taught to such families, and government needs to adequately fund the services which provide those interventions. In addition, employers which do not have employee and family assistance programs could add them to their benefit packages (*Gelles & Cornell, 1990*). All the major participants in society—government, business, social agencies, helping professionals and the school system, need to step up their commitment to address this issue.

Domestic violence harms families. It is the responsibility, not only of the various levels of governments and social agencies, but of all Canadians, to lobby for effective strategies and programs to prevent this highly destructive social issue.

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