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Supporting the Health of Survivors of
Family Violence: A Review of the
Recent Recommendations in Québec

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RAIV is based at the Pavilion Charles-De Koninck, Université Laval, Québec, Québec, Canada, on the unceded territories of the Wyandot Peoples.

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Supporting the Health of Survivors of Family Violence: A Review of the Recent Recommendations in Québec

On November 25, 2020, a Zoom press conference was held to announce funding from the Public Health Agency of Canada for a new project entitled “Supporting the Health of Survivors of Family Violence in Family Law Proceedings.” Led by the University of Western Ontario’s Centre for Research & Education on Violence Against Women & Children, the project is being conducted in collaboration with the four other members of the Alliance of Canadian Research Centres on Gender-Based Violence. The project aims to develop and support the establishment of communities of practice comprised of family violence experts, survivors, family lawyers, researchers and mental health and social service professionals. It will foster communication, collaboration and build relationships among experts from the family violence and family law sectors. Several countries have seen an increase in family violence cases since the COVID-19 outbreak began (WHO, 2020). In fact, reports from across the globe suggest that as distancing measures are put in place and people are encouraged to stay at home, combined with the additional social and economic stress, family violence increases (UN, 2020).

The overarching goal of the project is to enhance support to survivors of family violence (FV) and ensure survivors’ health (physical and mental), safety and well-being by increasing opportunities for family law practitioners to have training, guidance and resources to support trauma-informed practice. The project will also support sustained knowledge mobilization in the field while providing learning opportunities to build the capacity of all practitioners in the field of FV prevention and family law.

The communities of practice will address a range of issues with the aim of helping survivors, such as the promotion of research and evaluation initiatives. The initiatives aim to examine effective strategies and the development of guidance and information resources for dealing with custody disputes during a pandemic, safety planning and risk management strategies for family violence victims in court, and trauma-informed interventions for survivors. A trauma-informed approach requires recognition, understanding and consideration of the major impacts of FV. Through this project, we want to contribute to such recognition with a brief that highlights the devastating effects FV can have on survivors’ mental and physical health and thereby underscores the importance of appropriate prevention and the beneficial effects of cross-sectoral communication and collaboration.

Following a background to three key reports released in Québec in 2020, recommending that greater effort be made to prevent FV and domestic homicides, we describe in detail the impacts on the health of adults, children and adolescents. The final section includes a series of recommendations drawn from the three reports that, in our view, are particularly relevant to consideration of the physical and mental health consequences of FV for victims.

I - Background: Some Québec Policy Reports in 2020

In December 2020, three major documents dealing with FV were released in Québec: a complementary document to the Government Action Plan on Domestic Violence and two reports, one from the *Bureau du coroner* (coroner's office) and one from the Expert Committee on Support for Victims of Sexual Assault and Domestic Violence. Below is an overview of each.

The *Plan d'action spécifique pour prévenir les situations de violence conjugale à haut risque de dangerosité et accroître la sécurité des victimes 2020-2025* (Québec, Secrétariat à la condition féminine, 2020) complements the 2018-2023 Government Action Plan on Domestic Violence (Québec, Secrétariat à la condition féminine, 2018). It includes 56 new commitments to enhance the efforts made to date to counter this societal problem. In the wake of several domestic homicides in just a few months in fall 2019, the government wanted to introduce new initiatives to strengthen safety for FV victims, especially after a separation. With that in mind, the latest action plan (Québec, Secrétariat à la condition féminine, 2020) includes 14 new actions specifically designed to prevent situations presenting a high risk of danger (domestic homicide).

Along the same lines, the Domestic Violence Death Review Committee set up by the coroner's office released its first report, entitled *Agir ensemble pour sauver des vies* (Québec, Bureau du Coroner, 2020). The establishment of this multidisciplinary, intersectoral committee was provided for in the 2018-2023 government action plan. The committee was mandated to submit annual reports on the major risk factors to be considered in determining preventive actions based on in-depth analysis of family violence-related deaths. This is the committee's first annual report and it includes 28 recommendations built on two transversal issues: better risk assessment (awareness, training, information) and the need for communication and information sharing across areas of intervention, a need echoed in the research project to establish cross-sectoral communities of practice.

The second report, entitled *Rebâtir la confiance* (Corte et Desrosiers, 2020), was released by the Expert Committee on Support for Victims of Sexual Assault and Domestic Violence. Created in the wake of the #MeToo movement, the committee undertook its mandate in spring 2019. It found that victims of sexual assault and FV rarely turn to the justice system for help because it does not properly address their needs. The goal was therefore to articulate the will not only to provide sexual assault and FV victims with better assistance in navigating the justice system, but also to make meaningful changes to address these types of violence both within and outside the justice system. The report makes 190 recommendations for improving psychosocial and legal support for victims as well as access to justice, more specifically by refocusing victims' services on victims. Note that sexual assault and FV victims were directly consulted and their views were taken into account to recognize their experience as a legitimate form of knowledge, something feminist groups have been calling for for a long time.

The aforementioned documents underscore the importance of increased communication and collaboration across fields of expertise in order to help victims of FV. All three of them were released at a critical time, in December 2020. The pandemic, which has been affecting our lives for over a year, has created fertile ground for the emergence or increase in FV in Québec and Canadian homes (Women's Shelters Canada, 2020; Conseil du statut de la femme, 2020).

The WHO stresses that women continue to be the primary victims of FV and that violence against women tends to increase during every type of emergency, including epidemics (WHO, 2020). Between April 1 and

May 4, 2020, there were nine femicides in Canada, compared to five over the same period in 2019 (Conseil du statut de la femme, 2020). Moreover, a Statistics Canada survey showed that one in ten women were very concerned about family violence during the lockdown. The Québec City police department reported a 33% increase in FV-related calls in May 2020 (Conseil du statut de la femme, 2020). Québec has seen ten femicides since the beginning of 2021 (Radio-Canada, 2021). Managing the situation is further complicated by the fact that there are not always enough resources to handle the increased number of victims (Conseil du statut de la femme, 2020).

The fact that management is harder and more complicated in the context of a pandemic further underscores the pressing need to understand the mental and physical health impacts of FV in order to take effective preventive action. The following section demonstrates the effects of FV on survivors' social functioning and mental and physical health.

II - Effects of FV on the Physical and Mental Health and Social Functioning of Victims

Research has established a strong association between trauma, violence (including FV) and mental health. People reporting a history of childhood physical abuse have significantly higher rates of anxiety disorders, alcohol dependence and antisocial behaviour and are more likely to have one or more disorders than are those without such a history (Canadian Women's Health Network, 2009). In addition to the impact on victims' physical integrity, FV results in disruptions to their daily lives (such as absence from work, trouble studying or working) and emotional turmoil (such as anger, disappointment, depression, fear, "being in shock"). These can lead to residential instability and financial difficulties that directly or indirectly affect women's health. The following sections discuss how FV affects women, adolescents and children. These findings alone testify to the importance of FV prevention to enhance the health and well-being of the population (Laforest et al., 2018).

2.1 Consequences of Family Violence against Women and Adolescents

2.1.1 Statistics

Since 2014, 40% of female victims of physical or sexual FV in Canada have reported being physically injured by the perpetrator. This is similar to the proportion seen in other countries, where 42% of female victims of FV sustained bodily harm (Laforest et Gagné, 2018). In Québec, there were 19,406 victims of FV-related crimes against the person in 2015. Of that number, 15,131 victims were female (78%) and 4,275 were male (22%) (Ministère de la Sécurité publique, 2017). Vulnerability factors include women's greater likelihood of exposure to assaultive violence, societal influences and gendered meanings ascribed to traumatic experiences (Canadian Women's Health Network, 2009).

2.1.2 Physical and Psychological Consequences

The primary consequences include:

- Head, neck and facial injuries, which are the most common, followed by musculoskeletal and genital injuries (Laforest et Gagné, 2018).

- Chronic health problems often concomitant with behaviours that present a health risk (alcohol abuse, tobacco use, risky sexual behaviour) (WHO, 2013a).
- Mental health outcomes, such as sadness, fear and anxiety, which tend to result in lower self-esteem (Sinha, 2013). Depression, anxiety disorders, especially post-traumatic stress disorder, are among the most prevalent consequences of FV leading to longer-term problems (Wathen, 2012).
- Adverse effects on sexual, reproductive and perinatal health have also been reported. In Québec and Canada, over 10% of women experience FV during pregnancy or the perinatal period (Bisson and Lévesque, 2017).
- Use of medication: more than one-quarter of FV victims use medication to cope with depression, to calm them down or to help them sleep. This is significantly higher than the proportion of women who were not violently victimized (18%) (Statistics Canada, 2013).
- Women murdered by their current or former spouse (11 femicides) (Ministère de la Sécurité publique, 2016). More female spousal violence victims than male victims report not feeling safe and fearing for their or their children's lives (Hutchins, 2013).

The impacts of FV on women's health may persist even after the violence has ended (Dillon et al., 2013). Globally, FV is the third leading cause of lower life expectancy (Shield et Rehm, 2015).

Surveys also reveal a high prevalence of intimate partner violence among young people. Over one-quarter of Québec youth have experienced or inflicted violence in a romantic relationship (Hébert et al., 2018). Abuse in romantic relationships is associated with a host of physical and mental health outcomes in young people, including feelings of sadness, negative self-perception, psychological distress, signs of depression, suicidal thoughts and even suicide attempts, somatic consequences, eating disorders and alcohol and drug abuse (Hébert et al., 2018). In the next section, we look at the significant impacts on the health and well-being of children exposed to FV.

2.2 Consequences of Family Violence for Children

2.2.1 Statistics

Population-based studies conducted in Québec reveal that 27% of children are exposed to verbal, psychological or physical FV in a given year (Clément et al., 2013). That means that, on average, seven children in every class of 28 students are exposed to FV.

The 2012 edition of the survey of family violence in the lives of Québec children confirmed that the rate of exposure to verbal abuse far outstrips that of exposure to psychological or physical abuse. Roughly one in five children (19%) witness or are aware of one of their parents verbally insulting, ridiculing or humiliating the other parent at least once or twice a year, while nearly one in 15 children (6%) experience such situations three or more times a year (Clément et al., 2019).

Furthermore, the most common exposure (4.3% of children) is seeing or being aware of one parent throwing or breaking an object belonging to the other parent or punching a wall once or twice a year. Approximately 1% of children are exposed to physical abuse once or twice a year, in the form of one parent (or spouse) seriously threatening to inflict harm (1.1%) on the other parent (or spouse) or pushing or shoving them (1.3%) (Clément et al., 2019).

2.2.2 Consequences

Exposure to FV and traumas

Epidemiological studies provide evidence that, among people who were exposed to FV in childhood, the risk of developing post-traumatic stress disorders in adulthood is twice as high for women, who often present with typical signs of a condition known as complex post-traumatic stress disorder (Paquette et al., 2017). The more severe the maltreatment in childhood and the earlier and more often it occurs, and if it co-occurs with other forms of maltreatment, the greater and more irreversible the short- and long-term neurobiological impacts (Lessard, 2018). Mothers report that children and even one-year-old babies who have witnessed FV show symptoms associated with trauma (Akyazi et al., 2018). Note that exposure to conjugal or domestic violence is considered psychological ill-treatment under section 38 of Québec's *Youth Protection Act* (CQLR, chapter P-34.1).

Consequences on behaviour and mental and physical health

Studies prove that FV can generally lead to:

- risks of assault and battery: between 40% and 55% of children exposed to FV risk being direct victims (Lessard et al., 2019);
- lifestyle-related health risks (smoking, alcohol and drug use, risky sexual behaviour, etc.);
- mental health problems (anxiety, depression, suicide attempts, etc.);
- chronic disease (hypertension, cardiovascular disease, hepatitis, etc.);
- premature mortality (Laforest et al., 2018).

Furthermore, FV can severely poison a teenager's home life by causing a breakdown in the relationship with one or both parents, a sense of divided loyalty, parentification of the child, and family secrets that have to be borne (Khelfaoui et al., 2020).

Risks of modelling FV

In addition, several studies indicate that childhood witnesses of FV are at greater risk of experiencing violence in their own romantic relationships (Forke et al., 2018). In fact, the stress of living in a violent or abusive environment increases the risk of developing substance use or mental health problems, which in turn lead to greater risk of FV victimization (Mason & Du Mont, 2015).

2.3 The Need for an Appropriate Response

Considering that health services are sometimes the first place female victims of FV seek help, providing appropriate services is critical. For example, during the current pandemic, new measures have been introduced to come to the aid of women, including alert and help campaigns. The "Signal for Help" campaign established a simple one-handed sign a person can use during a video call to silently show they need help (Canadian Women's Foundation, 2020). Validated online resources are available to help health care providers increase their knowledge and comfort with identification and support for patients experiencing family violence intimate partner violence (Bradley et al., 2020).

Continuity and congruity in victim assistance services are impossible without a better understanding of the problems experienced and the available resources. Prevention and screening are vital to ensuring that a family situation does not deteriorate and lead to co-occurring problems (Lessard et al., 2020).

Following that brief review of the literature on the physical and, especially, mental health impacts of FV on women, adolescents and children, we will come back to the contextual reports discussed at the beginning of this brief. These timely reports contain numerous recommendations for better equipping health and social service professionals as well as practitioners from other sectors engaging with FV victims on a daily basis. The ultimate goal is to prevent FV along with its tragic and sometimes fatal consequences.

III - Enhanced Support for Survivors through FV and Homicide Risk Prevention

3.1 Providing Better Assistance to FV Victims

The report of the Expert Committee on Support for Victims of Sexual Assault and Domestic Violence (Corte et Desrosiers, 2020) identifies multiple avenues for providing better assistance to FV victims. It contains several recommendations, such as ensuring continuous psychosocial support and facilitating access to and integration of psychosocial and legal services. In the case of Indigenous victims of FV, assistance and support services need to reflect cultural values and take the social and historical distinctiveness of violence into account. In addition to being accessible, psychosocial, medical, police and legal resources also need to be more integrated so that survivors of FV do not have to take multiple steps to obtain the services they need or navigate through the judicial process. Providing victims with legal support is vital and entails a coordinated police and judicial response along with adequate training, with the ultimate goal of ensuring victims' safety at all times.

Overall, greater recognition of the consequences of FV is needed. FV is not always identified or disclosed, especially in family law proceedings, and is still often downplayed and treated as a separation-related dispute, thereby erasing control dynamics and victim safety issues. In addition, violent spouses continue to use parental alienation as a tactic to discredit accusations of violence or abuse (Lapierre et al., 2020). The *Civil Code of Québec* needs to be amended to ensure that FV is a factor of consideration when determining what is in a child's "best interest" in family law proceedings. Clear coherence in judicial decision-making (especially family, criminal and youth courts) is also needed. One way to facilitate this would be to establish a specialized sexual assaults and FV court, as recommended by Corte and Desrosiers (2020). Such a court would facilitate victim assistance and support, service integration, training of practitioners and judicial actors, police and prosecutor specialization, access to closed hearings and witness assistance measures, as well as coordination between authorities and shorter delays.

Moreover, the report's authors underline that providing enhanced support for sexual assault and FV victims hinges on providing training in key issues (such as myths and prejudices, the consequences of trauma, the unique context of Indigenous sexual assault and FV, the special needs of certain victim groups and victims' rights and recourses) to all practitioners and professionals working with survivors. Such training would help decompartmentalize the different areas of intervention and foster collaboration and a common understanding of problems. Targeted training is also recommended in fields of expertise that improve the quality of medical, psychosocial, judicial and legal services for victims. A noteworthy recommendation is the importance of providing victims with psychosocial and judicial guidance through all legal proceedings

and giving victim support organizations the funding they need to reduce waiting lists and enhance psychosocial/legal support services in Québec.

Over and above guidance and detection to support victims and alleviate the mental health impacts of FV, the most serious risk for victims lies in the extreme outcome of violence, namely, domestic homicide.

3.2 Domestic Homicide Prevention

The 2018-2023 Government Action Plan on Domestic Violence (Québec, Secrétariat à la condition féminine, 2018) stresses the importance of effective screening to ensure early identification and intervention in domestic violence by offering training sessions and appropriate support. Detecting the risk of spousal and intrafamilial/extrafamilial homicide is especially important and the issue of a provincial training session is raised. Practitioners in the health and social service network (CIUSSS and CISSS) can help identify potentially homicidal situations or clients at risk without being experts in FV.

The actions provided for in the *Plan d'action spécifique pour prévenir les situations de violence conjugale à haut risque de dangerosité et accroître la sécurité des victimes* (Québec, Secrétariat à la condition féminine, 2020) are grouped into four areas of focus to ensure comprehensive prevention. Focus 1, “prevention, awareness and information,” proposes to establish legal services related to custody rights in FV situations. Focus 2, “detection and psychosocial intervention,” recommends increased funding for shelters and consolidation of all measures in the 2018-2023 action plan. It is important that crisis units representing all bodies involved in a coordinated emergency clinical response assess homicide risks for people with high-risk behaviours. It is also important that practitioners from across various sectors (education, community organizations, etc.) be equipped to identify potentially dangerous situations. Focus 3, “police, judicial and correctional intervention,” includes actions to, among other things, provide essential tools for helping victims leave a violent environment and enhancing capacity for professionals to assess the risk of violent spouses reoffending. Focus 4, “sharing of expertise and knowledge development,” addresses, in particular, coordinated implementation of the Government Action Plan on Domestic Violence by the different bodies to better prevent situations at risk of FV.

3.3 Survey of Family Violence Deaths: Risk Factors

With a similar goal of concerted action to save lives, the report entitled *Agir ensemble pour sauver des vies* (Québec, Bureau du Coroner, 2020) reviews FV-related deaths and, more specifically, identifies the risk factors. The review committee established for that purpose examined ten incidents of FV, choosing the most comprehensive cases, including incidents prior to 2018. The key risk factors present in the incidents reviewed include a history of FV or past exposure to FV, family and economic status (in particular, recent separation, custody battles or a new partner), substance addiction and mental health issues (including drug or alcohol use and depression or other mental health problems) and, lastly, fear on the part of victims or family/friends.

The ten incidents reviewed demonstrate that there are many and varying opportunities to detect FV and that the signs need to be identified more than ever before. In nine of the ten incidents reviewed, the police were called on before the victim was killed. In eight cases, health and social services had previously dealt with either the victim or the perpetrator. Cases that fall through the cracks can prove fatal. The ten incidents of FV reviewed resulted in the murder of eight women, two men and six children. In four of the seven incidents in which a spouse or former spouse was killed, a child or two were also killed. An

examination of the ten FV-related deaths highlighted two transversal issues: the importance of properly assessing risks in all cases and the need for fluid information sharing between intervening sectors.

Three of the ten incidents reviewed occurred in Québec's Indigenous population. While the general characteristics of FV are similar, FV intervention in the Indigenous population must be deeply shaped and adapted to Indigenous culture and living environments.

Raising awareness across all sectors (police, justice—especially lawyers—health and social services, etc.) is vital to identifying and responding effectively to FV. In addition, the *Ministère de l'Immigration, de la Francisation et de l'Intégration* and the *Secrétariat aux affaires autochtones du Québec* must be given the means to work collaboratively with all of Québec's Indigenous nations. Prevention can further be achieved by raising awareness among students in fields engaging directly or indirectly with victims and by training health and social service professionals who interact, on a regular and meaningful basis, with people facing FV problems.

Conclusion

The extent and severity of the mental health impacts of FV on adults and children, extending all the way to domestic homicide, testify to the pressing need to establish effective screening and adequate training to improve identification of FV situations and ensure adequate and integrated support systems. The WHO (2013b) states the importance of screening for FV and training health care professionals in recognizing signs of post-traumatic stress disorder (PTSD) or depression that may be associated with FV. A strong alliance between survivors and their advocate empowers survivors and mitigates the mental health effects of FV (Goodman et al., 2016). More specifically, early screening for a history of childhood maltreatment and FV experienced as an adult are recommended. Similarly, the results regarding accessibility and effectiveness of treatment programs are worrisome, as victims present with mental health problems years after experiencing the violence. Treatment programs should encompass all forms of violence, since the impacts may be attributable to exposure to more than one form (Paquette et al., 2017).

Coordinated action and communication among resources is also important in preventing, identifying and responding more effectively to FV. Siloed service delivery is to be avoided. Appointing an FV navigator in each area of practice (youth protection, front-line child-family-youth, mental health and addiction services) would ensure effective and coordinated action between sectors and with community resources (Lessard et al., 2020). Supporting survivors is vital and needs to be the responsibility of every profession working in the area and keeping alive the energy, enthusiasm and commitment to stop FV (Humphreys, 2008).

In light of the significant consequences of FV, the establishment of a community of practice under the "Supporting the Health of Survivors of Family Violence in Family Law Proceedings" project addresses the pressing need for cross-sectoral collaboration and communication. By mobilizing knowledge and sharing expertise and best practice, the project will contribute to the goal of developing tools, disseminating information and reflecting together to improve FV prevention.

To learn more about the *Supporting the Health and Well-Being of Survivors of Family Violence in Family Law Proceedings* project, go to: <https://alliancevaw.ca> or our partnered research centres:

The Centre for Research & Education on Violence Against Women & Children



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