

Understanding Violence Against Women In Relationships
From Multiple Perspectives



Understanding Violence against Women in Relationships From Multiple Perspectives

**By The Network to Eliminate Violence in Relationships (NEVR)
www.kpu.ca/NEVR**

**Balbir Gurm, Gary Thandi, Sheila Early,
Maryam Majedi, Priyal Menon, Manraj Cheema
and KPU Nursing Students**

Kwantlen Polytechnic University

December 6, 2013



EXECUTIVE SUMMARY

The Network to Eliminate Violence in Relationship (NEVR)’s mission is “to work toward reducing and eliminating violence in relationships in Surrey/North Delta/White Rock, British Columbia through coordinated, open and seamless service delivery, collaboration, sharing of resources among service providers, community leaders, educators and government bodies.” **Understanding Violence against Women in Relationships from Multiple Perspectives**, is one of the initiatives undertaken in order to meet the community’s demand for greater coordination and integration of services. We felt such research could strengthen the initiatives that NEVR members were already undertaking, as well as inform future projects and programs.

This research report presents the perspectives of various community members – including those tasked with the prevention and intervention of violence in relationships, such as police, criminal justice system personnel, service providers, educators and medical services personnel, as well as the clients of programs and services – the perpetrators of violence in relationships as well as the victims/survivors. While respondents observed certain aspects/experiences of criminal justice, social services and medical services systems that were strong and well-coordinated, they noted other experiences that were less positive, and suggested ways that these systems could be improved.

The report findings conclude with concrete recommendations that could address the concerns noted by research participants – these recommendations simultaneously meet NEVR’s mission towards services that are much more interconnected.

These recommendations are:

- The need for an increase in non-profit funding in order to facilitate new programs / expand current ones. This would include increased funding for victims’ services programs (support and counseling) and children who witness abuse, and developing programs for perpetrators of violence (in particular, programs available to men who are not charged)
- Increased training opportunities
- Reducing wait lists and response times for those in need of services
- Improve the existing screening tools for assessment and education for front line staff (community service and health workers)
- Where appropriate, provision of holistic family treatment
- Provision of culturally-responsive training to meet the needs of Surrey’s diverse communities
- Increasing collaboration with community agencies with respect to information sharing and resource links
- The establishment of a dedicated judicial system which would effectively shorten the duration of court processes
- The development of a community conflict resolution system for individuals in the community who do not want to or cannot report the violence
- The implementation of a central resource centre or database which would act as a guiding map for the community to provide information about the community resources and systems in place and how to access them

Understanding Violence against Women in Relationships From Multiple Perspectives



- Using social media avenues to educate communities about the issue of violence against women in relationships and its prevalence in the community
- Organizing networking workshops and sessions where service providers can gain information about available resources

NEVR, and the community organizations and citizens that make up its membership, are committed to seeing the above goals being met, so that we can meet our goal of ensuring a community that is free of all forms of violence.

To learn more about NEVR, please visit our website at www.kwantlen.ca/NEVR and/or contact one of the principal researchers listed below.

Dr. Balbir Gurm, Nursing Faculty, Kwantlen Polytechnic University
Balbir.Gurm@kpu.ca

Gary Thandi, Executive Director, Genesis Family Empowerment Society
genesisfamilyempowerment@gmail.com

Table of Contents

| | Page |
|-------------------------------------|------|
| Executive Summary | 1 |
| Introduction | 5 |
| Literature Review | 8 |
| Methodology | 12 |
| Emerging Themes in Research Results | 15 |
| Offenders | 15 |
| Victims | 16 |
| Health Care Providers | 17 |
| Community Service Workers | 18 |
| Police Services | 19 |
| Crown Counsel | 20 |
| Recommendations | 21 |
| References | 24 |

Introduction

Violence in relationships is a concern that transcends geographical borders and markers of time. For the purpose of this report, violence in relationships refers to any form of physical, sexual, emotional, and financial abuse or violence perpetuated against females within a relationship (Statistics Canada, 2011). Approximately 25% of Canadian women may experience physical or sexual abuse in an intimate relationship over their lifetime (Ahmad, Driver, McNally & Stewart, 2009). Women are three times more likely to fear for their lives and twice as likely to be targets of more than 10 violent incidences. Furthermore, they may also be sexually assaulted by their intimate partners and the violence often increases in frequency and/or severity after they separate from their partner – in comparison, male victims did not experience such forms of victimization (Johnson, 2005). Violence in relationships not only results in physical harm, but it “also undermines the social, economic, psychological, spiritual and emotional well-being of the victim, the perpetrator and the society as a whole” (Kaur & Garg, 2008, p. 74).

The ways in which women experience violence, the options open to them in dealing with that violence and the extent to which they have access to services to help them are all profoundly shaped by the intersection of gender with other dimensions, such as ‘race,’ ethnicity, class, ‘culture’ and nationality. Intersectionality therefore has much to offer in exposing women’s diverse experiences of violence and their different needs in response to it, and can inform the development of policy and service delivery so that they are better targeted to meet those needs (Thiara & Gill, 2010, p.42)

The critical relevance of this issue mandates that theoretical research be performed on violence in relationships and that the knowledge acquired through scholarly research be applied pragmatically in active prevention and intervention initiatives. It is imperative, therefore, to understand how such violence impacts the lived experiences of domestic violence victims, domestic violence offenders, health care service providers, community service providers, and the members of the judicial system in efforts to merge current research with front-line prevention and intervention.

This research was undertaken by members of the Network to Eliminate Violence in Relationships (NEVR). NEVR is physically located in Surrey, British Columbia, and is composed of more than thirty different organizations, and community members and leaders, that work collaboratively to fight violence in relationships. The purpose of NEVR is “to work toward reducing and eliminating violence in relationships in Surrey/North Delta/White Rock, British Columbia through coordinated, open and seamless service delivery, collaboration, sharing of resources among service providers, community leaders, educators and government bodies.” (NEVR website, 2013).

The primary goals of the research were to gather data to provide an accurate picture of the current services in place for people affected by relationship violence within the target (Surrey and surrounding communities) area; identifying the gaps that exist within current services; and making recommendations based on findings. Such goals are in line with NEVR’s vision

the coming together of a diverse team which will lead initiatives to: intervene, reduce and ultimately eliminate the incidence of violence in relationships and shift societal norms that condone its prevalence by creating awareness of and preventing relationship violence through education; having a community where public/private violence is not tolerated nor

accepted; and having a system that provides coordinated support to victims/offenders in a timely manner to mitigate the impacts of violence (NEVR website, 2013).

The research project conducted by the NEVR team adopts a critical focus on the social issue of violence against women in relationships through the exploration and thematic interpretation of the lived experiences of victims, offenders, and stakeholders in the community such as health care professionals, members of the justice system, and community service providers. The goal of the project was to gain a deeper, more holistic understanding of the abuse/violence cycle for women in relationships, from multiple perspectives to inform and improve the lives of those affected by violence in relationships. The long-term plan of the social activists involved in this project is to collectively gather and disseminate the necessary information within the communities of Surrey, North Delta, and White Rock in British Columbia to allow for constructive growth towards a more efficiently functioning integrated system that serves all individuals who are impacted by violence in relationships – including the victims, their children and the perpetrator. In addition to this external team, an internal team of fourth-year nursing students from the Bachelor of Science in Nursing (BSN) Program and the Post Bachelor's

Coordinated community responses assume that each part of the community network of interventions contributes something to the reduction of violence; the coordination of activities enhances the efficacy of the separate parts; and that the combined effects of coordinated community responses are greater than the individual effects of their parts (Aldarando & Fernandez, 2008)

Degree Program at Kwantlen Polytechnic University (Surrey Campus) were actively involved in collecting literature, interviewing research participants, taking notes, and analyzing data.

Literature Review

The immediate effects of intimate partner violence or domestic abuse on the victim include physical injury, disability, death, missing days from work or school or any other community-engagement commitments, and mental and emotional repercussions such as post-traumatic stress disorder (PTSD), anxiety, being fearful, worried about safety, depression, and suicidal tendencies (Black et al., 2011). The other consequences of domestic abuse that lead to long-term effects for women include medical problems such as sexually transmitted diseases, gynecological or pregnancy complications, gastrointestinal disorders, pelvic inflammatory disease, chronic pain, neurologic disorders, migraine headaches, and chronic mental health disorders such as depression, anxiety disorders, post-traumatic stress disorder, substance abuse, and suicidal ideation. There are also health risks related to pregnancy that are associated with domestic abuse. There is a correlation between women who have experienced intimate partner violence and experiences of preterm birth, low birth weight, and decreased gestational age. Young adolescent girls and women who have experienced either physical or sexual domestic abuse may experience low self-esteem, teen pregnancy, eating disorders, obesity, alcohol and drug abuse, depression, anxiety, and risky sexualized behavior (Moyer, 2013). The possible spectrum of health consequences for women who have experienced domestic abuse is quite broad and significant for domestic abuse against women to be considered a major public health problem. NEVR partners, the Surrey RCMP advise that 1/3 of the calls they receive in the area are related to violence in relationships and the Ministry of Children and Families report about

Understanding Violence against Women in Relationships From Multiple Perspectives



80% of their workload is related to violence in relationships. This makes VIR a public safety issue as well.

Data gathered from over 24,000 women in ten countries (Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania), indicated that 23% to 49% of women in those nations had experienced violence in their relationships. There was a broader range of lifetime prevalence for sexual violence (10 to 50%) perpetrated against the women by their intimate partners while 20% to 75% of women surveyed had experienced at least one or several forms of emotional abuse within the past twelve months of the study (García-Moreno, Jansen, Ellsberg, Heise & Watts, 2005). According to a National Intimate Partner and Sexual Violence Survey conducted in 2010 in the United States, 35.6% of the female population have experienced physical violence, sexual violence, and/or stalking by an intimate partner in their lifetime (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011).

Each year in Canada, the national arrests that result from domestic violence is roughly more than 40,000, which equates to nearly 12% of all violent crime reported annually. This statistic, however, is an underestimation of the actual cases of domestic violence that occur in a year because only 22% of all domestic violence incidents are reported to the police (Canadian Women's Foundation, 2012). The Surrey Women's Centre's annual report published in 2011 analyzed the most recent victimization studies in Canada and argued that each year approximately 653,000 women are victims of domestic violence. Rossiter (2011) compared the rate of domestic and family-related homicide occurring in British Columbia (BC) with the rest of the country and found these rates to be comparably lower than the rate for the Prairie Provinces and territories, but still ranked higher than the Canadian average.

Of course there are other victims in cases of violence against women in relationships. Children can witness abuse in several different ways: they may be present in the same room when their mother is abused, they may not be in the same room but are in the home and are aware of what is taking place, or they may be present and caught directly in-between.

Domestic violence hurts the whole family. It causes pain and suffering to the victim. It also hurts the perpetrator of the violence by creating distance between him and his family by destroying any possibility of close comforting relationships. However, most of all, domestic violence hurts the children by taking away a sense of safety and security that children need while growing up
(Ayyub, 2000, p.247)

Children who are exposed to their father abuse their mother are at greater risk for: bullying classmates, depression, drug abuse, committing criminal acts, becoming abusers later in life and suicide (Ayyub, 2000; Kaur &Garg, 2008; Uppal, 2005).

In a report released by The Family Violence Prevention Fund in 2004, it was predicted that of the 3.3 to 10 million children who witness abuse each year, the majority of them will not only become victims and abusers, but will suffer significant health issues in their adult life as well (Biresch, 2011).

Surrey and surrounding communities are amongst the most culturally diverse regions of the country. The city is home to a large number of immigrant and refugee populations. A 1999 survey on Canadian women's experience of intimate partner violence was reviewed by

researchers and they concluded that immigrant women from developing countries had experienced the highest levels of intimate partner violence. However, it was determined that the 1999 survey had taken subgroups of women and aggregated them together, the survey was conducted in two languages only (English and French), and additionally the perpetrators' cultural background was not identified, therefore drawing conclusions from the data has been questioned (Simbandumwe et al., 2008; Smith, 2005). In their study, Anderson & Avilles (2006) found that providing culturally appropriate information and support would assist all women, regardless of their race or ethnicity, to disclose domestic violence and ultimately seek out and obtain services that will assist them in leaving the abusive situation, and thus be less likely to return to their abuser.

The emphasis on collaboration and cross-sector coordination addresses the widespread concern that immigrant, refugee and non-status women experiencing violence also face specific needs stemming from immigration and their status in Canada. Since multiple factors, in combination, increase the vulnerability of immigrant and refugee women, multiple policy efforts, in combination, can increase the safety of women regardless of their status in Canada (Han, 2009, p. 9).

Methodology

The qualitative method of inquiry was utilized in this study; it takes a holistic approach to research and attempts to broaden understanding of the phenomenon being observed and described. Further, this approach is “intended to generate theoretically rich observations that are not easily reduced to numbers” (Rubin & Babbie, 2008, p. 62). The overall purpose of the research project was to gather qualitative data that would allow the NEVR team, community stakeholders, service providers, victims, offenders, and the general public to analyze the scope, causes, and definitions of violence against women in relationships from multiple standpoints. Simultaneously, the goal was to gain a better understanding of the effectiveness and the efficiency of the current system of resources and services available for individuals affected by the cycle of female domestic abuse within the community of Surrey and surrounding areas and make recommendations to address any gaps identified.

Six cohorts of participants were interviewed according to a semi-structured interview format along with demographic questionnaires. The six cohorts included 14 male offenders, 10 female victims, 10 healthcare service providers, 17 community service providers, six police unit representatives, and four members of the crown counsel. Interviews for the cohorts of health care service providers, community service providers and members of the legal and judicial systems were structured around determining what they believed they did well in their jobs, what they or their organizations could do better, and what they would do if they had increased or even unlimited resources. The participant pool was built through recruitment from various community and service organizations, who also promoted the research project through recruitment posters.

Women who were victims of domestic abuse and offenders were recruited only through a self-referral process via the posters.

All the female victims identified themselves as married, separated, divorced, or single at the time of the interview. Fifty percent of these women also self-identified as a visible minority individual. All the male offenders either identified themselves as married or separated at the time of the interview, and fifty percent of them stated that this was their first offense. The ten healthcare service providers included social workers, nurses, and doctors. Out of the ten health care service providers, nine were female and one was male; three had post-baccalaureate education and seven had undergraduate degrees only. Seven out of the ten health care professionals had undergone formal training for working with domestic abuse cases and clients. In the community service provider cohort, out of the seventeen interviewed, fifteen were female and two were male. The cohort comprised of managers, counselors, lawyers, team leaders, probation officers, and therapists. Eighty-seven percent of these individuals had received formal training in working with domestic abuse situations and clients. All of them had received university education and fifty-nine percent had received post-baccalaureate education. The majority resided in Surrey and seventy-nine percent of the community service providers self-identified as belonging to a visible minority. The six police unit representatives had received formal training in working with domestic abuse clients and cases. Out of the six police unit representatives, one was a domestic violence coordinator and five were police officers. The four legal participants included three crown councils and one retired judge; two males and two females.

Common themes that emerged for each question's response on individual interviews were identified and recorded. A final thematic analysis of the total number of themes and the frequency with which they occurred for all the interviews was performed to arrive at a final summary compilation of reoccurring themes for the entire set of interviews.

This qualitative research analysis can complement the statistical and quantitative research studies performed in the subject area of female domestic abuse and allow for a deeper understanding of the various dynamic variables that interact to form the experience of violence against women in relationships in varying contextual and social settings as informed by multiple viewpoints. The resulting knowledge can enhance the evaluative criteria for revision of existing programs and services for those affected by violence against women in relationships, and facilitate program development and implementation plans in community organizations.

Increasingly, research indicates that a coordinated community response that includes the criminal justice system as well as services for offenders and victims, is the most effective approach to reducing recidivism (Light et al., 2008, p. 21)

Emerging Themes in Research Results

After the interviews were conducted, thematic analysis and demographic data tabulation was performed, and as a result central themes emerged. These themes were extracted from the overarching similarities in responses from each cohort of participants.

Offenders

Within the category of responses from the interviewed offenders the prominent themes that were identified were that offenders felt that they were assumed guilty by the police authorities before they had a chance to convey their complete account of the experience; they appreciated the organized structure of the court systems; and the majority voiced a lack of joint programs involving the offender and the victim (i.e. couple's therapy or groups) and for those individuals who weren't charged (programs for men who want to get help on their own). Offenders also stated that they believed the availability of relationship programs (i.e. learning about ways to communicate better, anger management skills related to relationships, etc.) could have significantly contributed to the prevention of violence.

It should be in the school curriculum. Bullying, stress relief, anger management and healthy relationships should all be included in school courses.

Victims

The salient themes that were extracted from the responses from the interviewed female victims included the majority felt isolated during the experiences of the violence; for the majority the experience of abuse had started at a very young age and as a result they perceived it to be normal; victims were often not aware of their rights, and unaware of resources in the community; and most indicated that they did not report the abuse themselves (that other family members, friends, neighbours, landlords or tenants had reported it).

The mental abuse started within a year but I didn't realize it. The physical abuse didn't start until I was pregnant ... I had no 'wake-up' moment ... I had been brainwashed and I didn't have the self-esteem to stand on my own

Health Care Providers

For the cohort of interviewed health care providers, themes that surfaced in their collective responses included the observation that the biggest challenge for them was to connect with those individuals and patients who did not visit hospitals, health care programs, or other health care facilities; and they felt a strong need for more educational programs and resources to be developed and implemented for the community. While many of these health care providers worked in the emergency room or other front-line type of work and believed they were good at linking victims with appropriate resources and organizations to match their respective needs, they expressed a desire to have a decreased patient load in order to be able to follow through on a long-term basis with victims and their respective families. Finally these interview participants noted that not all health care service providers screen for domestic abuse and violence.

We only can treat what's in front of us. Unless it's a physical injury that is not explained otherwise, or if there's a huge trigger, staff don't have time. Healthcare often puts on Band-Aids, we're overloaded.

Community Service Workers

The themes that were derived from the interviews performed with community service providers included that these professionals felt that the two main challenges for a smoothly integrated and efficient system was a considerable lack of awareness on part of community members and community agencies as to what resources are available, and lengthy procedures such as waitlists for services and long-lasting court processes. The community service providers also believed strongly that they performed well when empowering clients and providing referrals.

Alberta has a designated social worker for domestic violence court and the judges there were very involved and domestic violence is taken very seriously. Here in BC we need more services, resources, support, for women and kids.

Police Services

A theme identified in the responses with police unit representatives were that police responded to all domestic violence calls and used their judgment to implement the best course of action, though challenges in legally meeting the needs of those involved in the violence cycle were cultural barriers – that victims from ethno-cultural communities were often hesitant to proceed with charges or even to cooperate with police. Many felt that greater education and engagement with ethno-cultural communities could alleviate some of these difficulties.

I know I can make a difference. I touch base with the victim so she trusts me and doesn't see me as the bad guy. It's good to see the woman doing better. Their happiness is number one

Crown Counsel

Some of the themes extracted from the interviews conducted with members of the judicial system were beliefs that they did not have adequate time to spend with clients; and that there was a lack of resources and programs in place for individuals such as the offenders and the children who have witnessed the domestic abuse. Another key theme was that legal members believed they performed an essential and effective role in helping clients understand the judicial system.

I try to understand the mind of a victim. Understanding the family pressure and other social pressures. I try to get them on board, try to help them feel involved. That the victim feels like an active participant in the file.

Recommendations

The recurrent themes within the interviews point to various steps that can be taken in order to achieve an integrated, smooth, and efficient system that best serves the needs of those involved in the domestic abuse cycle. Key recommendations that arose from this research project include:

- The need for an increase in non-profit funding in order to facilitate new programs / expand current ones. This would include increased funding for victims' services programs (support and counselling) and children who witness abuse, and developing programs for perpetrators of violence (in particular, programs available to men who are not charged)

I never learned any of this in university. And I have yet to hire someone straight out of school with adequate knowledge of relationship violence. It would be great to see this training as part of an educational stream. –
Community Service Worker

- Increased training opportunities
- Reducing wait lists and response times for those in need of services
- Improve the existing screening tools for assessment and education for front line staff (community service and health workers)

Family physicians are in a unique position to inquire about abuse because of their focus on comprehensive care, health promotion, and early detection, and the ongoing nature of physician-patient relationships. These factors make family practice an appropriate setting for inquiring about and addressing abuse (Ahmad et al., 2007, p. 462).

- Where appropriate, provision of holistic family treatment
- Provision of culturally-responsive training to meet the needs of Surrey's diverse communities
- Increasing collaboration with community agencies with respect to information sharing and resource links

A coordinated inter-sectoral approach requires that one agency lead the planning, not only to work directly with the mother and children but also to advise and update other social service providers, to identify the role of each agency, and to inform individuals of developments in the case and adjustments to the plan as circumstances change or the risk level shifts (Turpel-Lafond, 2009, p. 52).

In addition to the above steps, more transformative changes within the community would also need to happen. These include the establishment of a dedicated judicial system which would effectively shorten the duration of court processes; the development of a community conflict resolution system for individuals in the community who do not want to or cannot report the violence; the implementation of a central resource centre or database which would act as a guiding map for the community to provide information about the community resources and systems in place and how to access them; using social media avenues to educate communities about the issue of violence against women in relationships and its prevalence in the community; and organizing networking workshops and sessions where service providers can gain information about available resources.

It is important for the message to be conveyed by influential people in the community: the religious leaders, community leaders, local councilors, and influential business people. They are key players who have a duty to start up the debate: talking about domestic abuse, acknowledging that it is taking place in the community, and supporting abused women who need help (Izzidien, 2008, p. 79).

References

- Ahmad, F., Driver, N., McNally, M.J. and Stewart, D.E. (2009). “Why doesn't she seek help for partner abuse?” An exploratory study with South Asian immigrant women. *Social Science & Medicine*, 69(4), 613-622.
- Ahmad, F., Hogg-Johnson, S., Stewart, D., & Levinson, W. (2007). Violence involving intimate partners. *Canadian Family Physician*, 53, 461–468.
- Anderson, T., & Aviles, A. (2006). Diverse faces of domestic violence. *ABNF Journal*, 17(4), 129-132.
- Ayyub, R. (2000). Domestic violence in the South Asian Muslim immigrant population in the United States. *Journal of Social Distress & the Homeless*, 9(3), 237-248.
- Biresch, J. (2011). Assessing domestic violence in the healthcare setting: article one in a five-part series on DV. *Pennsylvania Nurse*, 66(2), 6-10.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., and Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS):2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Canadian Women's Foundation. (2012). Fact sheet: Moving women out of violence. Retrieved from <http://www.canadianwomen.org/facts-about-violence>.
- Day, T. (1995). *Health-Related Costs of Violence against Women in Canada: The Tip of the Iceberg*. Centre for Research on Violence against Women and Children. Retrieved from <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=163639>.
- García-Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L., and Watts, C. (2005). *WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization.
- Han, J. (2009). Safety for immigrant, refugee and non-status women: A literature review. Vancouver, BC: EVA BC.
- Izzidien, S. (2008). “I can't tell people what is happening at home”: Domestic abuse within South Asian communities: The specific needs of women, children and young people. *NSPCC Inform: The online child protection resource*. London: NSPCC. Retrieved from http://www.nspcc.org.uk/inform/research/findings/icanttell_wda57838.html

- Johnson, H. (2005). Assessing the prevalence of violence against women in Canada. *Statistical Journal of the UN Economic Commission for Europe*, 22(3), 225-238.
- Kaur, R. and Garg, S. 2008. Addressing domestic violence against women: An unfinished agenda. *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine* 33(2): 73-76.
- Light, L. (2012). *Violence against women and their children in BC: 33 years of recommendations*. Ending Violence Association of BC. Retrieved from http://www.endingviolence.org/files/uploads/33_Years_of_VAW_Recs_Updated_November_2012.pdf.
- Light, L., Ruebsaat, G., Turner, D., Novakowski, M., & Walsh, W. (2008). Keeping women safe: Eight critical components of an effective justice response to domestic violence. Retrieved from: endingviolence.org/files/uploads/KeepingWomenSafeExec0416.pdf
- Moyer, V.A. (2013). Screening for intimate partner violence and abuse of elderly and vulnerable adults: A U.S. preventive services task force recommendation statement. *Annals of internal medicine*. Retrieved from: <http://annals.org/> on 04/13/2013.
- Network to Eliminate Violence in Relationships. (2013). *Network to Eliminate Violence in Relationships: Mission*. Retrieved from kwantlen.ca/NEVR.
- Rossiter, K.R. (2011). Domestic violence prevention and reduction in British Columbia (2000-2010). New Westminster, British Columbia: The Justice Institute of British Columbia.
- Rubin, A. and Babbie, E. (2005). *Research methods for social work*. Belmont, CA: Thomson Brooks/Cole.
- Simbandumwe, L., Bailey, K., Denetto, S., Migliardi, P., Bacon, B. and Nighswander, M. (2008). Family violence prevention programs in immigrant communities: Perspectives of immigrant men. *Journal of Community Psychology* 36(7): 899-914.
- Schwartz, C. (2013). Promoting healthy dating relationships. *Children's mental health research quarterly* 7 (1), 1-15.
- Smith, A. (2005). Looking to the future: Domestic violence, women of color, the state, and social change. In N. Sokoloff & C. Pratt (Eds.), *Domestic violence at the margins: Readings on race, class, gender, and culture* (pp. 416-434). New Brunswick, NJ: Rutgers University Press.
- Statistics Canada. (2011). *Family violence in Canada: A statistical profile*. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/110127/dq110127a-eng.htm>

Surrey Women's Centre. (2011). *Honouring Maria: 2010-2011 annual report*. Surrey, British Columbia: Surrey Women's Centre.

Thiara, R. and Gill, A. (2010). Understanding violence against South Asian women: What it means for practice. In *Violence against Women in South Asian Communities: Issues For Policy and Practice*, ed. R. Thiara and A. Gill: 29-54. London: Jessica Kingsley Publishers.

Turpel-Lafond, M. E. (2009). *Honouring Christian Lee: No private matter: Protecting children living with domestic violence*. Victoria, BC: Government of British Columbia.

Uppal, Shaminder. 2005. *An analysis of domestic violence in South Asian families: The statutory and voluntary response*. Surrey, England: SCA (Education) in collaboration with the University of Warwick School of Health and Social Studies.