

**Keeping Women Safe? Assessing the Impact of Risk Discourse
on the Societal Response to Intimate Partner Violence**

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Abstract

Emerging in the 1970s, the Violence Against Women Movement worked to increase awareness around the issue of intimate partner violence, enhance women's safety, and lobby the welfare state for increased protections for survivors. The movement espoused a decidedly women-centred approach which emphasized grassroots knowledge, experiential perspectives, and consciousness-raising initiatives. The advent of neo-liberalism and its accompanying risk discourse from the 1980s onward challenged the gains of the Violence Against Women Movement. With this new political rationality came an emphasis on individualism, a heightened presence of standardization and professionalization, and funding cuts for social programs. At the same time, risk-based approaches became the predominant mechanism for responding to social issues, including intimate partner violence.

Drawing on a sample of 45 interviews with police officers, Crown Prosecutors, shelter staff, and victim services workers conducted as part of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVIP), this study uses a feminist intersectionality lens and thematic network analysis to examine the shift in service provision responses to intimate partner violence with an eye to determining whether the transition from social welfare to neo-liberalism and risk discourse has been to the benefit or detriment of survivors. Specifically, this study asks: What is the impact of the advent of risk discourse on the original goals of the Violence Against Women Movement in relation to addressing intimate partner violence? More specifically, it inquires: How does the shift to risk discourse play out 'on the ground' for practitioners and criminal justice personnel responding to intimate partner violence? What are the implications for women whose partners are violent toward them?

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The results of this study suggest that neo-liberalism and the accompanying risk discourse have overtaken the goals of the Violence Against Women Movement. Consequently, the current risk-based framework for addressing intimate partner violence has created conditions that put women (and their children) at greater risk of harm.

Keywords: Violence Against Women Movement, intimate partner violence, intersectionality, neo-liberalism, risk discourse

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Dedication

This thesis is dedicated to the loving memory of my Grandpa Emile Tessier, a man who taught me the value of hard work, the importance of integrity, and the power of laughter. Thank you for always encouraging me to do my best and supporting my dreams.

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Introduction

Intimate partner violence refers to any form of physical, sexual, psychological, emotional, financial, and/or spiritual abuse perpetrated by one partner over another to exert power and control (Walker, 1979). In extreme cases, the violence escalates to the point of a domestic homicide where the abuser kills a current or former partner, their children, and/or other involved third parties (Campbell et al., 2003). Intimate partner violence is a serious social issue that impacts individuals from an array of diverse backgrounds pertaining to their race, class, gender, and sexual orientation. However, women are disproportionately victimized within the context of intimate relationships, making intimate partner violence a gendered social issue. On both national and international levels, intimate partner violence has been identified as one of the most common manifestations of gender-based violence (Johnson & Dawson, 2011).

In 2019, approximately 107,810 people reported an incident of intimate partner violence to police in Canada, a number that represented nearly one-third (30%) of all police-reported violent crime in the country during that year (Conroy, 2021). Intimate partner violence was the most common form of violence experienced by Canadian women in 2019, accounting for 45% of all violent incidents experienced by female victims (Conroy, 2021). These data, however, provide only an estimate of the prevalence of intimate partner violence in the country because many survivors do not report their experiences to police. Homicide statistics offer an indication of the severity of this gendered violence. Domestic homicides account for a significant proportion of homicides worldwide; in Canada, domestic homicides account for one-fifth (20%) of all homicides in the country. Between 2010 and 2015, there were a total of 476 domestic homicides in Canada with 76% of victims being female (Dawson et al., 2018)—a rate 4.5 times higher than men (Statistics Canada, 2015).

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Amy's Story

Statistics documenting the nature and extent of intimate partner violence paint a rather detached and sterile picture. Although important to a comprehensive understanding of intimate partner violence, they do not capture the lived experiences of women. For five years, I worked as a domestic violence victim services worker and a domestic violence crisis counsellor in an urban centre in Western Canada. During this time, I worked with thousands of women, men, and children who were experiencing intimate partner and/or family violence. Through this work, I had the opportunity to meet a woman I will call Amy. Her story was not unlike those of many other women whose partners are violent.

Amy was a vibrant young woman with a passion for helping others. Less than a year before I met her, she had entered into a relationship that soon became violent. The assaults by her boyfriend became increasingly severe, often requiring medical attention. Substance abuse was a major issue in the relationship. Amy's boyfriend would often use drugs and alcohol to control her, deepening her isolation from friends, family, and the community. Most often, the assaults would occur when they had been drinking together and the severity of the violence was more pronounced when alcohol was involved. Amy's children were apprehended from her care, which heightened her feelings of depression and helplessness. Despite interventions that involved crisis response, safety planning, guidance in navigating the criminal justice system, and emotional support, the violence eventually escalated to the point where Amy was murdered by her boyfriend.

I often think about what I could have done differently to help Amy. I think about how a different course of action may have changed things, may have kept her alive. I think about the broader societal responses to intimate partner violence and the ways the various involved

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systems, including police, courts, and child protective services, failed Amy. Amy's murder has motivated me to better understand societal responses to intimate partner violence and the ways they can be improved to better serve victims and survivors.

From Social Welfare to Neo-Liberalism: The Shifting Response to Intimate Partner Violence

The Violence Against Women Movement

Responses to intimate partner violence have changed over time. In the 1970s, violence against women came to be recognized as an important social issue due to the efforts of the Violence Against Women Movement, which was part of the second wave of feminism (Dobash & Dobash, 1979; Schechter, 1982). Feminists advocated for the issue to shift from a private trouble to a public issue worthy of state intervention. The welfare state that existed during this time provided support for the efforts of the Violence Against Women Movement, including financial resources to establish shelters and crisis lines, legislative changes to address violence against women, and the development of educational and programming initiatives (Morrow et al., 2004). The availability of democratic spaces was central to feminist efforts to rally against intimate partner violence and lobby the state for an enhanced response to the issue (Walby, 2011). A survivor-centred approach that emphasized women's perspectives and experiences was central to this initial response to violence against women. Service provision responses were focused on enhancing women's safety and emphasized empowerment, autonomy, and self-determination. With the emergence of the third wave of feminism in the 1980s, an intersectional lens came to guide this work by acknowledging the ways in which intersecting oppressions (race, class, gender) contoured experiences of violence against women (Crenshaw, 1991). The use of an intersectional framework led to the development of tailored and flexible service provision

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responses that considered the diversity of intimate partner violence experiences and the unique needs of survivors.

Neo-Liberalism and Risk Discourse

Beginning in the 1970s and advancing more significantly in the 1980s, the rise of globalization and the resulting economic restructuring initiated a shift from social welfare to neo-liberalism (Bashevkin, 2002; Bożyk, 2006; Brodie, 1995). The collectivist orientation of the welfare state was replaced with an individualistic and responsibility-driven one. A decreased commitment to the citizenry was obvious within the new neo-liberal rationality and the retraction of the welfare state resulted in significant funding cuts to housing, education, and social security programmes (Brodie, 1995; Rebeck, 2005). The advent of neo-liberalism challenged the gains that the Violence Against Women Movement had been making—the effects of which were most obvious in the funding cuts to intimate partner violence supports (e.g., shelters, crisis lines) and the elimination of state initiatives centred around the issue of violence against women (e.g., advocacy groups, educational programming). As a result, practitioners became limited in their capacity to support vulnerable populations, including intimate partner violence survivors.

Within the neo-liberal rationality, risk discourse has become a prominent framework for understanding social issues. In turn, this has resulted in a shift toward more positivistic, quantitative approaches to identify “risk” and manage social problems, including violence against women (Hoyle, 2008; Liebenberg et al., 2015; O’Malley, 1992). Risk-based mechanisms are favoured for their economic pragmatism, expediency, and ability to direct a specific course of action based on a score or number. Within the context of intimate partner violence, risk assessments are used to determine the possibility of future violence with an eye to preventing

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further incidents within the relationship (Campbell et al., 2016). The results of a risk assessment are intended to guide future interventions, including safety planning and risk management.

The move to neo-liberalism and risk discourse has been coupled with the heightened presence of standardization and professionalization. Standardization and professionalization originated within the context of capitalism as dual processes of bureaucratization. The advent of neo-liberalism and the accompanying risk discourse have intensified the effects of professionalization and standardization, effectively increasing their prominence in relation to social issues such as violence against women. Myriad policies, protocols, and processes regulate the work of the anti-violence sector, generating standard responses to intimate partner violence in the process. Professionalization is seen in instances where experiential staff have been replaced with those who have formal education and training and in practitioner deference to actuarial tools and assessments to understand and address intimate partner violence.

The Present Study

The shift from social welfare to neo-liberalism has transformed the ways in which the anti-violence sector understands intimate partner violence and responds to survivors. The purpose of this study, therefore, is to address this shift by asking: What is the impact of the advent of risk discourse on the original goals of the Violence Against Women Movement in relation to addressing intimate partner violence? More specifically, it asks: How does the shift to risk discourse play out ‘on the ground’ for practitioners and criminal justice personnel responding to intimate partner violence? What are the implications for women whose partners are violent toward them?

Chapter One describes the Violence Against Women Movement that emerged in the 1970s and the feminist approaches used to break the silence around intimate partner violence.

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The philosophy, guiding ideals, goals, and organizational considerations of the movement are detailed along with the strategies used to enhance women's safety (i.e., establishment of shelters and crisis lines). The role of the state is explored with a specific focus on state support in the 1980s, the criminal justice response to intimate partner violence, and the feminist debate surrounding engagement with the law.

Chapter Two details the shift from social welfare to neo-liberalism and the resulting outcomes, including an emphasis on individualism and responsabilization, a decreased commitment to the citizenry, the retrenchment of social welfare services (including funding cuts), and the withdrawal of social supports. The advent of neo-liberalism also impacted the Violence Against Women Movement through the de-gendering and depoliticizing of intimate partner violence, professionalization, and the shrinking of democratic spaces for feminist organizing. The discussion then shifts to examine the infiltration of risk discourse and its role in understanding and managing social problems. Within the context of intimate partner violence service provision, risk assessment has become the predominant mechanism for assessing the issue and directing service provision responses to the issue. Other elements of intimate partner violence service provisions—safety planning and risk management—are discussed in relation to the risk assessment process.

Chapter Three describes the qualitative methodology and methods used in the study. An in-depth analysis of a sub-sample of key informant interview data collected by the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVIP)—a national research study spanning from 2015-2020—was conducted to address the research questions. The narratives of 45 practitioners working in the criminal justice system (police officers, Crown Prosecutors) or providing supports to intimate partner violence survivors (shelter staff, victim

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services staff) were included in the analysis. Details regarding the ethics, sampling and recruitment, and consent processes are discussed as they relate to the broader CDHPVIP research project and the present study. The main theoretical framework—a feminist intersectionality perspective that is women-centred, understands violence as a gendered social issue, and recognizes women’s diversity along the axes of race/class/gender among others—is discussed. Thematic network analysis (Attride-Stirling, 2001) was used to examine current understandings of risk in the criminal justice system and social service delivery, and the ways in which risk discourse shaped the response to victims and survivors of intimate partner violence with a view to determining the implications of this shift to risk for responding to intimate partner violence, especially in relation to ensuring the safety of victims and survivors.

Chapters Four, Five, and Six present the findings of the study. Practitioner quotations and coding frequencies are included throughout the chapters to illustrate each code and corresponding theme. Chapter Four examines the manifestations of neo-liberalism and risk discourse within the anti-violence sector, focusing on four organizing themes: Responsibilization, Professionalization, Standardization, and Risk-Based Approaches to Intimate Partner Violence. Chapter Five explores the remnants of the Violence Against Women Movement that still remain in modern service provisions responses. Two organizing themes Characteristics of the Violence Against Women Movement and Resisting Discourse—are highlighted in the chapter. Chapter Six assesses the impact of neo-liberalism and risk discourse on intimate partner violence survivors through an examination of the gaps related to risk management and safety planning, deficiencies in service provision, and systems that cause survivor harm.

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Drawing on the findings mapped out in the previous three chapters, Chapter Seven considers the impacts of neo-liberalism and risk-based approaches on intimate partner violence service provision, making the case that the turn to risk—rather than making women safer—has created the conditions that actually put women (and their children) at greater risk.

The dissertation concludes with a discussion of the predominance of neo-liberalism, the persistence of risk, and the need for a reinvigoration of a feminist intersectionality approach in order to strengthen the societal response to intimate partner violence so that what happened to Amy does not befall other women.

A Note on Terminology

Karen Boyle (2019) draws attention to the language that feminists use in addressing the issue of violence against women. She argues that the way we name this issue has significant implications for how the problem is understood and addressed within its broader social context. The use of terms such as “gender-based violence” and “intimate partner violence” tends to “flatten important distinctions” about the specific nature of the violence and masks the gendered orientation of this violence (p. 32). The same logic applies to the use of acronyms such as VAW to refer to violence against women or IPV to refer to intimate partner violence. The use of acronyms obscures the specific nature of the violence (for instance, why the violence has occurred, who is perpetrating the violence, and who is impacted by it) and reduces the matter to scientific- or bureaucratic-speech.

Similarly, the terms that are used to refer to women whose partners have been violent toward them have important implications in terms of societal understandings of the issue. For instance, feminists have been critical of the use of “victim” as it implies passivity, weakness, and helplessness (Dunn, 2005). In an effort to highlight women’s strengths and resilience, some

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feminists use the word “survivor” (Kelly, 1988). In many instances, though, the terms “victim” and “survivor” are understood in a binary fashion (i.e., one is either a victim or a survivor) or in a chronological manner (i.e., one transitions from a being a victim to being a survivor). However, these narrow terminological conceptualizations fail to recognize “victimization and survival as (moving) points on a continuum” that shift in relation to time, place, and context (Boyd, 2019, p. 26).

Consequently, the use of generic or imprecise terms or acronyms can obfuscate women’s lived experiences of violence and inaccurately portray the issue as one that impacts genders equally. Nevertheless, Boyle (2019) maintains that “the answer is not to abandon any of these terms or to claim one as inherently better (or worse) than the other, but to be alert and critical to the ways in which they are used and to think about the—conceptual, political, practice—work they enable us to do” (p. 32). As such, while this study uses the term “intimate partner violence” it does so with a critical awareness of the gendered, classed, and racialized social context in which that violence occurs. As well, referring to women who “encounter” or “experience” intimate partner violence suggests that they have somehow stumbled upon it and removes or obscures the perpetrator from the equation. As such, the phrase “women whose partners have been violent toward them” will be used in an effort to retain the relational nature of the violence. Moreover, despite the cumbersome nature of the term, the use of acronyms (such as IPV) will be avoided except when citing participant quotes verbatim in the findings and analysis chapters. Finally, the term “victim” will primarily be used in the findings, analysis, and conclusion chapters in relation to the responses of service providers. The term “survivor” is used throughout the rest of the dissertation.

Chapter 1: The Violence Against Women Movement

Starting in the early 1970s and increasing significantly over the next decade, feminists began naming the issue of violence against women and organizing around the cause. Up to this point, there had been little public recognition of the matter as a social problem. Women's experiences of violence were regarded as private troubles and, consequently, they were largely overlooked by the state. Supports for survivors were relatively non-existent, leaving few options for women experiencing violence. In response, feminists mobilized to break the silence and increase societal awareness on the issue of violence against women. Additionally, feminists advocated for the issue to become a serious and legitimate matter warranting state intervention, lobbying for enhanced protections for survivors through the criminal justice system and funding to develop supports for women, including shelters and crisis lines.

This chapter details the emergence and development of the Violence Against Women Movement through an examination of the movement's philosophy and guiding ideals, goals, and organizational considerations and the gains made by the movement during its initial phases, particularly in relation to its engagement with the welfare state to realize meaningful change.

The Second Wave Women's Movement

The women's suffrage movement of the early 19th century was one of the earliest examples of women's organizing to address social causes. Feminist efforts continued throughout the mid-19th century, gaining significant momentum in the 1960s. The second wave of feminism occurred between the 1960s and 1980s with a central focus on issues related to education and employment, reproductive rights, domestic work, and violence against women (Dobash & Dobash, 1992; Enke, 2007; Strong-Boag, 2017). Several factors contributed to the resurgence of feminist efforts, including women's increased participation in educational programs and the

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labour force, a declining birth rate, and increasing rates of divorce (Staggenborg, 2012). In turn, these factors gave rise to criticisms of the existing social order amongst women who were feeling “deprived when they compared themselves to their male peers” (p. 96). A general consensus about the challenges and inequities related to gender existed amongst women and this, in turn, served a unifying purpose that gave rise to increased organizational efforts in support of feminist causes (Rebick, 2005).

Central to the initial success of the second wave women’s movement was the availability of political mechanisms and mobilization infrastructure. Women’s political groups, including those of liberal, radical, and nationalist orientations, were a key starting point for the second wave feminist organizing, providing a base from which further mobilizing could occur. Women also began to form independent feminist organizations, the first of which was established in 1967 in Ontario: The Toronto Women’s Liberation Movement (Staggenborg, 2012). From here, the number of feminist groups in Canada grew exponentially with factions being established in British Columbia, Saskatchewan, Manitoba, Ontario, and Nova Scotia. By 1969, the feminist network spanned the country with representation from coast to coast (Rebick, 2005). These groups came together with the shared goal of advocating for women’s issues to be included on political agendas. Toward the end of the 1960s, the state began facing increasing pressure from feminist groups to take action in addressing gender inequality. In response, the federal government created the Royal Commission on the Status of Women in 1967. The cross-country hearings of the Commission were an important component of the women’s movement mobilization infrastructure. These gatherings provided a space for feminists to come together and enabled organizers to expand their network even further (Rebick, 2005; Staggenborg, 2012). During this period, various feminist frameworks were developed to address women’s issues.

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In its initial phase, the movement espoused a liberal feminist approach that focused on eliminating “structural and attitudinal impediments to women’s progress” and achieving formal equality for women (Tong, 1998, p. 33). Liberal feminists understood gender inequality as a product of culture and socialization (Jaggar, 1983; Tong, 1998). Traditional gender roles conceptualized women as compassionate, nurturing, and adept at domestic tasks. On this basis, women were perceived to be best suited to the private, domestic sphere, which effectively inhibited women’s full participation in society. Conversely, men were more commonly associated with agentic characteristics such as assertiveness, intelligence, and ambition, ostensibly making them more suited for participation in the public sphere. Through socialization, men and women were conditioned into their respective gender roles and taught acceptable patterns of conduct (Tong, 1998). In these terms, culture and socialization functioned together to create an unequal playing field wherein women experienced restricted access to power, privilege, and resources.

Liberal feminists believed that gender inequality could be resolved by securing equality of opportunity for women. Within the liberal feminist framework, equality of opportunity is synonymous with gender justice or the equal application of liberal principles between genders (Jaggar, 1983; Tong, 1998). In other words, women should be accorded the same political, economic, and social privileges as men. From a liberal feminist perspective, women comprised an interest group intent on engaging with the state to initiate change in social, political, and legal realms with the ultimate goal of securing equal opportunity for women relative to men (Comack, 2014). The liberal feminist agenda included dismantling restrictive gender roles, increasing female representation within the public sphere, and according more power to women in society. Liberation groups and women’s rights organizations were established with the shared purpose of

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putting women's issues on the political agenda. Women began to advocate for employment supports before, during, and after pregnancy, including benefits, maternity leave, and childcare. These supports, they argued, would enable women to participate in the workforce in a similar manner as men. Liberal feminists also demanded that schools and workplaces employ affirmative action measures to remove gendered barriers to employment (i.e., stereotypical assumptions about women and women's abilities) and to increase the number of women in the workforce (Tong, 1998).

Liberal feminists also engaged with the state to initiate legislative changes to realize gender equality. Several legal cases heard during the 1970s made obvious the gender disparities in the way law treated men and women. For instance, the Lavell and Bedard cases of 1973 centred around section 12 (1) (b) of the *Indian Act*. According to the wording of the *Act*, if an Indian woman married a non-Indian man, she (and her children) would lose their legal status. This was not the case for an Indian man who, in similar circumstances, would “retain his legal status, but also confer it on his wife and children” (Comack, 2014, p. 35). Similarly, the 1978 Bliss case demonstrated how the law perpetuated sex discrimination against women, specifically in relation to reproduction. Stella Bliss was a woman who attempted to file for unemployment insurance after being terminated from her position due to pregnancy. The Unemployment Insurance Commission denied her application because she had recently had a child and could qualify for maternity benefits instead. However, Bliss had not been employed long enough to accumulate the requisite number of work hours to obtain maternity benefits. The matter was appealed and eventually heard by the Supreme Court of Canada. The Court ruled against the case on the basis that Bliss had been denied benefits because she was pregnant and that the “discrimination arose not because of the law, but because of nature” (Comack, 2014, p. 36).

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While passage of the *Constitution Act, 1982* and the enactment of section 15 (the “equality section”) of the *Charter of Rights of Freedoms* in 1985 provided a firmer legislative basis for ensuring formal equality rights for women, liberal feminism came under increasing scrutiny for its focus on realizing formal equality (equality of sameness) as opposed to substantive equality (equality of difference). In other words, “treating women and men as if they are equals fails to call into question the deeper, systemic inequalities that prevail in society” (Comack, 2014, p. 227).

During the 1970s, radical feminism emerged as a prominent feminist framework. Radical feminists denounced the liberal feminist understanding of women’s inequality as a lack of opportunity, arguing that women’s oppression, subordination, and domination occur as a result of structural inequality (MacKinnon, 1983). Specifically, patriarchy, a “system of social structures and practices in which men dominate, oppress and exploit women,” was seen as the root of women’s inequality (Walby, 1990, p. 20). Catharine MacKinnon (1983) argued that the state was inherently male. Specifically, in a patriarchal society “male is the implicit reference for human”—the default setting, the norm—and on this basis, the social order is structured to serve men (p. 644). This patriarchal structure is evidenced by the various social mores, laws, policies, and practices that bolster male dominance while simultaneously subjugating women. In turn, women’s bodies are regulated and controlled by masculine interests by way of state mechanisms. Further, MacKinnon articulated that a dialectical relationship existed between male power and the state whereby each derives power from and substantiates the other. As such, feminist efforts needed to be targeted at achieving women’s emancipation from oppressive patriarchal structures. Radical feminists, therefore, rejected the idea of working within existing

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social structures to achieve women's equality and sought instead to initiate transformative change.

Consciousness-raising groups were an important strategy for radical feminists. These groups initially emerged in the 1960s and grew in popularity during the 1970s. Susan Schechter (1982) notes that consciousness-raising groups served the important functions of fostering connection between women and providing space for recognition and acknowledgement of shared experiences. The groups espoused an egalitarian approach whereby women were encouraged to share their experiences and comment on matters of discussion. The opportunity to share openly in a safe space was empowering for women who had previously been denied a voice in matters related to gender roles and relationships. Significantly, consciousness-raising groups became an important site where the silence around male violence against women was broken. In radical feminist terms, violence against women constituted one of the most extreme manifestations of patriarchy (Dobash & Dobash, 1979; Price, 2005). Radical feminism, therefore, became a central framework of the Violence Against Women Movement when it emerged in the 1970s.

The Violence Against Women Movement

Unlike other social movements, the Violence Against Women Movement did not arise as a product of public protest, outcry, or moral outrage. Rather, leading up to the 1970s the social climate surrounding violence against women was one of indifference and ignorance of the issue with many perceiving intimate partner violence to be an issue affecting only a small subset of the population (Davis, 1987).

Intimate partner violence was historically regarded as a mechanism through which husbands could "correct" the problematic behaviour of their wives, and a private matter to be managed within the family unit (Schechter, 1982; Star, 1980). These views were upheld by law

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and legal practice. For instance, under British common law, husbands were granted both the right to consortium and the right to chastise their wives. The right to consortium meant that wives had a legal obligation with respect to the “consummation of marriage, cohabitation, maintenance of conjugal rights, sexual fidelity, and general obedience and respect for his wishes” (Dobash & Dobash, 1979, p. 60). This right was reflected in Canadian law until 1983. Under section 143 of the old rape law, a rape was defined as having occurred when a “male person has sexual intercourse with a female person who is not his wife” (*Criminal Code*, 1982). Wives, in other words, did not have the legal right to say “no.” Under the right to chastise, a husband was given the authority to use force in order to ensure that his wife fulfilled her obligations. Wives were considered to be the property of their husbands, reflecting and reinforcing patriarchal relations between men and women. As Elizabeth Comack (2016) notes, “This view continued to inform legal practice into the latter part of the 20th century. Because police officers were inclined to view violence in the home between intimate partners as a ‘private trouble’ that was not the law’s business, they were reluctant to intervene or to define the situation as a criminal matter” (p. 171).

Philosophy, Guiding Ideals, and Goals of the Violence Against Women Movement

The overarching aim of the Violence Against Women Movement was to challenge societal attitudes and transform intimate partner violence from a private trouble to a public issue worthy of state intervention (Bumiller, 2010; Lehrner & Allen, 2009; McDonald, 2005; Timmins, 1995). Much of this work involved breaking the silence around intimate partner violence and making space for women to share their experiences. Drawing initially on radical feminist insights, the primary goal was to liberate women from patriarchy (Davis, 1987; Dobash & Dobash, 1992; Sullivan, 2006). The movement perceived violence against women to be a product of “social

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structures, values, and norms” and that macro-level solutions were necessary to remedy the issue (Lehner & Allen, 2009, p. 665). Intimate partner violence, therefore, was seen as a social issue perpetuated by patriarchal structures that allocated disproportionate power and resources to men, consequently creating distinct inequalities and locating women as secondary to men in the process (Davis, 1987).

The composition of the Violence Against Women Movement was diverse, with representation from women of varying feminist orientations, racial identities, socioeconomic positions, and professional and experiential backgrounds. The vast range of experiences women brought to the movement provided a nuanced understanding of violence against women and contributed to the development of inclusive solutions to the issue. Through the work of the movement it became obvious that organizers were united by the “humanist or feminist philosophy of women helping women” coupled with a recognition of the significance of the issue of intimate partner violence and an awareness of the lack of supports for survivors (Schechter, 1982, p. 44). Women’s reasons for organizing were primarily aligned with a need to address the issue of intimate partner violence and to feel a “sense of belonging to the women’s movement”—not to perpetuate a certain ideological or theoretical perspective (Schechter, 1982, p. 44). As such, considerations of theory and philosophy became secondary to the central goal of the Violence Against Women Movement: helping survivors.

The Violence Against Women Movement embraced a participatory and collective approach to the division of work (Dobash & Dobash, 1992). Feminists promoted an egalitarian work philosophy, often initiating independent work projects where women could “define issues for themselves” without the necessity of ascribing to a central group ideal (Schechter, 1982, p. 33). This process reflected a respect of the diversity of perspectives that existed in the Violence

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Against Women Movement and allowed for lively debate amongst members. Democratic principles were also at work within the Violence Against Women Movement as seen in the election of group representatives by the wider membership to convey concerns on a broader scale (Johnson, 1981). The universal allocation of tasks fostered a climate of inclusivity and enabled participation from women of diverse backgrounds. These approaches came to be reflected in responses to victims and survivors of intimate partner violence.

Organizational Considerations

According to Kathleen Tierney (1982), the emergence of the Violence Against Women Movement can be credited, in part, to a pre-existing organizational base and movement flexibility. The second wave feminist organizing of the early 1970s had established a strong volunteer network that was easily mobilized in support of challenging male violence against women. This foundation was rich in shared understandings and common frames of reference pertaining to women's oppression.

Domestic violence organizations (i.e., shelters and counselling programs) were central to the growth and development of the Violence Against Women Movement, so much so that some consider these agencies to be the "backbone of the movement" (Lehrner & Allen, 2009, p. 658). Traditional, top-down management structures were perceived to be "replications of oppressive structures" that were at odds with the central tenets of the movement (McDonald, 2005, p. 9). Instead, the Violence Against Women Movement was characterized by a horizontal governing structure whereby power was diffuse across feminist groups (Schechter, 1982). In other words, there was no hierarchy, overarching structure, or group of leaders responsible for guiding the Violence Against Women Movement. This governing structure enabled the movement to be

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both flexible and malleable, melding to fit the needs of the specific demographic and geographic context in which it was occurring.

Women's Standpoints and Experiences

The Violence Against Women Movement emphasized women's standpoints and experiences, and decidedly women-centred approaches to the issue. Action was guided primarily by women's experiences and, on this basis, there was an outright rejection of academic theories and professional codes of conduct pertaining to intimate partner violence (Dobash & Dobash, 1992). Instead, women were regarded as the authority of their situation and were accorded the right to self-determination (Schechter, 1982).

The Violence Against Women Movement worked to increase the availability of options for women navigating abusive relationships instead of prescribing a specific course of action for each survivor (Lehrner & Allen, 2009). In other words, the focus was on maximizing choice and autonomy for survivors. Experiential knowledge was privileged above all other forms of knowledge and was perceived to be the gold standard of information pertaining to intimate partner violence. As such, solutions to the issue of intimate partner violence were developed in direct consultation with survivors and their families.

Enhancing Women's Safety

Women's safety was a paramount concern within the Violence Against Women Movement. At first, much of the work undertaken within the movement was practice-oriented and focussed on meeting the immediate needs of abused women (Bumiller, 2010). The best course of action would be determined in conversation with the woman about her needs and priorities at that specific point in time (Dobash & Dobash, 1992). The intention was to develop supports based

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on women's standpoints and experiences to enable women to escape the violence and to increase their safety and provide protection from intimate partner violence.

As such, early approaches to intimate partner violence focussed primarily on providing women access to safety and promoting an adequate criminal justice response to the issue (Bumiller, 2010; Dobash & Dobash, 1992; Pizzey, 1974; Walker, 1979). Feminists began to seek out government funding to support the establishment of shelters and crisis lines and lobbied the state to institute legislative changes to enhance the criminal justice response to intimate partner violence. Engagement with the welfare state, therefore, was seen as a necessary means for meeting the central aims of the movement.

Engaging with the Welfare State

The Violence Against Women Movement emerged during the era of the welfare state, whereby the state made an expressed commitment to meeting the social needs of the citizenry. During this time, the state espoused a collectivist philosophy that focussed on upholding the rights of citizens and providing protections for individuals (Morrow et al., 2004). A wide range of supports were made available to Canadians, including social assistance, subsidized housing, and social programming, among others. Funding was also widely available for new initiatives designed to address social problems, including those relating to women's equality. For instance, in response to the Report of the Royal Commission on the Status of Women, the federal government instituted the Office of the Coordinator, Status of Women in 1970 (which became a departmental agency in 1976). In 1973, the Office established the Women's Program, an initiative designed to "promote women's equality and improve the status of women in Canada" (Fraser, 2014, p. 46). The Women's Program provided contract-based and/or core funding to feminist groups and organizations at the local, regional, and national levels (Fraser, 2014). The

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Violence Against Women Movement was able to thrive within this socio-political context due to the availability of funding and the priority status given to the issue of intimate partner violence.

Establishment of Domestic Violence Shelters

The first domestic violence shelter opened in England in 1971, paving the way for the establishment of domestic violence shelters and rape crisis centres around the world (Pizzey, 1974; Walker, 1979). From the early 1970s onward, there was a growing awareness of the dearth of supports available for women and children fleeing violence within the Canadian context. In 1972, a group of feminist organizers in Toronto, led by Lynn Zimmer, banded together to assist women impacted by intimate partner violence. Their vision was to “offer a temporary home for women and children in crisis, where they could be safe, and be given the time to regroup, get the help and support they needed, and get back on their feet” (Goodhand, 2017, p. 53). Funding for staff positions was provided by a Local Initiatives Programming (LIP) grant from the federal government. LIP grants were implemented during a time when the welfare state was particularly strong and resulted in the creation of several community-oriented, grassroots programs. The culmination of these efforts resulted in the establishment of the first shelter for abused women in Canada in April 1973: Interval House located in Toronto, Ontario. Several other provinces soon followed suit, with shelters being opened in British Columbia, Alberta, and Saskatchewan later that same year.

Crisis shelters provided a safe refuge for women and children fleeing violence (Dobash & Dobash, 1979; Pizzey, 1974; Walker, 1979). Additionally, these spaces were host to consciousness-raising groups and provided a sense of community for women. Women with diverse backgrounds and experiences were hired to work in the shelters, offering emotional support, responding to crisis situations, advocating for clients within various social systems, and

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maintaining the day-to-day operations of the house. Similar to the philosophy within the broader movement, shelters espoused an “egalitarian, non-professional, informal, bureaucratic organization and philosophy” (Johnson, 1981, p. 832). The shelters operated as a collective initiative wherein everyone, including the women residing there, participated equally in decision-making processes and household-related tasks (Goodhand, 2017; Johnson, 1981; Schechter, 1982).

State Support in the 1980s

During the 1980s, the state played a key role in funding, developing, and supporting programs to address the issue of violence against women. In 1985, the federal government allocated \$40 million over a five-year period to family violence initiatives. Half of the monies was to be used to fund shelters through the Project Haven Program delivered by Canada Mortgage and Housing, which provided capital funds for the establishment of 78 shelters across Canada, 24 of which were targeted primarily for Indigenous families (SPR Associates, 1994). With such increases in state support, the numbers of shelters more than doubled between 1984 and 1986 from 160 shelters to 392 shelters and programming for abusers quadrupled from 24 programs to 114 programs (Browning, 1984; Ursel, 1991). In Manitoba, funding to support intimate partner violence survivors was relatively minimal in 1981/82 with only \$51,800 provided in the form of two project-based grants. By 1983/84, provincial funding had increased to \$315,800 and was used to establish support services in five communities in Manitoba; an additional \$100,000 was provided for public awareness campaigns around the issue of intimate partner violence. Provincial funding in Manitoba continued to grow exponentially with \$1.7 million being allocated for violence against women initiatives in 1987/88 and \$4.3 million in 1989/90 (Ursel, 1991).

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In 1988, the federal Family Violence Initiative (FVI) was established with the intent of addressing two primary goals: violence prevention and the elimination of violence in Canadian society (Mann, 2007). The FVI consisted of 13 Canadian agencies (including Statistics Canada and Status of Women Canada [SWC]) that worked to mobilize federal, provincial-territorial, and community-based networks to raise awareness around the issue of family violence, implement intervention programming, and deliver educational workshops. The FVI also funded research pertaining to violence occurring against a variety of population demographics (e.g., children, the elderly, Indigenous persons, newcomers to Canada). Funding was made available for program evaluation research to ascertain the impact of “government-sponsored services and criminal justice sanctions” (Mann, 2007, p. 54). One of the most significant contributions of the FVI network was their co-sponsorship of the Canadian network of shelters and related supports, which facilitated the establishment of services across the country and expanded the availability of resources for survivors and their children (Mann, 2007).

The Criminal Justice Response to Intimate Partner Violence

In 1982, Margaret Mitchell, an NDP Member of Parliament, raised the issue of violence against women during question period in the House of Commons (Mitchell, 2007). During her remarks, she referenced a Canadian Advisory Council on the Status of Women study that had found 1 in 10 women regularly experience intimate partner violence. Her speech was met with laughter from the other members of the male-dominated Parliament—a telling indicator of prevailing attitudes about violence against women at the time. This incident became a flashpoint for feminist activists, who became increasingly vocal about the inadequate criminal justice response to intimate partner violence and advocated for enhanced protections for survivors and a more punitive approach to perpetrators.

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During the 1980s, feminist engagement with the law became a primary strategy to address violence against women, with a significant focus on “pro-arrest and criminalization” of perpetrators (Morrow et al., 2004, p. 369). Feminist activists, victim advocates, and community agencies believed that criminal justice practitioners were not taking the issue of intimate partner violence seriously and that they were ultimately failing to protect victims (Lehrner & Allen, 2009). Canada’s Solicitor General responded to these concerns by issuing a directive to the Royal Canadian Mounted Police (RCMP) and the Canadian Association of Chiefs of Police in 1982, instructing officers to lay criminal charges where evidence of a domestic assault existed (Singh, 2016). This directive resulted in increasing numbers of domestic assault charges entering the criminal justice system. In Winnipeg, for instance, there were 629 domestic assault charges laid in 1983; by 1989 that number had increased to 1,137 (Ursel, 1994). This number more than doubled in 1993/94 (3,743 domestic assault charges) with the introduction of the zero-tolerance policy that shifted charging discretion from police to Crown Prosecutors (McGillivray & Comaskey, 1999). Under the zero-tolerance protocol, police were required to lay charges “whether or not the victim wishes to proceed with the matter, and even in circumstances where there are no visible bruises or independent witnesses” (Winnipeg Police Department cited in Comack & Balfour 2004, p. 152). The increasing number of charges prompted other changes in the criminal justice system.

In the early 1990s, specialized domestic violence courts or “problem solving courts” were being established across Canada with the goal of providing an enhanced response to the issue of intimate partner violence (Castellano, 2011, p. 957). The structure of the specialized court process varied across jurisdictions. Common models included rehabilitative programming (for victims, perpetrators, or both), judicial review processes, and strictly prosecution-based

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proceedings (Tutty et al., 2008). Collaboration from various sectors, including victim services, specialized police units, treatment programs, probation services, and Crown Prosecutors, was intended to invoke a collective approach to addressing intimate partner violence charges that considered the interests of both victims and perpetrators. Specialized courts were seen as an improvement over the traditional criminal justice process for two primary reasons: 1) they offered a more cohesive process to address intimate partner violence cases in which there were “overlapping concurrent charges relating to separate incidents with the same partner”; and 2) they mitigated the tendency of the traditional legal process to impose lenient sentences for domestic assaults and revictimize victims (Tutty et al., 2008, p. 75). During its first year of operation (1990/91), the Winnipeg Family Violence Court dealt with 1,444 domestic assault charges—a significant increase from the 629 domestic assault cases that were recorded in 1983 (McGillivray & Comaskey, 1999). However, many of these charges were issued a stay of proceedings, leading critics to question the usefulness of specialized courts and their ability to address the issue of intimate partner violence. In turn, not all feminists agreed with the strategy of turning to the criminal justice system to address intimate partner violence, prompting a lively debate in the literature.

The Debate over the Feminist Engagement with the Law

On one side of the debate, feminists emphasized the relevance of this engagement, arguing that the criminal justice system is an important mechanism for initiating substantive change in women’s lives (Rodgers, 1994; Stanko, 1990; Ursel, 1991 & 1994). This perspective viewed the state as a polyolithic entity comprised of many diverse parts and saw “possibilities for convergence of state interests with women’s interests on some issues” (Ursel, 1991, p. 266). This approach was predicated on the belief that the state would become motivated to act on

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social issues when they no longer served a purpose in society. More specifically, the issue of violence against women was seen to detract from political legitimacy and resulted in increased social costs to health, social, and criminal justice systems (Ursel, 1991). In turn, working toward the elimination of violence against women demonstrated an alignment between the interests of women and the state—albeit for different reasons.

Proponents of the feminist engagement with the law urged feminists to “use the full force of the state,” including financial resources, legal means, and political power to increase the availability of supports for abused women (Ursel, 1991, p. 268). Advocates highlighted how law, legislation, and the criminal justice system defined acceptable (and legal) conduct in society. In effect, the law controlled the legal narrative of violence against women by condemning acts of violence and designating the involved parties as victims and perpetrators. While proponents of this perspective emphasized the centrality of the criminal justice system in responses to violence against women, they also acknowledged that the “justice system cannot adequately address domestic violence cases on its own” and that additional supports for victims and perpetrators are needed to supplement the system (Ursel et al., 2008, p. 8).

On the other side of the debate, feminist scholars argued that the state was a mechanism that “reconstitutes patriarchal relations through law and law reform” (Currie, 1990, p. 77) and that the criminal justice system was by its very nature punitive, adversarial, and oppressive (Snider, 1991). Laureen Snider (1991) argued that the purpose of criminal law is to “coerce and contain” troublesome populations, which in turn exacerbates existing inequalities between different genders, racialized groups, and social classes (p. 258). This theorizing led to cautions about centering the law in the pursuit of solutions for intimate partner violence survivors (Comack, 1993; Currie, 1990; Gottell, 2006; Smart, 1989; Snider, 1994). From this perspective,

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engagement with the criminal justice system was seen to be a process of disempowerment whereby feminist interests pertaining to the issue of violence against women were appropriated by state interests. In turn, the increased level of social control bolstered the power of law and expanded state control over vulnerable populations. Many of those charged with domestic violence in Winnipeg, for instance, were Indigenous men from the inner city (Comack & Balfour, 2004). In some instances, the feminist engagement with the state resulted in greater harms to women. Zero-tolerance charging protocols, for example, had led to counter-charges or double-charging of women who turned to the criminal justice system for protection from an abusive partner (Buzawa & Buzawa, 1990; Comack et al., 2000).

These feminists therefore warned against turning to the criminal justice system to remedy the issue of violence against women, arguing that this involvement would accord more power to the system while simultaneously increasing state control over women and marginalized groups (Comack, 1996; Smart, 1989; Snider, 1991). Instead, solutions to the issue of violence against women required empowering women by “challenging structures of patriarchy” that perpetuated inequality and oppressed women and transformative change that included an ideological shift in how “women’s place” within society is conceived (Snider, 1991, p. 255 & 259), broad reforms to various social systems (i.e., universal childcare, equal pay for equal work), and a focus on consciousness-raising and organizational initiatives (e.g., shelters, crisis centres) to support survivors of violence.

The debate over the feminist engagement with the law pointed to the complex and complicated nature of engaging with the state to respond to the issue of violence against women. As we will see in the next chapter, that debate continued to hold sway into the next century, especially in relation to the form of state that feminists were engaging with.

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Academic Research and Violence Against Women

The Violence Against Women Movement also prompted academic research on the topic. In 1995, Statistics Canada conducted the Violence Against Women Survey (VAWS), the first national survey of its kind on the topic. Approximately 12,300 women over the age of 18 participated, responding to questions about their experiences of gender-based violence. The VAWS found that over half of respondents had experienced some form of violence since the age of 16. In terms of sexual violence, most participants (87%) detailed an instance of sexual harassment with 24% of participants reporting that they had experienced a sexual attack and 25% indicating that they had experienced unwanted touching. Nearly one-third (29%) of women in common-law relationships or marriages reported experiencing at least one physical assault at the hands of their intimate partner. Repeated victimization in intimate relationships was another main finding of the survey, with the frequency of assault increasing significantly in cases of separation. The survey also examined rates of violence per demographic population, finding that young women and recently married women experienced the highest rates of violence (Johnson, 1996). The VAWS provided crucial information regarding the nature and extent of the violence experienced by Canadian women, although it likely underestimated the prevalence of the violence for certain groups; for instance, Indigenous women living on reserves were not included in the survey. Importantly, the results bolstered calls for adequate funding of violence prevention programs and enhanced supports for survivors. However, feminists were also mindful of the limits of quantitative research when it came to hearing women's voices and experiences and increasingly turned their attention to employing qualitative methods.

Qualitative methodologies facilitated the deployment of standpoint epistemologies in academic research. In particular, focus groups, in-depth interviews, and case studies served as

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both open and flexible spaces in which women could share their experiences (Reinharz, 1992). Some women found the experience of sharing their story to be empowering because they had previously been denied a voice both within their relationship and society more broadly. Further, these methods provided a means to garner rich and detailed information on the topic (see, for example: Comack, 1996; Kelly, 1988; Sleeth & Barnsley, 1989).

As one example, Liz Kelly's (1988) book, *Surviving Sexual Violence*, offered a firsthand account of women's experiences with sexual abuse. Kelly (1988) conducted in-depth interviews with 60 women (10 rape survivors, 10 intimate partner violence survivors, 10 incest survivors, and a comparison group of 30 women) who had been in contact with a medical agency, social service organization, and/or a crisis centre. A feminist interview approach was employed that emphasized relationality, dialogue, and connection—an approach at odds with prior qualitative research that espoused an “objective aloofness” (Kelly, 1988, p. 11). The transcribed interviews were returned to each woman for review to ensure accuracy and to provide the opportunity for elaboration. Importantly, the review process empowered women to “control the content of their interview” and to determine the course of their personal narrative (Kelly, 1988, p. 13). Kelly's work located women's voices at the centre of the inquiry by using women's stories to illustrate the major themes of the research: the strategies women use for coping with, resisting, and surviving the violence they encounter. Additionally, her work emphasized women's “resistance and strength” and the courage and resiliency associated with surviving sexual violence (Kelly, 1988, p. x)—a marked departure from previous studies characterizing women as victims.

With this turn to qualitative methodologies, research came to more accurately reflect women's lived experiences of intimate partner violence and proved instrumental in the development of programs, policy, and legislation concerning the issue.

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Third Wave Feminism and Intersectionality

As feminist advocacy, activism, and scholarship advanced through the 1980s, so too did the frameworks for understanding violence against women. Previously, the radical feminist framework had proposed patriarchy as the most significant form of oppression in women's lives. This understanding had an inherently homogenizing effect because it assumed that all women were the same and experienced oppression in a similar manner. The focus on gender negated other perspectives that considered the ways in which structural factors (e.g., race, class, ability, sexual orientation) impacted experiences of intimate partner violence and ultimately inhibited the development of solutions for survivors (Arnold & Ake, 2013; Lehrner & Allen, 2009; Morrow et al., 2004; Ristock, 2002). In response to these concerns, an intersectionality framework began to inform understandings of women's oppression and its relation to intimate partner violence.

Angela Davis (1981) was among the first to propose the concept of intersectionality. Her theorizing was in response to the exclusion of African American women's perspectives from the feminist movement. She was critical of the centrality of white, middle-class women to the movement and argued that this focus crowded out the perspectives of diverse women (see also: hooks, 1984; Hill Collins, 2002). Kimberlé Crenshaw (1991) furthered this thinking in her exploration of violence against women of colour and the ways in which intersecting oppressions shape this experience. Crenshaw (1991) defined intersectionality as the ways in which various oppressions, including race, class, and gender, interact to "shape multiple dimensions of women's lives" (p. 1244). Adopting an intersectional perspective, therefore, meant attending to the overlapping, cumulative, and multiplying effects of the different systems of oppression: capitalism, patriarchy, and settler colonialism.

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The work of Anne McGillivray and Brenda Comaskey (1999), for instance, examined Indigenous women's experiences of intimate partner violence and the challenges associated with navigating the Canadian criminal justice system. The initial chapters of the book trace the historical context of the issue, focussing on the various settler colonial mechanisms (e.g., the Residential School System) and assimilationist policies that resulted in the erasure of traditional Indigenous ways. The narratives of 26 Indigenous women from Winnipeg, Manitoba revealed the nature of intimate partner violence as it is experienced by Indigenous communities. Concerns around the police response to Indigenous survivors was a common topic of concern, with one woman stating:

I went to the [Winnipeg] division, spoke to the sergeant there. Then he looked at me. I can feel prejudices. And he recommended that I go back to the apartment and wait for the officers to arrive at the location. I said, "You're telling me to go back there when you know for a fact that I am in danger?" (McGillivray & Comaskey, 1999, p. 100)

Another woman recounted the stereotypical assumptions about Indigenous victims that she encountered in the criminal trial process: "When I walk into the courtroom, or whatever, sometimes you can just feel the prejudice. It's just like they are looking at you and saying, 'Well, another Indian woman got beaten up'" (p. 126).

McGillivray and Comaskey (1999) provide a critical examination of the Canadian criminal justice system, noting elements of oppression and institutional racism. The authors identify several incongruencies, including the "formality of the criminal justice system, its separation from the community and community input, and its focus on the past and on establishing guilt," between the current criminal justice system and "pre-colonial First Nations justice" (p. 114). For these reasons, their analysis ultimately questions whether the settler

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colonial criminal justice system is the best place to address the issue of intimate partner violence against Indigenous women.

Immigrant women's experiences of intimate partner violence have also been studied using an intersectional lens. Yasmin Jiwani's (2006) research examined experiences of violence among racialized groups with an eye toward the vulnerabilities that exist at the intersection of gender and race. Jiwani's (2006) analysis identified Canadian nationalism as a vehicle for "othering" racialized people and constructing false narratives regarding how these populations experience violence (p. 5). Together, these processes constitute the discourses of denial which "contribute to the erasure, containment, or trivialization" of the ways in which race mediates experiences of violence (p. xv). The harm experienced by racialized women is compounded by the dismissal of these experiences and the denial of the impact of intersecting oppressions. According to Jiwani (2006), the discourses of denial are at work in various agencies within the anti-violence sector and across the criminal justice system. For example, the criminal justice system response is relatively fixed across intimate partner violence cases with little consideration for the challenges (e.g., language barriers) experienced by immigrant women. Survivor support services, including shelters, social service agencies, and victim services, may also lack the appropriate resources to address the complex needs of immigrant women experiencing intimate partner violence.

Adopting an intersectionality lens had significant implications within the Violence Against Women Movement. It resulted in greater attention to the diversity of women's standpoints, ongoing discussions of the implications of race, class, and gender interconnections, a more explicit focus on grassroots organizing, and increased efforts to foster collaboration between feminist activism groups. Diverse feminist groups worked together to create resources

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and host educational conferences and workshops on the topic of violence against women, deliver anti-racist training to members of the Violence Against Women Movement network and to those providing supports to the intimate partner violence survivors (e.g., shelter workers), and to develop culturally-sensitive supports for racialized intimate partner violence survivors (Dobash & Dobash, 1992). These efforts significantly expanded the scope of the Violence Against Women Movement and, in turn, enhanced the inclusivity of the movement. Rebecca Emerson Dobash and Russell Dobash (1992) note that the Violence Against Women Movement is a rare example of an initiative “crossing over lines of race, class, and sexual preference among its members” (p. 50).

Concluding Remarks

By the 1990s, the Violence Against Women Movement had made significant gains. Shelters had been established across Canada, crisis lines were widely available, and victim support services had been developed. Change was also evident in the criminal justice response to intimate partner violence, including the implementation of no-drop and zero-tolerance policies as well as the establishment of specialized domestic violence courts.

Given its expressed commitment to meeting the social needs of the citizenry, the Canadian welfare state was open to providing funding for social programs and space for discussions surrounding policy, practice, and legislation. These social entitlements were viewed as an integral part of Canadian citizenship, benefits associated with a rights-oriented society. Nevertheless, feminists and other scholars, especially those adopting an intersectional lens, raised cautions about engaging with the welfare state to address issues such as violence against women. Because the welfare state was operating within the structural context of a capitalist, patriarchal, and settler colonial society, it did not benefit all citizens equally. Indeed, for many

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women—particularly those experiencing intersecting oppressions—state interventions by criminal justice, child welfare, and social assistance systems were experienced as intrusive and unwelcome interferences in their lives. As such, critics argued that engaging with the state would accord more power to those systems while simultaneously increasing state control over marginalized women.

However, the shifting socio-political context and the rise of the neo-liberal state would soon change the way the Violence Against Women Movement operated. The collective focus of the social welfare state was being replaced with the individualistic orientation of neo-liberalism, which subsequently impacted the gains that the feminist movement—and the Violence Against Women movement in particular—had been making.

Chapter 2: Neo-Liberalism and Risk Discourse

The Violence Against Women Movement made significant gains in the 1970s and 1980s as seen in the increased legal protections for survivors and enhanced supports for women whose partners are violent toward them (i.e., shelters, crisis lines). Despite these initial successes, intimate partner violence continued to be a pressing social problem throughout the 1990s and into the 21st century. The 1999 General Social Survey (GSS) on Victimization found that 8% of Canadian women had experienced intimate partner violence in the preceding five years with 65% of this group reporting repeated victimizations (Pottie et al., 2000). Over the next 10 years, rates of intimate partner violence would only decrease slightly with the 2009 GSS on Victimization reporting that 6.4% of Canadian women had experienced intimate partner violence in the previous five years (Brennan, 2011).

During the initial phases of the Violence Against Women Movement, feminists engaged with the welfare state, which enabled space for activism, resulting in legislative reforms, policy changes, and funding for initiatives to support intimate partner violence survivors. However, over the next decade the form of the state that the movement was engaging with would change, presenting significant challenges to the work of the Violence Against Women Movement and placing future efforts on uncertain ground. What follows traces the emergence of neo-liberalism and the advent of risk discourse, and how these paradigmatic shifts have dramatically altered societal responses to social problems. More specifically, the discussion will centre on intimate partner violence service delivery and the move from survivor-centred approaches to risk-based techniques for addressing the issue.

From Social Welfare to Neo-Liberalism

Globalization, the increasingly global or international nature of the capitalist economy, has transformed relationships between nation-states and initiated sweeping changes to economic and social policies. Economic interactions, including “merchandise trade flows, foreign direct investment, and cross-border financial investments” between countries, increased significantly during the second half of the 20th century due to increased market flexibility (Kotz, 2002, p. 71). The more developed capitalist countries had greater advantage in the global free market and benefited immensely from processes of globalization. Consequently, globalization deepened existing inequalities, both between and within countries, effectively widening the gap between the rich and poor. Processes of global economic restructuring resulted in the flight of capital to countries where labour was cheaper and resources were more readily available (Bożyk, 2006). Global economic restructuring also created pressures on nation states to shift to a more market-driven approach that involved “reducing fiscal and regulatory burdens on business and lowering expectations about the role of the state” (Brodie, 1995, p. 49). In Canada, austerity measures, including the shifting of the tax burden from corporations to individual taxpayers and cutbacks to social programs, were introduced to reduce the deficit, increase global competitiveness, and create flexibility within the market (Bashevkin, 2002; Mulvale, 2001).

Globalization initiated a shift from a social welfare to a neo-liberal rationality. Under a social welfare rationality, the state makes an expressed commitment to meeting the needs of citizenry through the provision of social supports related to healthcare, education, and social security. Neo-liberalism, in contrast, is a “political rationality founded on the values of individualism, freedom of choice, market dominance, and minimal state involvement in the economy” (Comack, 2006, p. 44-45). Neo-liberalism, then, emerged as a mechanism to enhance

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both the mobility and flexibility of capital. As Andrew Gamble (2001) writes, neo-liberalism provided the “advantage of enabling policies to be adopted which cleared the decks, removed subsidies and protection, and freed up capital from fixed positions” (p. 131).

Scholars, however, have noted the myriad ways that neo-liberalism manifests and the various definitions ascribed to it as a political rationality. John Campbell and Ove Pedersen (2001), for example, define neo-liberalism as a “heterogenous set of institutions consisting of various ideas, social and economic policies, and ways of organizing political and economic activity” (p. 5). Stephanie Mudge (2008) conceptualizes neo-liberalism as “an ideological system that holds the ‘market’ sacred” and is “expressed in different ways within the institutions of the postwar nation-state and their political fields” (p. 706). In these terms, neo-liberalism is regarded as an adapting and mutating government structure, a structure that exists with a degree of flexibility (Mudge, 2008). As such, the concept is more aptly described as *neo-liberalisms* to consider the plurality of the concept. The fluidity of neo-liberalism enables the existence of opposing dualities, such as that which exists between social welfare and neo-liberal ideals (Woolford & Nelund, 2019). It is within the realm of possibility for the neo-liberal state to exist in tandem with the welfare state. However, modern accounts of the matter reveal that although the welfare state persists to a certain degree, it has largely been folded into the dominant neo-liberal political rationality (Mishra, 1999). The conflict that exists between the central tenets of social welfare and neo-liberalism make it difficult, if not impossible, for each to exist in their truest forms simultaneously.

While the beginnings of neo-liberalism can be traced back to the mid-1970s, the dominance of neo-liberalism was obvious by the 1990s, with many commentators recognizing this political rationality to be the guiding paradigm for policy decisions (Brodie, 1995; Gamble,

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2001). Neo-liberalism took hold in a number of social arenas. Crime control strategies, for instance, shifted from a rehabilitative approach to a more punitive enterprise with an explicit focus on penal expansion (Feely & Simon, 1992). Sweeping changes to the provision of social assistance, as seen through the dismantling and restructuring of various social security programs, resulted in the restriction of financial supports for the poor (Chunn & Gavigan, 2004).

Individualism and Responsibilization

One adverse effect of the neo-liberal agenda was the shift from a collectivist, rights-oriented society to an individualist society (Gamble, 2001). State responsibilities to the citizenry transformed significantly during this time as the government attempted to distance itself from the problems of the citizenry by shifting blame for social issues onto individuals—what Sylvia Bashevkin (2002) refers to as the “responsibility obsessed duty state” (p. 133). Within this individualistic framing, social problems such as substance abuse, criminal behaviour, and violence are the result of personal failings rather than a product of one’s social circumstances (Kelly, 2001; McDonald, 2005).

Nikolas Rose (2000) refers to these sub-populations as “failed citizens” who are “unable or unwilling to enterprise their lives or manage their own risk and are incapable of exercising responsible self-government” (p. 331). Failed citizens are characterized by a lack of skill and capacity for self-protection, a rejection of social conventions regarding acceptable conduct, and/or existence outside “the circuits of inclusion” in marginalized spaces (p. 331). From the state’s perspective, the presence of these sub-populations necessitates the development of new risk management techniques that ultimately function to increase social control over these groups. Social issues, then, are a matter of individual pathology and failure is an inherent capacity of human beings (Kelly, 2001). This neo-liberal rationality does not take into consideration the

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ways in which inequalities, intersecting oppressions, and other social factors mediate everyday experiences. Rather, the expectation is that if people can accurately predict the risks they are facing and respond appropriately then social issues would be relatively non-existent. The pathologizing tendency that exists within a neo-liberal rationality serves an effective function: absolving the state of responsibility for the citizenry (Bashevkin, 2002; Jayasuriya, 2002). In turn, this “irresponsibilization” of the state paves the way for individualized problem-solving processes and “increasingly fiscalized social policy” whereby financial matters are of central importance and attending to social problems is secondary (Morrow et al., 2004, p. 360)

With the shift to a neo-liberal rationality, government responsibilities for meeting social needs have been offloaded onto individual citizens (Bondi, 2005; Comack & Peter, 2005; Hoyle, 2008; Kelly, 2001; Silverstein & Spark, 2007). This shift is particularly notable in relation to crime. According to David Garland (1996), crime has come to be considered as a “normal, commonplace, aspect of modern society,” and therefore an element of society that the state is unable to control (p. 450). The neo-liberal rationality, therefore, sees individuals as prudent and rational subjects who need to self-govern by identifying and managing the risks they face (Beck, 2009; Grant, 2015; Liebenberg et al., 2015). In other words, the risk of victimization is perceived to be a matter of responsibility for individual citizens and not a concern of the state.

Pat O’Malley (1992) characterizes this shift as a move from “collective risk management” toward individualized problem-solving mechanisms (p. 261). Responsibilization occurs when individual citizens are tasked with identifying and managing the risks they face (Comack & Peter, 2005; Hoyle, 2008; Liebenberg et al., 2015; O’Malley, 1992).

Responsibilization assumes that citizens have the tools and ability to predict risk and the means to be able to address risks when they arise (Silverstein & Spark, 2007). Because the social

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inequalities that generate unequal access to power and resources are not part of the neo-liberal equation, the effects of marginalization are exacerbated within a neo-liberal society whereby the most vulnerable are made even more so as a result of the dual processes of individualizing and pathologizing.

Funding Cuts and the Withdrawal of Social Supports

Under a neo-liberal agenda the social provisions afforded by the welfare state became an obvious target in the rush to free up capital and increase state flexibility as economic restructuring proceeded (Gamble, 2001; Mudge, 2008). Social programs witnessed significant funding cutbacks and became limited in their ability to assist vulnerable populations (Brodie, 1995; Rebick, 2005). Marjorie Cohen (1997) documents the erosion of the social welfare state that occurred during the tenure of the Mulroney Conservative government starting in 1985 and continued when the Liberals came to power in 1993, including: cutting grants to advocacy groups to the tune of \$10 million in 1989 and \$16 million in 1990; cutting the budgets of employment initiatives such as the Canada Jobs Strategy (\$100 million in 1991) and the Student Employment Program (\$61.3 million in 1993); and cutting social housing funding by \$660 million from 1993 through to 1997/98.

The prominence of neo-liberal ideals was also obvious at the provincial level. In Ontario, for instance, shortly after its election in 1995, the Conservative government of Mike Harris announced a 21.6% cut to welfare benefits and a series of punitive measures designed to push welfare recipients into the labour force and prevent welfare fraud, including: a “spouse in the house rule” that denied benefits to women who were co-habiting with a partner; implementing “workfare,” which required all welfare recipients (including women with small children) to be actively looking for work to receive benefits; a snitch line designed to encourage anonymous

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reporting of welfare fraudsters by neighbours; and a zero-tolerance approach to those found guilty of welfare fraud in the form of permanent ineligibility (Chan, 2012; Chunn & Gavigan, 2004; Lightman et al., 2008; Mosher, 2014). Welfare fraud was sensationalized by politicians and the media, leading the public to believe that welfare fraud was a matter of great concern and that the number of cases was substantially higher than what was officially recorded. In reality, however, the incidence of welfare fraud was quite low, amounting to about 1% of the total number of welfare recipients in the province (Mosher, 2014). Nevertheless, the impacts of these reforms were dramatic. The income of a single parent with one child dropped to 58% of the poverty line, and the number of people receiving social assistance in Ontario fell from 450,000 in 1995 to 198,000 in 2005 (Mosher, 2014). The impact of these reforms was particularly negative for racialized people in Ontario, who encountered language barriers and racial stereotypes as they attempted to navigate the social assistance program. Kiran Mirchandani and Wendy Chan (2008) argue that welfare enforcement policies and protocols are structured by racism, which ultimately leads to the criminalization and punishment of racialized populations at higher rates than non-racialized populations in the province. The introduction of these reforms, therefore, represented a decided shift from the “deserving poor” under a social welfare state to the “never deserving poor” and the criminalization of poverty under the neo-liberal state (Chunn & Gavigan, 2004, p. 234).

The retrenchment of the welfare state continued during Harper era (2006 – 2015) when social programs witnessed funding cutbacks or were cancelled altogether. For instance, the Court Challenges Program (CCP), an initiative that worked to improve access to court systems for disadvantaged populations, was defunded in 2006. That same year, a \$4 million budget cut to the Law Commission of Canada was announced, effectively abolishing the program. In 2012,

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the Harper government introduced the Deficit Reduction Action Plan (DRAP). The intention of the DRAP was to balance the federal budget and achieve \$4 billion in savings from the public service budget by the 2014/15 fiscal year. Government organizations and departments were instructed to find ways to increase cost efficiency in their work and to eliminate unnecessary services, initiatives, and programs. For instance, DRAP was expected to result in \$295 million in cost saving measures to Correctional Service Canada operations over the three-year period (Comack et al., 2015, p. 7). In addition to cuts to services and programs, job losses within the federal sector were significant, totaling 19,200 public service position cuts over a three-year period (Payton, 2012).

The Harper Conservative government had little interest in supporting social programs to meet the needs of the most vulnerable in society. Instead, federal funding focussed on “tough on crime” initiatives intended to “tackle crime” and “hold offenders accountable” (Comack et al., 2015, p. 4). In turn, incarceration numbers increased dramatically during this time, despite decreases in serious crime across the country (Prince, 2015). In the process, neo-liberal, risk-based notions of social control, surveillance, and the moral policing of “deviant” populations became the overriding rationality (Doern et al., 2014).

The Impact of Neo-Liberalism and Risk Discourse on the Violence Against Women Movement

The advent of neo-liberalism presented serious challenges to feminist efforts to address intimate partner violence. This new political rationality was at odds with the central tenets of feminism, making it increasingly difficult for feminists to advocate for equality (Brodie, 1995; Walby, 2011). The neo-liberal agenda centred around the notion of “economic rationalism” which, in turn, provided a breeding ground for the mutually reinforcing individualizing and pathologizing

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processes (McDonald, 2005, p. 281). Individualism, then, became a hallmark of neo-liberalism and represented a significant departure from the collectivist ideals of previous generations, including that in which the Violence Against Women Movement had gained momentum (McQuaig, 1995; Mishra, 1999). The idea that intimate partner violence was a matter of individual pathology stood in contrast to feminist understandings of the issue as a social problem in need of “structural solutions” (McDonald, 2005, p. 281). Feminist activists working within the Violence Against Women Movement sought to expose structural inequalities such as patriarchy and transform these oppressive systems. Neo-liberalism, however, functioned to exacerbate existing inequalities and to marginalize the marginalized even further.

Shrinking of Democratic Spaces

Neo-liberalism was seen to be instrumental in “shrinking” democratic spaces and effectively crowding out feminist organizing and activism (Walby, 2011, p. 11). The initial gains of the Violence Against Women Movement were being compromised by neo-liberal principles and feminists fought to preserve the progress made thus far (Cohen, 1997). Feminist activists came to realize that state power was not a fixed entity but fluid, and that this malleability had led to the initial shift toward a neo-liberal rationality (Mudge, 2008). Consequently, tensions mounted within the Violence Against Women Movement around the challenges encountered in operating within the constraints of this new political rationality. Feminists engaged in acts of resistance in an attempt to find a way forward. This work involved coalition building, documenting the impact of social and economic restructuring, and reviewing social policy on the issue (Fraser, 2014).

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Depoliticizing and De-Gendering Intimate Partner Violence

The Violence Against Women Movement confronted several forms of patriarchal push-back, most notably in relation to criticisms surrounding the increasing prominence of intimate partner violence on the social agenda and calls to de-gender (and consequently de-politicize) intimate partner violence.

The increasing awareness of intimate partner violence and the recognition of this violence as inherently gendered was a product of the early stages of the Violence Against Women Movement (Dobash & Dobash, 1992; Schechter, 1982; Tierney, 1982). The shift in perspective—from regarding intimate partner violence as a private issue to a public matter worthy of state intervention—led to significant debate surrounding the intent behind this activism. Nancy Bern's (2001) analysis of the discourse surrounding intimate partner violence notes a distinct resistance to gendered conceptualizations of intimate partner violence, with critics arguing that feminists were using intimate partner violence to “create a new jurisprudence that assesses guilt and imposes punishment based on gender” (p. 247). Some claimed that this practice violated men's rights because it unfairly characterized them as perpetrators and criminalized them on the basis of their gender. Feminists were also accused of sensationalizing women's experiences of violence in domestic settings and, in turn, minimizing men's victimization in intimate relationships (Pearson, 1997). Consequently, critics argued that male intimate partner violence survivors were denied recognition and experienced significant barriers in accessing support services. At the time, the narrative surrounding male intimate partner violence survivors appeared to be geared toward generating increased social recognition of the issue and improving service provision responses. However, these efforts have since been exposed as disingenuous, a façade for a backlash against the Violence Against Women

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Movement with the intention of challenging the work of feminist activists (Dragiewicz, 2008; Kivel, 1992).

This line of thinking was bolstered by the concept of “gender symmetry”: the claim that women are just as violent as men and commit intimate partner violence in a similar fashion and at a similar frequency to men (Archer, 2000; Steinmetz, 1977; Straus, 1979). Critics of the gender symmetry argument pointed out that gender-neutral characterizations of intimate partner violence are context-free depictions of the issue that do not consider how socialization and cultural dynamics mediate experiences of violence in intimate relationships (Dobash et al., 1992; Kimmel, 2002; Saunders, 2002; Walker, 1989). This perspective also regards intimate partner violence as a form of “human violence,” consequently normalizing this behaviour and naming it as a common element of the human condition (Berns, 2001, p. 265). The gender symmetry argument gained prominence amongst government agencies and led to the framing of intimate partner violence as an issue impacting men and women equally in terms of both victimization and perpetration (Johnson, 2015; Lehrner & Allen, 2009; Nixon & Tutty, 2010). As a result, women’s organizations providing support to intimate partner violence survivors found themselves in a compromising position: the government funding they needed was contingent on the recognition of gender symmetry (a perspective fundamentally at odds with feminist understandings of the issue) but the financial resources provided were essential to helping intimate partner violence survivors and their children live a life free from violence. Ultimately, shelters and other support services opted to make concessions with their feminist politics in order to secure funding to assist survivors (Faith, 1993).

One illustration of neo-liberal tendencies was the Family Violence Initiative (FVI). Initiated by the federal government in 1988, the FVI funded research pertaining to violence

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occurring against a variety of population demographics (e.g., children, the elderly, Indigenous persons). Ruth Mann (2007), however, notes that the FVI had a demonstrable tendency to conflate experiences of violence with one another. This was most apparent in the FVI's consideration of violence more generally and its emphasis on statistical measures of violence over social and contextual factors. With this framing, violence against women came to be regarded in a similar manner as other forms of violence, such as that against children and the elderly. The work of the FVI ultimately resulted in the "de-gendering" of the issue of violence against women, which meant that intimate partner violence was being considered in isolation from its broader patriarchal context with its gendered power relations and historical subjugation of women (Mann, 2007, p. 70).

Retraction of the Welfare State

The retraction of the welfare state under neo-liberalism presented a challenge to previous achievements of feminist activism, including improvements in social programming and an enhanced response to victims of intimate partner violence (Brodie, 1995; Cohen, 1997; Comack, 2006; Rebick, 2005). Government funding for intimate partner violence programming and resources for policy and legislative reform decreased significantly during the neo-liberal era (Rebick, 2005).

While grants for advocacy groups were cut in 1989 by \$10 million (including \$2 million for women's groups), funding for these groups was restricted even further in 1990 with a \$16 million budget cut that included a \$1.6 million reduction in funding to the Secretary of State Women's Program. That same year, four national women's organizations were defunded which, in turn, impacted their capacity for advocacy and the production of feminist periodicals. Women's centres across the country also witnessed significant funding cutbacks during this time.

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In total, 80 women's centres in British Columbia, Nova Scotia, Newfoundland, and the Yukon lost operational funding and 39 women's centres in Quebec lost federal core funding. In 1994, women's groups and non-government organizations—many of which served vulnerable populations, including intimate partner violence survivors—experienced another budget cut of 5% (Cohen, 1997). Between 1991 and 1997/8, the FVI budget was reduced by nearly three-quarters from \$136 million to \$30.7 million (Morrow et al., 2004).

The retraction of the welfare state continued into the 21st century, the effects of which were particularly notable during the Harper era. Status of Women Canada (SWC)—a federal agency mandated to increase women's equality and participation in society—was targeted under this new neo-conservative regime. The SWC's budget was reduced by \$5 million, the Independent Research Fund (\$1 million) was cancelled, language around the “advancement of equality” was removed from the SWC's mandate, and 12 of 16 regional offices were closed (Knight & Rodgers, 2012, p. 266). Advocacy agencies and research institutes that had previously been eligible for SWC funding were now deemed ineligible and for-profit agencies were granted funding eligibility. The Women's Program (a SWC program)—a primary source of funding for many anti-violence agencies and women's centres since the 1970s—also witnessed significant federal funding cuts and a change to its operational mandate during this time (Fraser, 2014; Strumm, 2015). More than 30 feminist groups, women's centres, and research organizations—including the Canadian Research Institute for the Advancement of Women (CRIA), Native Women's Association of Canada (NWAC), the National Association of Women and the Law (NAWL), and Sisters in Spirit—have experienced funding cuts and/or have been defunded since 2006. These fiscal constraints made it difficult and, in some instances, impossible to carry out the original aims of the movement.

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The retraction of the welfare state and the ways in which intimate partner violence survivors experienced these funding cuts were multi-faceted. Specialized programs (i.e., shelters and victim services) were seen as critical components of the service provision response to intimate partner violence survivors. However, the needs of intimate partner violence survivors go beyond just simply addressing their experiences of violence and extend more broadly to other forms of social support, including housing, childcare, employment, education, and financial assistance (Liebenberg et al., 2015). Therefore, the ability of survivors to live free from violence and/or leave their abusive relationships is almost entirely dependent on the existence of a wide range of adequate social supports. As such, the retraction of the welfare state and the subsequent funding cuts to social programs impacted intimate partner violence survivors in a number of complex ways, which ultimately compounded the negative effects of their situation. Marina Morrow and her colleagues (2004) note that these apparent cost-saving measures actually increased state costs in the long-term. Initially, the funding and program cuts were an effective strategy to reduce economic costs and free up capital (Gamble, 2001; Mudge, 2008). Over time, however, the gaps in service provision and the barriers that these cuts presented for intimate partner violence survivors resulted in exponential increases in government spending pertaining to the health, criminal justice, and social service systems.

Professionalization in the Violence Against Women Movement

As the provision of supports and services for intimate partner violence survivors were developed through the 1980s, a debate emerged around the role of professionals within the Violence Against Women Movement. In some instances, professionals, including lawyers, academic researchers, and social workers, acted as equal participants, utilizing their job-specific skills to effect change and further the aims of the movement (Dobash & Dobash, 1992). Conversely,

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other professionals, particularly those in the psy-professions, sought to appropriate the movement with the sole intention of expanding their respective vocations (Dobash & Dobash, 1992; Schechter, 1982).

Karlene Faith's (1993) analysis of the shelter movement in Canada, for instance, found that professionalization served as a mechanism through which women's struggles were being appropriated by state interests. Initially, women's shelters were aligned with a feminist philosophy that emphasized egalitarian decision-making processes, collaboration, and work-sharing strategies. Despite the success of feminist organizations, it soon became clear that substantive funding was needed to sustain the operation of these shelters and feminists looked to the government for financial support. Increased government funding to expand support services resulted in notable shift toward professionalization and a move away from the original philosophy, aims, and goals of the Violence Against Women Movement (Lehrner & Allen, 2009). Feminist principles were replaced with hierarchical management structures, regimented work schedules, and education/training requirements for staff. The increasing professionalization within these spaces effectively "muted" feminist analyses of violence against women that centred around gender, patriarchy, and power (Faith, 1993, p. 28). Women's experiences of violence—previously regarded as a product of the patriarchal order—came to be referred to in gender neutral terms, such as "family violence" or "partner abuse" (Faith, 1993, p. 3). As social awareness around the issue of intimate partner violence increased, so too did the recognition of the problem within "male-dominated professions" such as social work, psychiatry, law, and academia (Faith, 1993, p. 29). Faith (1993) characterizes professional recognition as a "stamp of approval" whereby the issue gained formal legitimacy; however, it was through this

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process of institutionalization that women's experiential perspectives were simultaneously disregarded and deemed irrelevant (p. 29).

This increasing professionalization, it was argued, detracted from the overall goals of the Violence Against Women Movement and initiated a shift from women-centred responses to clinical interventions to intimate partner violence (McDonald, 2005; Schechter, 1982). The clinicalization of women's experiences of violence was seen to be guided by condescension and paternalism, factors fundamentally at odds with the central tenets of the Violence Against Women Movement (i.e., self-determination, autonomy, empowerment). Through these processes, women's perspectives came to be regarded as secondary to those of "qualified" professionals with formal education and training. This form of professionalization negated women's epistemic privilege on the issue of intimate partner violence and designated their experiences and opinions as second-rate to those of practitioners. Further, experiential women, who had initially been employed to work with women given their ability to relate to and empathize with other survivors of violence, were pushed out of shelters in favour of individuals with university degrees, clinical training, and other professional qualifications (Faith, 1993). Professionalization was, therefore, seen as at odds with the Violence Against Women Movement's central goal of liberating women from patriarchy.

Risk of Co-optation by the State

Engagement with the state is recognized as one of the most prominent strategies for social movements to initiate broad reform and social change (Lehrner & Allen, 2009; Staggenborg, 2012). However, involvement with the state can push social movements (including the Violence Against Women Movement) into spaces of precarity where the risk of co-optation is significant (Johnson, 1981). The threat of co-optation is experienced most acutely in relation to resource

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mobilization activities (e.g., turning to the government for funding) where powerful systems exchange funding for control over aspects of the movement. As such, criticisms were raised in relation to the Violence Against Women Movement's engagement with the state to further the aims of the cause and the risk of co-optation this presented (Faith, 1993).

The Violence Against Women Movement's engagement with the state initiated a perilous process whereby state interests infiltrated and eventually overtook the feminist agenda relating to intimate partner violence (Lehrner & Allen, 2009). The increasing prominence of government priorities within these spaces ultimately detracted from the central aims of the movement and forced feminists to make ideological concessions (McDonald, 2005). Faith's (1993) analysis of the relationship between the establishment of crisis shelters and state funding found that most shelters (including those originating from the Violence Against Women Movement) had been co-opted by social control agencies through this process. In many situations, government funding was contingent on compliance with professional standards, including educational requirements, standardization of service delivery, and quarterly reporting (Lehrner & Allen, 2009). Dependent on essential funding to ensure the operation of their agency, many shelters chose to bend their politics to meet the demands of the government (and to obtain funding). In turn, the reliance on government funding accelerated the professionalization of intimate partner violence service provision responses within these spaces. The duality that exists between the welfare state and neo-liberalism is evident in the co-optation of domestic violence shelters, specifically in relation to the funds that were allocated to these initiatives under conditions consistent with neo-liberalism.

Under neo-liberalism, risk management and the reduction of danger have moved to the forefront of consideration in the development of organizational practices and processes

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(Walklate & Mythen, 2011), producing a myriad of institutional safeguards, surveillance strategies, and threat assessment techniques designed to support an increasingly risk-driven society. Managerialism, a set of beliefs centred around order, control, oversight, and accountability, worked to solidify the existence of these risk-based mechanisms within responses to social problems (McDonald, 2005). Underpinning these developments was the proliferation of risk discourse in modern society.

Risk and Risk Discourse

The shift to a neo-liberal rationality has been accompanied by a focus on risk as a way of addressing social problems. Risk is defined as “situations of uncertainty when the possible harms remain inestimable” (Walklate & Mythen, 2011, p. 101). Risk can also be understood as an all-embracing, ever-present concept (Beck, 2009). This approach understands social problems as issues that can be quantified and objectively managed. O’Malley (1992) notes that the “concept of social risk makes it possible for insurance technologies to be applied to social problems” (p. 268). In other words, the characterization of social issues as “social risks” has necessitated the resolution of these matters through risk-based mechanisms such as actuarial techniques, statistical measures, and risk assessment. On this basis, the probability of a social problem occurring can be calculated using actuarial and other risk-based techniques (Baker & Simon, 2002; Walklate & Mythen, 2011). Risk-driven techniques are appealing because they are perceived to be pragmatic, expedient, and economically savvy (Feely & Simon, 1992; Garland, 2001; O’Malley, 1992). The centrality of risk discourse within the modern world has contributed to the development of multiple risk-based mechanisms and strategies for managing social problems, including risk prediction, risk assessment, and risk management. In turn, risk has

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become the default setting for responses to social ills and exists primarily as a strategy for managing people and their problems.

As one example, risk discourse has infiltrated the correctional system in the form of risk assessment and risk-based techniques used to manage incarcerated populations (Andrews & Bonta, 2010; Hannah-Moffat, 2001). Malcolm Feely and Jonathan Simon (1992) write on the emergence of the new penology in the 1980s. The new penology is focussed on actuarial assessments of risk (which are associated with the positivist tradition) and the management of risk within penal institutions. This strategy, referred to as the “custodial continuum,” allows correctional officers to easily and efficiently organize and manage prisoners according to the level of risk they present (Feely & Simon, 1992; Hannah-Moffat, 2005). Stanley Cohen’s (1985) examination of how approaches to deviance have evolved over time identified a decided shift toward classification (and segregation based on risk level), increased involvement of the state in the control of deviance, and a focus on the “mind as an object of penal repression” (p. 13-14). The new penology represents a shift to the prioritization of risk management over individualized rehabilitation strategies (Comack, 2018; Feely & Simon, 1992; Garland, 2001; Hannah-Moffat, 2005). Risk-based strategies distance service providers from incarcerated populations by replacing genuine human interaction with checklists and assessments. Nevertheless, the benefits of a risk management approach are said to be two-fold: it expedites institutional processes and ensures public protection.

Risk discourse has also permeated other sites, including criminal justice and social service responses to intimate partner violence. Victimization prevention has become an increasingly popular topic within the criminal justice system (Edwards et al., 2017). It is especially within the realm of crime prevention that the predictive capacity of risk-based

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technologies has been put into practice. As a result, these techniques have permeated practitioner responses to crime victims and have been used to gauge the probability of recidivism, inform safety plans, and to develop risk management strategies (Hoyle, 2008; Walklate & Mythen, 2011).

Risk, Risk Assessment, and Intimate Partner Violence

Risk has become a primary consideration in modern responses to intimate partner violence (Cattaneo & Chapman, 2011; Heckert & Gondolf, 2004; Hoyle, 2008; Johnson, 2010). The proliferation of risk assessment tools along with a demonstrable preference for positivistic methods has ensured the centrality of risk discourse in criminal justice and social service responses to the issue. Further, the use of quantitative methods to study intimate partner violence has generated certain assumptions about the nature of risk women experience and the strategies most appropriate for reducing that risk (Walklate & Mythen, 2011). A positivist perspective seeks to organize experiences of intimate partner violence along a continuum of neatly delineated risk factors. This information is then used to determine service delivery responses and direct resource allocation. In effect, a risk-based approach treats intimate partner violence survivors and their experiences as sources of data. This shift represents a significant departure from approaches during the Violence Against Women Movement that honoured survivors and their stories (Schechter, 1982).

Defining Risk and Risk Assessment

Risk, as it relates to intimate partner violence, has been conceptualized in a number of ways. Much of the existing literature on risk and intimate partner violence indicates that risk is characterized by the likelihood of a victim experiencing future violence and/or a perpetrator committing future violence (Douglas & Kropp, 2002; Hilton & Harris, 2005; Jeffrey et al.,

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2018). Jacquelyn Campbell (2004) identifies three categories of risk pertaining to intimate partner violence: “1) factors that increase the risk of re-assault or revictimization; 2) factors that increase the risk of lethality; and 3) factors that keep women who are battered safer or reduce their risk of being battered” (p. 1465). This differentiation is important because the factors used to predict risk of future assault are inherently different than those used to predict lethality.

Risk assessment in the context of intimate partner violence is defined as: “an evaluation of the level of risk of harm a victim (or others connected to the victim) may be facing including the likelihood of repeated or dangerous violence, based on a professional’s judgement and/or a structured interview and/or a tool (instrument) that may include a checklist of risk factors” (Campbell et al., 2016, p. 3). The results of a risk assessment are intended to inform efforts to prevent future violence (Douglas & Kropp, 2002; Hoyle, 2008). In other words, risk assessments are used to identify and mitigate risk as part of safety planning and risk management efforts (Hilton & Harris, 2005). Risk assessments are also used to prioritize cases and guide resource allocation (Campbell et al., 2016; Hoyle, 2008). Finally, risk assessments have been credited with improvements in transparency, consistency, and accountability in decision making processes and responses to intimate partner violence (Campbell et al., 2016).

Approaches to Risk Assessment

There are three main approaches to risk assessment: actuarial, structured professional judgement, and unstructured clinical decision making (Campbell et al., 2016; Hilton & Harris, 2005).

Actuarial risk assessments are based on statistical analyses that “use the demonstrated relations between predictors and recidivism to combine information in way that estimates the likelihood of recidivism” (Hilton & Harris, 2005, p. 9). Actuarial risk assessments are said to be advantageous because they indicate the probability of recidivism for that particular individual

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and provide a general idea about the proportion of individuals in each risk category (Hilton & Harris, 2005). For instance, the Ontario Domestic Assault Risk Assessment (ODARA) is an actuarial risk assessment tool comprised of 13 items, including prior domestic incident, threat to harm or kill during the most recent incident (index incident), and barriers to victim support (Hilton & Harris, 2005). The ODARA was initially developed for use by first responders (i.e., police, crisis response, victim services) but has also been utilized by shelter staff and other community agencies to inform long-term safety plans and violence prevention strategies (Campbell et al., 2016).

Structured professional judgement is an approach to risk assessment that follows specific “theoretical, clinical, and empirical knowledge about violence” (Douglas & Kropp, 2002, p. 626). Most often, this includes a checklist of factors to be considered, methods for assessment, guidelines for discussing risk with victims, and strategies for risk management and safety planning (Campbell et al., 2016). Structured professional judgement is considered to be more flexible than the actuarial approach because it allows room for professional discretion in the assessment of risk (Campbell et al., 2016; Douglas & Kropp, 2002). One example of this approach is the Spousal Assault Risk Assessment (SARA); the most recent version includes 24 risk factors grouped into three main categories: nature of domestic violence, perpetrator risk factors, and victim vulnerability factors (Campbell, et al., 2016).

Unstructured clinical decision-making is an informal approach to assessing risk (Campbell et al., 2016). Professional judgement and experience are used to ascertain the level of risk instead of formal tools and assessment guidelines (Campbell et al., 2016; Douglas & Kropp, 2002). Unstructured clinical decision-making allows for the inclusion of context-specific

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information and situational factors but has been criticized for allowing in bias and professional preferences.

Reliability and Validity

The effectiveness of a risk assessment tool has been assessed using psychometric measures. Reliability looks at the consistency of the risk assessment scores when conducted under similar circumstances (Graham et al., 2019). Validity looks at whether the risk assessment tool is measuring what it is intended to (Graham et al., 2019). Predictive validity is a type of validity that measures the ability of the risk assessment tool to predict recidivism (Campbell et al., 2016). Predictive validity is the most commonly reported psychometric property in intimate partner violence risk assessments given the centrality of violence prediction to risk management and safety planning efforts in intimate partner violence situations. A review conducted by Marcie Campbell and her colleagues (2016) indicates a moderate level of predictive validity among the risk assessment tools considered (ODARA, SARA, Danger Assessment [DA], Domestic Violence Risk Appraisal Guide [DVRAG], Summary of Domestic Violence Risk Factors, and the Domestic Violence Screening Instrument [DVSI]). However, empirical research has consistently found victims' predictions of violence to be almost or equally as accurate as those of formal risk assessment tools (Campbell, 2004; Campbell et al., 2016; Harding & Helweg-Larsen, 2009; Heckert & Gondolf, 2004; Walklate & Mythen, 2011). Research has found that the predictive validity of formal risk assessment tools improves significantly with the inclusion of victim perceptions of risk (Campbell, 2004; Campbell et al., 2016; Cattaneo & Chapman, 2011).

The Use of Risk Assessments

Risk assessments are used by various practitioners at multiple points in the social service and criminal justice systems (Douglas & Kropp, 2002). Police, victim services, Crown Prosecutors,

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and probation services use risk assessments to inform their practice and to guide intervention strategies. The choice of risk assessment varies greatly among practitioners in the criminal justice system. In some agencies the use of a formal risk assessment tool is mandated (Cattaneo & Chapman, 2011). Conversely, in other agencies practitioners are afforded more discretion in the risk assessment process and rely primarily on professional judgement and experience-based knowledge (Hoyle, 2008).

Police officers may score a risk assessment when responding to a domestic situation (Hoyle, 2008). Information from the assessment can be used to determine the best course of action in the case, including the safety needs of the victim and the manner in which to manage the risk posed by the perpetrator. Victim services use risk assessments to inform risk management and safety planning initiatives (Nicolaidis et al., 2003). On occasion, victim services workers will score risk assessments for the purposes of court proceedings pertaining the amendment or removal of conditions and pre-sentencing reports. Shelter workers will often score risk assessments with women when they come into shelter to identify areas that need to be addressed during the stay, to develop a safety plan, and to put in place strategies to mitigate the risk of future harm (Harding & Helweg-Larsen, 2009). Finally, Crown Prosecutors consult risk assessments to make decisions surrounding bail, release conditions, and/or sentencing (Hobbs, 2012; Hoyle, 1998).

Safety Planning and Risk Management

Risk assessments are intended to inform safety planning and risk management processes. More specifically, safety planning and risk management efforts are targeted to address the risk factor(s) identified in the risk assessment.

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Safety planning is a core activity of professionals working with intimate partner violence victims (Davies et al., 1998). Safety planning is defined as a process or set of strategies implemented to protect victims and to mitigate the risk of future harm (Bader et al., 2019; Goodkind et al., 2004; Logan & Walker, 2018). Safety planning is not a one-size-fits-all process. Jill Davies and her colleagues (1998) recommend that the diverse backgrounds of intimate partner violence victims and the complexities of their respective situations be considered when developing a safety plan. Strategies can include, but are not limited to: relocating to a different residence; staying in a safe shelter; installing surveillance equipment; having a specific escape plan; and ensuring access to a cellphone to call for help (Bader et al., 2019; Logan & Walker, 2018). Risk management “involves developing strategies to reduce the risk of the aggressor acting violent” (Bader et al., 2019, p. 3). This can involve protection orders, monitoring strategies, and programming (i.e., anger management, substance abuse, mental health). However, in many instances safety planning and risk management are secondary to risk assessment (Cattaneo & Chapman, 2011; McDonald, 2005). Practitioners have been critical of this practice, noting that many intimate partner violence service provision responses focus on the “prediction of future violence rather than on the management of risk” (Cattaneo & Chapman, 2011, p. 1287). Additionally, the primacy of risk assessment in these spaces ensures that important resources (i.e., funding, training, education) are directed at risk-based techniques.

Concluding Remarks

The shift from social welfare to neo-liberalism initiated changes in a number of social arenas. Affordable housing programs, childcares centres, and educational initiatives witnessed significant funding cuts in the 1980s, 1990s, and well into the 21st century. Social assistance programs were restructured to be a temporary form of financial support regulated by stringent

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eligibility criteria and government surveillance. The shifting socio-political context also challenged the work of the Violence Against Women Movement, effectively shrinking democratic spaces for feminist organizing and reducing funding for advocacy groups, women's centres, and shelters. Within the neo-liberal framing, intimate partner violence came to be regarded as a de-gendered matter tied to individual pathology—a conceptualization largely incongruent with feminist conceptualizations of intimate partner violence as a product of gender inequality and the patriarchal order. In turn, the advent of neo-liberalism paved the way for the infiltration of risk discourse. Risk-driven techniques were recognized for their ability to be expedient and economically savvy—important considerations for managing populations and addressing social issues under the neo-liberal agenda. Over time, risk assessment and risk management came to be central fixtures within the anti-violence sector. However, the question remains whether the centrality of risk discourse within intimate partner violence service provision responses is to the benefit or detriment of survivors.

The following chapter details the methodology and theoretical framework used to examine the ways in which neo-liberalism and the infiltration of risk discourse have impacted the original goals of the Violence Against Women Movement with a specific focus on service provision responses to intimate partner violence and the import for women whose partners are violent toward them.

Chapter 3: Methodological and Theoretical Considerations

This research examines how responses to intimate partner violence have changed over time with an eye to determining whether the shift to risk discourse has been to the benefit or detriment of intimate partner violence survivors. Using key informant interview data from the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP), this project addresses three research questions: 1) What is the impact of the advent of risk discourse on the original goals of the Violence Against Women Movement in relation to addressing intimate partner violence? 2) How does the shift to risk discourse ‘play out on the ground’ for practitioners and criminal justice personnel responding to intimate partner violence? And 3) What are the implications for women whose partners are violent toward them?

The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations

This research used interview data collected as part of phase two of the CDHPVP. The CDHPVP is a SSHRC-funded national initiative that examines domestic homicide in Canada with a specific focus on risk assessment, risk management, and safety planning. Additionally, the CDHPVP considers the experiences of four population groups: individuals residing in rural, remote, and Northern locations; children exposed to violence; immigrants and refugees; and Indigenous persons.

Ethics

An ethics application was first submitted to the Research Ethics Board (REB) at the institutions of the Principal Investigators: Western University (Dr. Peter Jaffe) and Guelph University (Dr. Myrna Dawson). Once the ethics application had received approval from these sites it was then submitted to the REB at the 10 universities of the co-investigators across Canada, including the

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University of Manitoba (Dr. Jane Ursel). Ethics approval was also received for this particular project in addition to the original one (see Appendix A).

Sampling and Recruitment

Potential participants were identified by CDHPVP co-directors, co-investigators, partners, and collaborators. Criteria for inclusion in the project included the following: involvement in domestic violence work, including risk assessment, risk management, and/or safety planning; and at least 18 years of age. CDHPVP research team members (community and academic) were asked to send potential participants an email invitation to complete an online survey. The email included information about the project, the voluntariness of participation, and anonymity. The survey asked a series of questions related to participants' work roles and the ways in which risk assessment, risk management, and safety planning informed their approach to victims and survivors of intimate partner violence. The last survey question asked whether participants would be interested in taking part in a follow-up interview. Participants expressing interest in the follow-up interview were then asked to leave their contact information for subsequent contact by a research assistant.

Participants for the follow-up interview were also identified through the literature review, relevant community websites, and policy documents. Snowball sampling was also employed as participants were asked to forward the email survey invitation to other individuals they felt were suitable for inclusion in the project.

Consent

Participants were sent an information letter and consent form prior to the interview. They were asked to review both documents and then email the CDHPVP Project Manager indicating their understanding of the information and confirming their consent to participate in the interview.

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The research assistant confirmed with the participant that the consent process had taken place prior to commencing the interview.

Study Population

The study population was comprised of 370 individuals who had some form of involvement in working with victims and/or perpetrators of intimate partner violence. Participants came from a diverse range of professional backgrounds, including victim services, police, Crown Prosecutors, corrections, probation, parole, shelter workers, crisis response, social services, addiction supports, mental health, health care, cultural community programs, and child protection.

Semi-Structured Interviews

Research assistants followed up with the survey participants who expressed interest in taking part in a follow-up interview. Interviews took place via telephone, Skype, or in-person depending on the preference and geographic location of the participant. The research assistant ensured the informed consent of the participant prior to commencement of the interview. The participant was also provided the opportunity to ask questions and clarify information beforehand. Interviews lasted approximately 30 minutes to one hour in length and were audio-recorded. The interview guide contained 31 open- and closed-ended questions focused on five main areas: general demographic information, risk assessment, risk management, safety planning, and vulnerable population groups. The interviews also included questions on the four vulnerable population groups: individuals residing in rural, remote, and Northern locations; children exposed to violence; immigrants and refugees; and Indigenous persons (see Appendix B for the CDHPVIP key informant interview guide). Interviews were transcribed verbatim by the research assistants. All identifying information was eliminated and the participant's name was replaced by a code.

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The Present Study

Given the focus of this study, only the interview data from those individuals working in the criminal justice system (police officers, Crown Prosecutors) or providing support to women whose partners have been violent toward them (shelter staff, victim services staff) were included in the analysis. I also considered interview data pertaining to all four populations (individuals living in rural, remote, and Northern locations; children exposed to violence; immigrant and refugee populations; and Indigenous persons). The inclusion of these four vulnerable populations enabled consideration of the ways in which criminal justice personnel and social service workers responded to the diversity of women they encounter in their work.

The second question on the CDHPVIP interview schedule asked which sector the interview participant currently works in. By noting the response to this question, I was able to quickly identify whether the transcript met the first criteria for inclusion in the project. A total of 147 suitable transcripts were identified. Analysis of the transcripts proceeded until there was a degree of “replication in categories” indicating that saturation had been reached (Morse et al., 2002, p. 18).

In total, 45 transcripts were included in the analysis; the sector breakdown is as follows: Crown Prosecutors (eight), shelter (12), victim services (12), and police (13). I ensured representation based on geographic region; the breakdown is as follows: British Columbia (four), Alberta (eight), Saskatchewan (four), Manitoba (six), Ontario (14), Quebec (two), Nova Scotia (three), Prince Edward Island (two), Yukon (one), and the Northwest Territories (one).

The following list of interview questions from the CDHPVIP project was used to address the research questions of the present study. Each participant—regardless of sector—was asked the same interview questions.

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General questions: 1) Which sector do you work in (e.g., violence against women, family law, police, victim services, health, education, settlement services)? 2) What is your job title? 3) What does your role entail?

Questions on risk assessment: 1) In your role, do you conduct risk assessment as described? 2) If you do not conduct risk assessments, who does? 3) Do you use your professional judgement in risk assessment? 4) Do you use a structured interview? 5) Do you use a structured tool/instrument? 6) Did you receive training on this tool(s)? How many trainings did you receive? 7) Is conducting risk assessment mandatory or optional in your organization/role? 8) Are there written documents/directives that guide risk assessment within your organization? 9) Are the victim's perceptions of safety considered in the risk assessment?

Questions on safety planning: 1) In your role, do you provide safety plans for victims? 2) If you do not provide safety plans for victims, who does? 3) What are the strategies you use? 4) Did you receive training on safety planning? How many trainings did you receive? 5) Are there any written documents/directives that guide safety planning within your organization? 6) Do you collaborate with other organizations around safety planning?

The general questions, particularly those regarding employment and job duties, provided a sense of how the intimate partner violence sector is currently structured and the manner in which survivors are being served. Participant responses provided information about the guiding principles, professional standards, and ideologies utilized in practitioner responses to intimate partner violence. For instance, are there differences between how criminal justice personnel and social service practitioners employed risk assessments in their work? How do risk assessments align with other factors that participants bring to bear in their decision making (e.g., professional judgement)?

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The questions sets pertaining to risk assessment and safety planning provided information about specific actuarial assessments, safety planning tools, and best practices in addressing intimate partner violence. For instance, safety planning was a key consideration for the Violence Against Women Movement. How does it play out under the risk regime? These questions also provided an idea of survivor participation and/or the inclusion of survivor input and experiences throughout the process. For instance, centring women was key to the Violence Against Women Movement. Where do survivors now figure in the risk assessment process? Is there special attention to vulnerable populations? If so, what does that involve?

Theoretical Framework

A feminist intersectional framework informed the analytic scheme of this study. Kimberlé Crenshaw (1991) theorized intersectionality as the ways in which multiple oppressions—race, class, gender, ability, and sexual orientation, for example—interact to “shape the multiple dimensions of women’s lives” (p. 1244). Importantly, an intersectional analysis of violence against women offers a macro-level explanation that recognizes the power of “interlocking structures” of domination (capitalism, patriarchy, settler colonialism) and the ways in which these systems mediate experiences of violence (Hill Collins, 2002, p. 228). Intersectionality also provides a contextualized and nuanced understanding of the diversity and difference that exist in women’s experiences of violence, and how the layering of oppressions exacerbates the frequency and severity of violence, barriers to help-seeking, and misconceptions surrounding the issue (i.e., stereotypes surrounding certain populations and their experiences of violence).

As such, intersectionality will be used to understand the efforts of the Violence Against Women Movement to recognize the diversity in experiences of gender-based violence. Specifically, this analysis will focus on the methods of the movement to support women from

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diverse backgrounds in terms of enhancing survivor autonomy and self-determination, increasing the availability of tailored service provisions responses, and the establishment of participatory approaches. An intersectional framework will also be used to analyze feminist efforts to challenge the structures (i.e., patriarchy, capitalism, and settler colonialism) that perpetuate violence against women.

Moreover, intersectionality provides a strong foundation on which to interrogate the impact of neo-liberalism and the accompanying risk discourse on service provision responses within the anti-violence sector. An intersectional framework will be used to examine how standardization, professionalization, and responsabilization function within the context of neo-liberalism and the ability (or inability) of these processes to recognize the difference and diversity that exist across social issues. Similarly, risk-based approaches will be analyzed with an eye to understanding the place of positivist constructions of violence against women within service provision responses and the disconnect that potentially exists between risk-based approaches and women's lived experiences of intimate partner violence. Finally, an intersectional lens will be used to assess the impact of neo-liberalism and risk discourse on marginalized women whose partners are violent toward them.

Theorizing related to discourse and the social construction of problems and target populations were central components of the study's theoretical framework. Michel Foucault's (1977) examination of power and knowledge characterized the relationship between the two as inextricably linked and mutually reinforcing. As Foucault (1977) wrote, "It is not the activity of the subject of knowledge that produces a corpus of knowledge, useful or resistant to power, but power-knowledge, the processes and struggles that traverse it and of which it is made up, that determines the forms and possible domains of knowledge" (p. 27-28). In other words, subjects

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are created and discourses are developed through particular practices of power and knowledge. Discourses, then, can be understood as mechanisms that “constitute the ‘nature’ of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern” (Weedon, 1987, p. 108).

In relation to this study, discourse was used to understand how the issue of intimate partner violence was being framed within the practitioner narratives and the meanings associated with their thinking on the issue. The work of Helen Ingram and her colleagues (2007) interrogates the social construction of problems and target populations, focussing on the tendency of policy makers to construct social issues using binary terms (e.g., positive and negative). Consequently, the bifurcation of problems and target populations can have significant implications regarding social responses to the issue, the availability of resources to address the problem, and the development of public policy on the matter. The work of Ingram and colleagues along with Foucault’s theorizing on discourse were employed to examine how women whose partners were violent toward them were being conceptualized within the context of neo-liberalism and risk discourse and the ways in which these perceptions impacted service provision responses toward the issue (e.g., the notion of the “ideal victim” and the availability of support services for those who deviate from this moral standard).

Analytic Strategies

Thematic network analysis, an analytic tool for qualitative research, was utilized for the data analysis portion of the research project. According to Jennifer Attride-Stirling (2001), thematic network analysis is premised on a six-level structure with three different levels of analysis:

lower-level basic themes, mid-level organizing themes, and overarching global themes.

Thematic network analysis is recognized for its ability to explain relationships within and among

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concepts as well as the ability to produce a concept-web style map of research themes. This data analysis method has been used extensively in qualitative research in the social sciences (see: King, 2013; Morazes et al., 2010; Soylu & Sheehy-Skeffington, 2015), with some studies on intimate partner violence utilizing the technique (see: Rose et al., 2011; Walker et al., 2015).

The analytic process was divided into three stages: reduction/breakdown of text, exploration of the text, and the integration of exploration. These analytic stages are detailed in Table 1. The first stage focussed primarily on breaking down the text through various means, including coding of interview transcripts, identification of themes, and the construction of the thematic networks (Attride-Stirling, 2001). The first step was to code the interview transcripts. To facilitate the analysis of the full complement of interview data, a coding framework based on the research questions, literature review, and theoretical framework (intersectionality) was constructed. The initial coding framework contained 103 codes involving words or short phrases derived from each of the three aforementioned sections (from research questions: two codes; from literature review: 93 codes; from theoretical framework: eight codes).

I then proceeded with a review of the transcripts to identify pieces of data that pertained to lower-level issues discussed (codes). This process was iterative in nature, meaning that additional issues discussed (codes) emerged as the process progressed. Several issues discussed (codes) that were initially included in the coding framework were deleted as the process continued. These issues discussed (codes) were determined to be too broad and were subsequently replaced with more specific codes. While the initial coding framework included 103 codes, after the completion of coding this number had grown to 151 and after the analysis had been completed 117 codes remained.

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Step two centred around the identification of common and significant themes amongst the coded material. This process involved recording the noted issues, emerging themes, specific quotes associated with each theme, and quantifying the total number of codes associated with each thematic level (Attride-Stirling, 2001). I wrote each issue discussed (code) on a note card and physically organized the cards into piles with similar themes. Next, an Excel chart was created that grouped the issues discussed (codes) into the broader level basic, organizing, and global themes. Basic themes are the lowest-level themes that are then grouped together to form organizing themes and the organizing themes are subsequently grouped together to form global themes (Attride-Stirling, 2001). Global themes are the highest-level themes that represent the overarching themes and ideas within the research (Attride-Stirling, 2001). This process enabled me to identify underlying patterns within the data and assisted with refining the themes. In total, three global themes, nine organizing themes, 29 basic themes, and 117 codes were identified in the data (coding frequency charts have been included as Appendices D, E, and F). The culmination of these efforts resulted in three web-like illustrations (one pertaining to each global theme) depicting the relationships in the data. The second analysis stage involved the description of the various basic, organizing, and global themes, including participant quotations throughout to illustrate the theme (Attride-Stirling, 2001). The final analysis stage focussed on the exploration and interpretation of themes within the data, particularly between the thematic levels (Attride-Stirling, 2001).

Coding frequencies have been provided throughout the findings, analysis, and conclusion chapters. The frequencies serve two purposes: 1) to provide a breakdown of the number of times a theme has been coded; and 2) to indicate how many times a sector population has been coded in relation to a specific theme. These frequencies should not, however, be

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interpreted as an absolute measure of the predominance of one theme in relation to the other. It may be the case that some themes and sectors were coded more frequently depending on the way the interview guide was structured and/or the way in which the questions were posed to the participant. As such, the coding frequency should be viewed as a supplement to the qualitative interview data (i.e., service provider quotes) that have been provided throughout the remainder of the document.

Table 1: Thematic Networks: Steps in the Analytic Process

Analysis Stage A: Reduction or Breakdown of Text

Step 1. Code Material

- a. Devise a coding framework
- b. Dissect text into text segments using the coding framework

Step 2. Identify Themes

- a. Abstract themes from coded text segments
- b. Refine themes

Step 3. Construct Thematic Networks

- a. Arrange themes
- b. Select basic themes
- c. Rearrange into organizing themes
- d. Deduce global theme(s)
- e. Illustrate as thematic network(s)
- f. Verify and refine the network(s)

Analysis Stage B: Exploration of Text

Step 4. Summarize Thematic Networks

- a. Describe the network
- b. Explore the network

Analysis Stage C: Integration of Exploration

Step 5. Summarize Thematic Networks

Step 6. Interpret Patterns

(Attride-Stirling, 2001, p. 391)

Themes Identified

A total of three global themes and nine organizing themes were identified in the data:

Manifestations of Neo-Liberalism and Risk Discourse (organizing themes: Responsibilization;

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Professionalization; Standardization; and Risk-Based Approaches to Intimate Partner Violence); Remnants of the Violence Against Women Movement (organizing themes: Characteristics of the Violence Against Women Movement and Resisting Risk Discourse); and the Impact of Neo-Liberalism and Risk Discourse (organizing themes: Deficiencies in Service Provision; Systems Causing Survivor Harm; and Gaps Related to Risk Management and Safety Planning). The three global themes came together based on the iterative coding process and the subsequent grouping of these codes into basic, organizing, and global themes. This process was informed by a review of the literature, the theoretical framework (intersectionality), and a preliminary review of 30 transcripts.

Individually, each global theme offers important information but the comparisons between the three offer a more obvious depiction of how intimate partner violence service provision has been transformed since the beginning of the Violence Against Women Movement. This juxtaposition also highlights the ways in which risk discourse has infiltrated service provision responses to intimate partner violence with a focus on responsabilization, professionalization, and standardization. The three global themes build upon one another. The first global theme, Manifestations of Neo-Liberalism and Risk Discourse, examines neo-liberalism and risk discourse within the context of modern intimate partner violence service provision responses, particularly in relation to the ways in which these factors have transformed support services for intimate partner violence survivors. The second global theme, Remnants of the Violence Against Women Movement, goes on to examine the elements of the grassroots movement that are present within modern intimate partner violence service provision responses. By noting the elements that remain (i.e., crisis lines, shelters) and those that have disappeared (i.e., survivor-centred approaches) within practitioner narratives, the analysis highlights the

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persistence of this activism and also the pervasive nature of risk discourse. The final global theme, the Impact of Neo-Liberalism and Risk Discourse, is the culmination of the first two analyses and assesses whether the infiltration of risk discourse (and the consequent elimination of many elements borne out of the Violence Against Women Movement) has been to the benefit or detriment of intimate partner violence survivors.

Each of the three findings chapters that follow will be organized around one of the global themes. The organizing themes provide structure to the discussion with each corresponding basic theme describing specifically how the theme plays out. A thematic map is provided at the beginning of each chapter that details the basic themes (represented by the textboxes), the higher-level organizing themes (represented by the smaller circle), and the overarching global theme (represented by the largest circle). Participant quotations are inserted throughout the analysis chapters to illustrate how I arrived at each basic theme. Summaries for each organizing theme will be provided throughout each chapter. A list of acronyms—including those for commonly used risk assessments—has been provided as Appendix C.

Bracketing

Bracketing is defined as “the task of sorting out the qualities that belong to the researcher’s experience of the phenomenon” (Drew, 2004, p. 215). This self-reflective practice is used across various stages of the qualitative research process to acknowledge and address the researcher’s preconceptions related to the study. Bracketing is recognized strategy for increasing the rigour of qualitative research (Tufford & Newman, 2010).

I utilized bracketing at several points in the research process. I reflected on my experience working in a victim services program and a crisis shelter prior to commencement of the study. During this time, I responded to countless crisis situations, connected with survivors

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who had been severely beaten by their partners, and worked with several women who were killed by their partners. These experiences impacted me in a significant way and have shaped my perspective on intimate partner violence and societal responses to the issue. As a result of this process, I identified several preconceptions and biases that I held related to standardization, professionalization, and the predominance of risk assessment within the anti-violence sector. I was particularly mindful of bracketing at the time of data analysis. I consulted the literature review, theoretical framework, and research questions in an effort to draft the coding framework in an academically—rather than subjectively—informed manner. I reviewed the codes and coding frequencies at regular intervals throughout the data analysis process to ensure consistency across my analytic approach. An audit journal was kept throughout the process to document decisions made in relation to data analysis. I also discussed the coding framework and analysis process with my advisor on an ongoing basis.

Limitations

Several limitations of this study are related to the use of secondary qualitative analysis. I analysed 45 of the key informant transcripts collected as part of phase two of the CDHPIVP. The interviews were conducted by research assistants from various universities across the country and were cleaned, de-identified, and organized in NVivo by the National Research Coordinator.

I did not participate in the original data collection and was not familiar with the interview transcripts prior to commencement of the analytic process. As such, there was a significant lack of familiarity with the research tools, the interview process (i.e., interview setting, interviewer style), practitioner narratives, and potential themes within the transcripts. Janet Heaton (2008) characterizes this issue as the “problem of not having been there,” which refers to the challenges

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that researchers encounter when interpreting and analyzing data that they have not collected themselves (p. 40). Critics of this methodology highlight the incongruencies that exists between secondary qualitative analysis and the epistemological foundations of qualitative research (Irwin, 2013). Involvement in the data collection process allows the researcher to be immersed within the data and provides important contextual information about the participants, their respective situations, and the interview dynamics—elements that researchers conducting secondary qualitative analysis are not privy to. Consequently, the “meaning and context” of the data—both of which are central to “grounding knowledge claims”—are lost (Irwin, 2013, p. 297). Had I conducted the interviews myself I would have been immersed within the data collection process, well-acquainted with the interview content, and able to note emerging themes as the interview process proceeded—all of which would have better prepared me for the analytic process. Additionally, I would have been well-acquainted with the context, nuances, and meanings associated with participants and their respective interviews.

Another limitation of secondary qualitative research is that the researcher is unfamiliar with the issues associated with the data collection and transcription process (Boslaugh, 2007). As a result, it can become difficult when using this methodology to effectively plan for and accommodate data-related issues. In relation to the CDHPIVP study, I noted several instances in the transcripts where the research assistants did not ask follow-up questions to clarify the information provided by participants. I was also unfamiliar with the training provided to the research assistants conducting the interviews, making it difficult to articulate whether the issue was related to training or personal preference. This limitation could have potentially impacted the ways in which participants responded to the question, the level of detail associated with their responses, and the overall quality of the interview data.

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The most significant limitation of using secondary data in this study was that the original CDHPIVP data were not collected to answer the research questions of the present study (Boslaugh, 2007). Additionally, there was information (i.e., level of education, rationale behind use of risk assessment, perceptions of change in the anti-violence sector) that was not collected, which would have been beneficial to this study. The CDHPIVP phase two interviews focussed on risk assessment, risk management, and safety planning in cases of intimate partner violence with a specific focus on the experiences of four vulnerable population groups (individuals residing in rural, remote, and Northern locations; children exposed to violence; immigrants and refugees; and Indigenous persons). The present study examines the impact of neo-liberalism and the accompanying risk discourse on service provision approaches within the anti-violence sector. In that regard, I encountered the “problem of data fit” (Heaton, 2008, p. 40) when developing my study, particularly in relation to the construction of the research questions and analytic framework. However, a preliminary review of 30 transcripts provided me with a degree of familiarity with the practitioner narratives, which was then used to determine whether the CDHPIVP interview data could be used to address the questions posed by the study.

Many of the interview questions (see Appendix B for the CDHPIVP key informant interview guide) focussed on risk so it was not surprising that risk was a predominant theme within the interview transcripts. Consequently, I encountered challenges in determining how to analyze the data in a manner that distinguished between instances where risk was mentioned because of the types of questions asked and those that were related to the manifestation of risk discourse within the anti-violence sector. Rather than a simple quantification of the number of times risk is mentioned in the transcripts, therefore, the findings and analysis chapters focus on

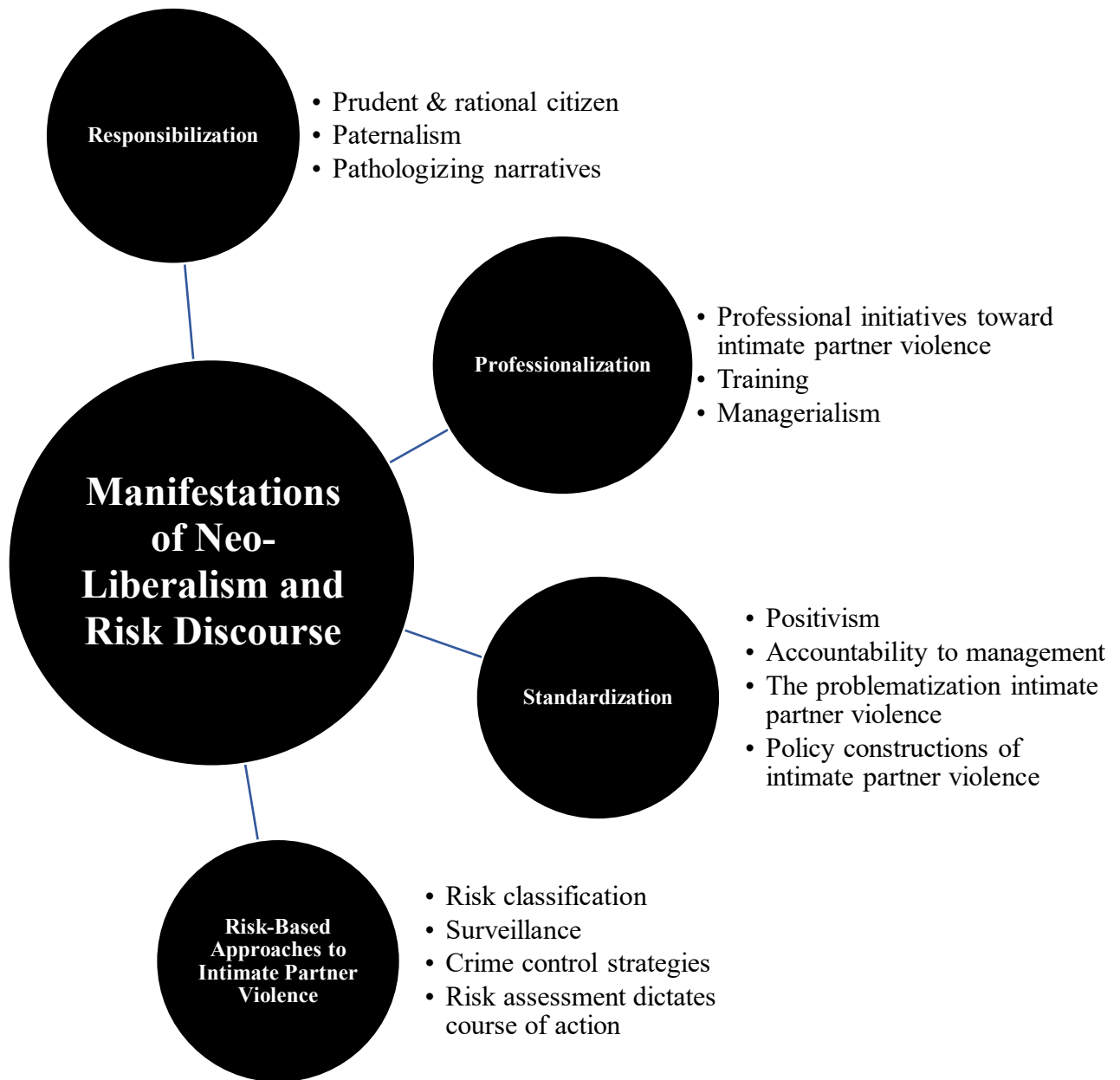
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the ways in which risk is being deployed in the anti-violence sector and the implications of that risk discourse in relation to the central tenets of the Violence Against Women Movement.

Chapter 4: Manifestations of Neo-Liberalism and Risk Discourse

The advent of neo-liberalism and the subsequent retraction of the welfare state spurred the proliferation of risk-based approaches to social issues. Risk-based approaches are embedded within positivist paradigms and centre around notions of surveillance, quantification, actuarial techniques, and standardization. Risk discourse quickly became the predominant strategy for managing offenders in correctional settings in the 1980s (Feely & Simon, 1992). Since that time, risk discourse has manifested in a number of other sites, including the anti-violence sector. This first findings chapter explores the ways in which neo-liberalism and risk discourse have manifested in modern service provision responses to intimate partner violence. The chapter addresses the following question: how does the shift to risk discourse play out ‘on the ground’ for practitioners and criminal justice personnel responding to intimate partner violence? The chart below depicts the global theme, organizing themes, and basic themes discussed in this chapter.

Thematic Map – Manifestations of Neo-Liberalism and Risk Discourse



Global Theme 1: Manifestations of Neo-Liberalism and Risk Discourse

This first global theme, Manifestations of Neo-Liberalism and Risk Discourse, was developed based on four organizing themes: Responsibilization; Professionalization; Standardization; and Risk-Based Approaches to Intimate Partner Violence. This global theme was the mostly frequently cited in the research with a total of 1770 codes. Of the four sectors (Crown

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Prosecutors, shelter, victim services, and police), the narratives of police were coded most frequently in relation to this global theme (615 codes, 13 participants). Police also had the highest coding frequency in all four of the organizing themes included within the overarching global theme.

Organizing Theme 1: Responsibilization

The first organizing theme is comprised of three basic themes: Prudent and Rational Citizen; Paternalism; and Pathologizing Narratives. Overall, this theme speaks to the tendencies of service providers to task victims of intimate partner violence with protecting themselves. In particular, significant coding frequencies came up in relation to police (156 codes, 13 participants) and shelter workers (149 codes, 12 participants). Importantly, this organizing theme contains the second-highest coding frequency (504 codes) within the global theme, Manifestations of Neo-Liberalism and Risk Discourse.

Basic Theme 1: Prudent and Rational Citizen

The first basic theme came together based on four codes: Responsibilization—Victim; Responsibilization—Children Exposed to Violence (CEV); Risk Assessment and Safety Planning—Children; and Responsibilization—Perpetrator. Within neo-liberalism, individuals are regarded as self-reliant citizens who are tasked with identifying and managing the risks they face (Hoyle, 2008; Liebenberg et al., 2015). In intimate partner violence situations, this means that victims are responsible for ensuring their own safety by taking measures to predict and prevent violence from happening (i.e., by following the results of a risk assessment and engaging in safety planning).

Numerous practitioners indicated that their approach to intimate partner violence victims was predicated on the understanding that victims of intimate partner violence are willing to take

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steps to ensure their safety and are in a position to be able to do so. The concept of victim responsabilization came up most often in relation to safety planning and was one of the most frequently coded items in the research (86 codes). Shelter workers (11 participants) and victim services staff (nine participants) were the most likely of the four sectors to echo sentiments related to victim responsabilization. However, this is likely attributable to shelter worker's responsibility to provide safety planning supports at numerous points during their interactions with victims. Police (nine participants) provided safety planning supports to a lesser extent but still alluded to victim responsabilization in their interviews.

Practitioners spoke at length about the various safety planning strategies utilized in their work, which frequently involved a list of steps victims could take to reduce their risk and improve their safety. Many of the recommended interventions (i.e., installing security equipment, changing the locks on their home, relocating) were costly, making them effectively inaccessible to women with insufficient access to financial resources. Further, the interventions involved significant lifestyle changes such as relocating or changing one's daily routine, decisions that might be difficult for victims to make within the context of crisis.

They are attaching it to the file saying, "Okay this is the safety plan I discussed with her." Again, there is a clause in there saying it's only [effective] if she puts it into action. But we discussed it, she's aware of the safety plans and what she can do to keep herself safe, but if she doesn't do it at least our members have something to say, "Yes, I went over the sheet with her and suggested these things for her." (Police, Alberta)

[Safety planning] is really basic; staying with a neighbour, having a friend stay over, going to a transition house—it's really about 24 hours. Here in our unit, we do very extensive safety planning that's much more client-involved and realistic to their lifestyle and what they're capable of. It's collaborative, it's dynamic, it's got to be what the victim wants to do. It could be specific to technology, so all their Facebook, all their social media, changing numbers. Of course, going to Transition House is always an option. Moving—we help them move, we help them get programming so they can understand what's going on in their relationship so they can keep themselves safe. (Police, British Columbia)

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We don't have set guidelines for safety planning, but I would tell them [victims] right at the scene like, "This is what you need to do." Whether it's a victim of break and enter or whatever it might be they would tell them right at the time, "Maybe you need to put lights up. You need to do a, b, c, d." (Shelter, British Columbia)

The transcripts also revealed a tendency for practitioners to base the success of an intervention on the willingness of the victim to make changes. Common sentiments included blaming the failure of the initiative on individual pathology (i.e., willingness to make change) rather than on the actual merit of the program.

The line-up is long, they have to want to go [to shelter]. We'll do whatever we can to get them there and to assist them with the process, but they've got to want to do it as well. (Police, British Columbia)

It's really dependent on the victim because if the victim is not going to follow through or doesn't have the means to do it then really, it's not our plan, it's their plan and what works for them. (Police, Alberta)

I know it sounds harsh, but I don't work harder than my clients and it is really up to them. (Victim Services, Saskatchewan)

Interestingly, practitioners were aware that this mode of service delivery puts the onus on victims.

I try not to scare anybody, but I also try to educate. I just say, "Well, you know, this could be like this, if you have any suspicion that he may..." Unfortunately, it puts the onus on the victim to provide further for their own safety as opposed to—we should all be able to just wander around and not have to worry about being hurt. (Shelter, British Columbia)

We also have a saying here that "Safe isn't always fair." So sometimes the work we do with people isn't fair and they might have to leave their house, and it isn't fair that they can't drive their car around town—those things aren't fair. But if they're indicating they're at risk doing that then they might have to stop. (Victim Services, Yukon)

Practitioners also discussed the ways that children were included within the formal risk assessments conducted with their parents and how the results determined the course of action to be taken.

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So both risk assessments, well, actually the ODARA asks whether or not they have children and whether or not the children are from a different partner. But the Danger Assessment, which specifically measures high-risk for lethality, only asks whether or not she has children that aren't his. (Victim Services, Nova Scotia)

[Risk factors pertaining to children] are included in the B-SAFER model. Yes, there is a section there for children as well as the high-risk action review risk assessment whether they're biological children or step-children when we complete the safety planning. Often, more often than not, children are not present. (Victim Services, Ontario)

In some instances, risk assessments were scored directly with children. Regardless, the presence of children in these situations was something that automatically increased the risk level to the victim and served as a "checkmark" or "score" on the actuarial tool. The transcripts revealed a tendency for practitioners to conflate victim risk levels with that of their child(ren), even though dual risk assessment tools were scored (some of which identified disparate risk levels).

I had a child tell me he knew exactly how much the risk he was at when he saw his dad drinking hard alcohol. He would hide. But if he drank beer he was a fun drunk. [This was] from an eight-year old. (Shelter, Nova Scotia).

Well, in the same way that the victim is considered, any risk to the victim can cause risk to the children, so they would be included in any consideration on what the risks are, and the best way to manage those risks. (Victim Services, Prince Edward Island)

I think the biggest [concern] with children is that children don't necessarily want to tell us what's going on. It's very difficult for them to disclose to others what's happening in the family. Or they may not have the words, they might be too young to be able to say what's going on in their family and, of course, they are little so they can't protect themselves from the violence at all. (Crown, Manitoba)

Children's responsabilization within the context of intimate partner violence was most commonly mentioned by shelter workers (nine participants), victim services workers (seven participants), and police (five participants). Practitioners referenced their efforts to develop safety plans with children, often involving the child learning to call 9-1-1 and identifying a safe hiding spot (in the home or in an alternate location such as a neighbour's house).

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It depends on the scenario and it depends on the age of the children too because some children are going to understand what they need to do and some are going to need to take directions from their mom. So, I mean, it's case-by-case scenario. If the kids are old enough to understand then we'll absolutely sit down and talk to the kids and explain to them what's expected and there are things they need to do to stay safe. (Police, Ontario).

Yes, I mean, obviously it depends on the age of the children but if the children know how to use the telephone, who to call, how to call 9-1-1, if the children have a safe place to go or a way to—if they need to leave the house in a hurry is there somewhere they can go? Someone they can call? (Shelter, Ontario)

If they are able to move and talk, especially if it's high-risk they need to learn the safety exit strategies: where to go, how to get there, what they are going to do when they get there, even if you have to call 9-1-1 and drop the phone and run. (Police, Alberta)

One of our Child and Family Service workers is one of our advocates so she's already got a whole toolkit and she has done other work also that when she goes out on her calls has no problem sitting down with kids and saying, "Okay, what is your safety plan if this is going to happen?" (Victim Services, Alberta)

This last quote was one of the most dramatic examples of responsabilization in this research, whereby the state offloads its responsibility for the citizenry onto one of society's most vulnerable populations: children.

Although, to a lesser extent, practitioners (two participants) discussed the responsibility of intimate partner violence perpetrators to identify their treatment needs and seek out programming to address the issues.

Obviously, in terms of risk management though, any of that—the good chunk of that, which is the counselling or treatment program, that offender, that accused, is a stakeholder in itself, like, that person has to be aware of what is needed and has to be a willing participant in that. That's the only way we can truly manage that risk. (Crown, Ontario)

It appears that in shifting this burden onto perpetrators, practitioners effectively absolved themselves of their professional responsibility to address intimate partner violence.

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Basic Theme 2: Paternalism

This basic theme is comprised of five issues discussed in the transcripts: Devaluation of Experiential Knowledge; Privilege of Professional Knowledge; Appropriation—Victim; Superficial Attempts to Consider Victim Perceptions; and Condescension. This basic theme had the highest coding frequency (239 codes) amongst the three basic themes included within the larger organizing theme and was referenced by 44 out of 45 respondents. Further, the most frequently cited sectors within this basic theme were police (78 codes, 11 participants), shelter staff (67 codes, 12 participants), and victim services (51 codes, 11 participants). Within the context of intimate partner violence, paternalism refers to situations where practitioners feel that their professional knowledge is superior to the perspectives of victims. In many instances, these paternalistic narratives were based on gendered and stereotypical beliefs about abused women. Practitioners used their professional power to determine the best course of action with little regard for the wishes of the victims.

Devaluation of victims' experiential knowledge was referenced most often by police officers, with over half (seven participants) from this sector referencing a situation where victim narratives were dismissed in favour of more professional ways of knowing.

Because some [victims] will minimize and some will—you know, there is both sides of the scale where some minimize and don't recognize the risk and then you get the other ones that think they are going to get killed and really there is nothing indicating that, but that's their own perception. Not to dismiss that because they are the best people to tell you. So there are some that are really in tune—that's a better way of saying it—some are really in tune and some are not and it's minimized. (Police, Alberta)

They're [victims] not able to articulate the actual risk to them when they talk to police. And then we can't act appropriately [based on that information]. (Police, Manitoba)

In our intake we often ask, like, going over the high-risk and what that means and often times they [victims] don't necessarily perceive themselves as high-risk. And I find those sometimes are the most difficult clients to work with if they are not wanting to implement

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the suggestions and utilize the services that are available to them. (Victim Services, Ontario)

Paternalistic attitudes about victims minimized the importance of experiential knowledge and overstated the value of professional knowledge, effectively disempowering victims in the process. The privilege of professional knowledge was particularly apparent amongst the interviews with Crown Prosecutors. Nearly every Crown Prosecutor (six out of eight participants) included within the sample referred to the privilege of professional knowledge—a likely product of the legalistic environment in which they operate on a day-to-day basis.

So when I do the domestic violence—especially since the *Victims of Crime Act* came in—we have mandatory training for our roles that it's mandatory for us to ascertain the wishes of the victim and how to proceed in the court proceedings. It's not determinative, it's a consultation we must do. We ultimately retain the decision-making [power] of whether to proceed with the prosecution or to stop it. (Crown, Alberta)

I have a checklist in my head because I've done it enough times and, certainly, I'm really aware of red flags and I'll be very clear with the client. I'm like, "Right now, there's these red flags for me that have come up: you've spoke about him harming you pets," or whatever it is. "I'm concerned because you may not see the escalation but I'm seeing the escalation on what you're seeing." (Victim Services, British Columbia)

It's why I like the ODARA because if you can actually get the client to listen to how many little things that have happened, whether that be your partner has been involved with the police or he's had a past charge or he's had this or he has confined me and he has taken my phone away—all those factors heighten the risk so much. If they can hear that piece it's a really good piece. (Shelter, Saskatchewan)

Within these quotations, it is obvious that practitioners perceived their knowledge to be the gold standard to which victims should adhere. Actuarial tools, policies, and rules substantiated the idea that professional knowledge is infallible.

Almost every Crown Prosecutor (six out of eight) that participated in the study referred to the appropriation of conflict by means of the criminal justice system. In these instances, intimate partner violence matters were effectively taken out of the hands of victims and handled by

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Crown Prosecutors, allowing both victims and perpetrators a limited degree of involvement and control over their personal matters.

We try to build in conditions that are in consultation with Child and Family Services, for example, so that the Child and Family Services retains some kind of control over how that access would take place. (Crown, Alberta)

Other sectors also appropriated conflict, including police (six participants) and victim services (six participants). Police served as the gatekeepers to the criminal justice system and decided whether or not an intimate partner violence matter would enter the system. Similarly, victim services staff discussed how their interactions with clients could engage a high-risk protocol. A common theme amongst both quotations below is that the action was taken regardless of whether the victim was interested in participating.

If it's a criminal infraction, no, whether the victim wants to file a complaint or not. If the police have reasonable suspicion that an infraction took place, they are obligated to denounce it. Then the obligation of denouncing, in fact, is submitting the case to court. After this, it's the Crown Prosecutor that will decide whether they authorize the case. When the Crown Prosecutor authorizes the case, the judicial process takes place. (Police, Quebec)

So if something is to come in as high-risk on the ODARA, the protocol in this province is they are automatically deemed high-risk and have to go into the [high-risk] protocol whether the victim likes it or not. (Victim Services, Nova Scotia)

In these quotations, agents of the criminal justice system (Crown Prosecutors, police, and victim services staff) discussed intimate partner violence matters using administrative language.

Practitioners detailed instances where the consideration of victim perceptions was built into their daily practice (i.e., risk assessments, intake forms). However, these practitioners went on to indicate that the information provided by victims was infrequently used. In the instances detailed below it appears that practitioner efforts to take victim perceptions into account are superficial.

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We always listen to them and we'll document what they say. It's important for us as far as communicating with them too because you've got to let them know, "I understand, but from a policing standpoint, from a risk management standpoint, this is why we've done this." So really, their opinion as far as our determination doesn't really play a role. (Police, Ontario)

Their perception, we always ask because it is important because if they do perceive they're in danger that's important to know and if they don't perceive they're in danger we explain why we feel that they are and a lot of times we hit on stuff and they go, "Well, I never thought of that." (Victim Services, Alberta)

Condescension was the second most frequently coded item (117) in the research project (the most frequently coded item was Guidelines/Requirements to Ensure Consistency in Intimate Partner Violence Response, 122 codes). Common sentiments included the view that victim perceptions of risk were incorrect and irrelevant to decisions pertaining to risk assessment, risk management, and safety planning.

We're always conscious of the victim's perceptions of safety. However, we also just recently engaged in a webinar on fear management and understanding fear when it's too high or too low or unstable and how to look at that. We have many victims whose perceptions of safety and fear are incorrect and so we're always conscious of that and considering it. But we definitely—we don't let the victim drive entirely because of that—sometimes their fear is incorrect. (Police, British Columbia)

Additionally, practitioners indicated that victim perspectives were often shrouded by denial and minimization and, on this basis, their assessment of the situation was invalid.

At the same time, if a victim feels that there are no safety planning concerns, it may be because the victim is suffering from a number of issues herself. And also may be in a sense of denial. So we do take that into consideration. (Crown, Ontario)

Sometimes women don't really get it because they think that it is okay, it happened one time. Once we talk to the woman then she comes and says, "Oh, this is what happened." So then we will help her understand the high-risk factors. (Shelter, Ontario)

Practitioners contended that it was their job to "educate" victims on the level of risk they were facing. The paternalism in the statements below is obvious, particularly where service

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providers indicate that they can gain more accurate depictions of risk by using actuarial tools than victims can garner through their personal experiences.

Knowing her risk is the other piece and so how are you able to educate the woman about her risk and what tools help to be able to point that out to her. Because when it gets down to it, it's going to be her who probably is going to have to deal with him. (Shelter, Prince Edward Island)

A lot of women don't realize the risk that they're in and sometimes it becomes so normal for them that the higher priority police response [is necessary to] let them know they are actually in danger. (Shelter, Alberta)

Basic Theme 3: Pathologizing Narratives

This basic theme came together based on five issues discussed: Victim Blaming; Regarding Victimhood as an Inherent Capacity; Criminalizing Victims; De-Personalization; and Clinical Intervention and Clinicalization. The predominance of items coded within this basic theme came from police transcripts (42 codes, 12 participants). Pathologizing narratives refer to a set of beliefs that locate the reason for intimate partner violence within the victim. In other words, the victim possesses an inherent incapacity/abnormality that explains why the violence is happening.

Victim-blaming narratives were noted most often in relation to shelter workers (three participants), victim services (three participants), and police (three participants). Some practitioners referenced the purported cycle of violence and indicated that women who took their partners back numerous times might not be taken as seriously by the authorities. Similarly, alcohol and drugs were noted factors that increased the victim's culpability for intimate partner violence and absolved the perpetrator of responsibility. Ultimately, this practice led to situations where victims did not receive the support services that they needed and this, in turn, increased their risk for future violence and domestic homicide.

If she's taking him back, if she's a woman who has taken her partner back a number of times, it gets kind of "old hat" and it's not taken seriously again. (Shelter, Prince Edward Island)

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I mean, some women don't want to leave their house and then sometimes you have to have that hard conversation, "Well, if you don't want to leave your house, are you willing to take a risk at something happening for the sake of your house?" (Shelter, Nova Scotia)

I'm thinking what you mean by [risk factors] is alcohol and drugs. Other things that impact this is putting themselves at risk—so when the female is intoxicated and passed out outside the community centre, putting themselves in a spot where—or they don't have a home or they haven't made it to the women's shelter. (Police, Northwest Territories)

Victim-blaming was also noted in relation to cases where the perpetrator was of high stature in the community. In these situations, there existed a tendency to blame the victim for the intimate partner violence, which increased her isolation and made it increasingly difficult to access support services.

But again, there's that political side too. Like, if someone has status in the community and they are the accused, then sometimes they go against the victim, basically blaming the victim. (Police, Northwest Territories)

Pathologizing narratives that regard victimhood as an inherent capacity were voiced most often in relation to Indigenous populations. Practitioners cited Canada's history of colonization and the resulting intergenerational trauma as explanations for the normalization of violence within these populations. With these assumptions often came stereotypical assumptions about intimate partner violence amongst Indigenous populations and an inadequate service provision response to the issue.

They just think what is happening to them is normal, because there's that intergenerational trauma, right? I mean, "I saw my grandpa do it to my grandma, so it must be right." (Victim Services, Saskatchewan)

It's the trauma that's already cultured-in [to Indigenous populations] and the system is hard. (Shelter, Alberta)

A lot of the women I've spoken to see the domestic violence as almost normalized. I'll have victims tell me that what happened to them wasn't that bad compared to what happened to their sister or cousin. (Crown, Manitoba)

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I think in terms of a risk factor, the multi-generational abuse is really concerning because when it becomes normalized, the person may not recognize the extent of their own risk and so I think that's a significant issue. I don't have a lot more to say about that but I think the underestimation of risk due to the normalization of that type of abuse is a unique risk factor for that population. (Crown, Manitoba)

As a result of their involvement with the criminal justice system, some victims found themselves in a situation where they could also be charged for their actions relating to the intimate partner violence incident. Criminalizing victims was noted in relation to victim abidance with no-contact conditions as well as testifying at court. Police officers (two participants) and victim services staff (two participants) discussed the various legal means through which victims could be forced by the criminal justice system to comply with court proceedings.

So obviously when we go in we most often do a KGB statement (a video recorded statement) and that is just so the victim—because we know especially with your partner that victims may not want to—may recant their story, so when we go in we do a KGB. So I try to explain that it's not a nice thing to be hearing that if you're lying you could be charged with an offence. (Victim Services, Saskatchewan)

If a victim is high-risk or there's concerns about her risk level and she's presenting as not wanting to proceed with charges, is unconcerned about her safety in that respect—sorry—if it's that she's saying things like she doesn't want the charges to proceed, but victim services is concerned about the risk, we may involve police in assisting us with having the victim come and meet with us to prepare for trial—those kinds of steps. So there might be involvement of the police to assist in terms of prosecuting the case. (Crown, Manitoba)

I feel like she [the victim] doesn't really understand that in their country, their culture that it's okay to be put down and to be called names and to be assaulted and that her children are assaulted. But she needs to know—from police and community partners—that we keep meeting because this [behaviour] is not okay and if she continues to do this, she will lose her children. She is at risk of losing her children. (Police, Ontario)

In relation to the theme of de-personalization, practitioners tended to refer to victims and their experiences as “files.” This detached and sterile language is reflected in the quotations below where police officers talk at length about intimate partner violence situations they have

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responded to without once referring to the real-life elements at play. Had the reader not previously known that the quotation was from a domestic violence practitioner, they may not have known that it related to a personal situation.

We do a risk summary, so every domestic violence file in the province when the police are involved requires a risk summary and its 19 risk factors that have to be applied [to the case]. So every file we deal with, it has to be in the judicial system because we're a judicially based unit. And then we can, and sometimes we do, apply further risk summaries where we look at structured professional judgement. (Police, British Columbia)

Once the police identify a file as high-risk, it kicks the entire protocol that has to be followed. Being that our unit specifically is the highest risk unit, we take those files. So whenever they have been deemed highest risk, or if people are unsure if they're highest risk, they would refer the RDVU (Regional Domestic Violence Unit), which is my unit. (Police, British Columbia)

In some instances, risk assessments were not being conducted with the victim; instead, computer records were being consulted to provide information about the intimate partner violence situation. Computer records provided an institutional account of intimate partner violence which did not capture incidents not reported to authorities as well as other forms of violence not included in the *Criminal Code of Canada* (i.e., some forms of emotional abuse).

Often what happens [when we are scoring a risk assessment] is we're not speaking to the victim in the moment. So we will apprehend the suspect and then have to go on what is in our system to answer those questions to get some sort of risk assessment because we can look how many times they have been charged before, was it the same victim? As you can imagine, that is time consuming because you have to dig back in the computer. (Police, Northwest Territories)

The information coded under clinical intervention and clinicalization predominantly included involvement by child welfare agencies in cases of intimate partner violence. Narratives of this type were more common amongst shelter workers (12 participants) and police (10 participants). Victim services (seven participants) and police (five participants) also referred to clinical intervention and clinicalization on occasion. Practitioners often cited procedure, policy,

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and legislation as reasons for reporting to child welfare in cases of intimate partner violence where children were residing in the home. Often, this intervention was justified on the basis that mothers experiencing violence in their relationships do not have the capacity to protect their children. This line of thinking represents the responsabilization of mothers to protect their children and the irresponsibilization of fathers to do the same.

If the victim of domestic violence is wanting to return to the relationship with the offender for whatever reason, it's a real conundrum for Child and Family Services to determine what to do in terms of the children because they could be at jeopardy because if an offender is offending against his partner, he may offend against the children. Of course, they're being exposed to traumatic experiences watching their—I'm using a generalization that we generally see it with the mother being the victim—so they're being exposed to that trauma which has significant implications for the children's development. (Crown, Manitoba)

Even if we are not knowing that there is abuse in the home other than to, again I'll just say mom, we're still going to let them [Child and Family Services] know because they might be aware of other things that weren't reported to the police but that might be just one extra thing that they need to know where they're going to now do an apprehension to remove the child from the home, especially if the mother isn't doing things to keep the child safe. (Police, Alberta)

I would put children even at even higher risk than the victim. If she refused to ensure their safety then we'll take that even out of her hands or Child Services will look at that. We have a few women that minimize so that's the consequence, you know, that if you are not going to keep your children safe then we will and so they'll look at apprehending them. (Police, Alberta)

Children's Services [has to become involved] because sometimes it comes right down to this, "If you can't do this [follow a safety plan] then we're going to have to remove the children from your care." It's safe, but true—it happens. (Shelter, Alberta)

These reporting practices created a distinct mistrust between victims and support agencies. In many instances, service providers regarded women as being unable and/or unwilling to protect their children. The risk of having one's child(ren) apprehended as a result of involvement with police, shelters, or victim services acted as an inhibitor to women's help-

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seeking behaviours. As a result, women's safety was further compromised because they felt as though they could not reach out for assistance.

I've had victims of domestic abuse who have been sort of quite alarmed or surprised that despite the fact that something happened between them and their partner, that the child-caring agency was coming to visit them. (Crown, Manitoba).

First of all, a lot of the concern with victims is that the Child and Family Services will become involved. A lot of times we hear, "You know what, if I knew this was going to happen... I don't want them in my life so I wouldn't have called police." (Victim Services, Nova Scotia)

Summary of Organizing Theme 1

The first organizing theme explores the idea that intimate partner violence victims, perpetrators, as well as children exposed to violence are responsible for ensuring their own safety and well-being. The conceptualization of the prudent and rational citizen is embedded within a neo-liberal rationality that emphasizes economically savvy and expedient societal relations; most often this means that state responsibilities are offloaded onto individual citizens. Within intimate partner violence situations specifically, victims are viewed as responsible for predicting the possibility of future assault and taking the necessary precautions to prevent abuse. Ultimately, the neo-liberal political rationality reflects the neglect of social institutions to adequately address intimate partner violence and provide appropriate responses to victims.

There were numerous themes of paternalism noted within this organizing theme. A common sentiment amongst practitioners was that they "knew better" than victims and that this enhanced knowledge was due to professional training and education, particularly in the area of risk assessment. There were instances where victim perceptions of risk were taken into consideration but only to pacify the victim and to make them feel as though they were in control of the intervention. Lacking was a fulsome consideration and thoughtful engagement with victim perceptions of risk, likely because these perceptions had been discounted as a lesser form

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of knowledge. Consequently, the conflicts of the victim (i.e., the intimate partner violence incident) were appropriated by professional means and managed within formal systems, including the criminal justice system, social services, and family court.

Finally, a pervasive pathologizing narrative was identified across the practitioner transcripts. Victims were often cast in a negative light. This was evident at multiple junctures in the research, including their role (or lack thereof) in the criminal justice system and the ways in which victim conduct somehow gets wrapped up and criminalized within processes intended to protect. Victims were also regarded as inherently defective, almost as if their vulnerabilities were inherent defects that needed to be corrected within their individual self. Victim-blaming narratives were common within the transcripts, resembling attitudes and beliefs about intimate partner violence that prevailed prior to the second wave of feminism and the Violence Against Women Movement.

Organizing Theme 2: Professionalization

The second organizing theme is based on three basic themes: Professional Initiatives Toward Intimate Partner Violence; Training; and Managerialism. The highest coding frequency within this organizing theme came from the police interviews (104 codes, 13 participants), indicating a demonstrable tendency toward professional initiatives, training, and managerialism within this sector. This theme focusses on the ways in which responses to intimate partner violence are becoming increasingly professionalized. As such, the discussion focuses primarily on new developments to addressing intimate partner violence, evidence-based best practices, training sessions and education, as well as administrative approaches to the issue.

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Basic Theme 1: Professional Initiatives Toward Intimate Partner Violence

This basic theme came together based on three issues discussed: Risk Assessment—Development of New Tools; Academic Research; and Evidence-Based Best Practices. Practitioners (Crown Prosecutors: four codes, three participants; shelter staff: five codes, three participants; police: three codes, two participants; and victim services: four codes, two participants) discussed several professional initiatives related to research and practice.

The development of new tools to address intimate partner violence was discussed almost exclusively in relation to risk assessment tools. Below, a practitioner discusses efforts being made to extend the applicability of risk assessments to diverse populations and the issues that arise in doing so.

I know that the Danger Assessment did come out with one [update] that they are testing out specifically with the immigrant population, which I think can be challenging because how can you compare immigrants from one country with immigrants from another country? (Victim Services, Nova Scotia)

The development of intimate partner violence risk assessment teams was an example of the all-encompassing nature of risk-based mechanisms to addressing intimate partner violence.

One of the woman leader's projects focusses on ending violence against women. And she's trying to build sort of a risk assessment team on some of the high-risk offenders. In the next three years, she's doing an inventory of all of the services providers in Manitoba and she's trying to build a team to be better able to risk assess for domestics. (Police, Manitoba)

The increasing professionalization of intimate partner violence service provision responses was associated with academic research on the topic. Specifically, practitioners referenced the work of scholars in developing the risk assessment tools frequently used in their work. Practitioners also discussed academic literature as the basis for developing evidence-based best practices within the intimate partner violence sector. The narratives below are

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indicative of the privilege of academic knowledge pertaining to intimate partner violence and the unquestioned acceptance of positivist perspectives on the issue.

When you look at a risk assessment, it's all done by Ph.D. psychologists and they apply actuarial tests and tools and develop a risk assessment. (Police, British Columbia)

Promising practices to me are just the massive amount of literature now emerging. I mean, that whole research system and what's been emanating and being produced there to me is a shining best practices opportunity. (Shelter, Manitoba)

Evidence-based best practices were also discussed by Crown Prosecutors (two codes, two participants) and were perceived to be the infallible gold standard in responses to intimate partner violence. Typically, these practices were embedded within academic research and positivist knowledge. Another commonly cited reason for the use of evidence-based practices in the intimate partner violence sector was consistency, meaning that similar risk-level situations should receive similar evidence-based responses.

There is definite guidance and also a lot of guidance through various directions that we get and through courses that we get in terms of best practices in these cases. (Crown, Ontario)

Like, all the police divisions in Toronto have specific units that deal with family violence specifically. So they have specific training on how to ask questions of witnesses and complainants that [are based in] best practices and a lot of training involved in doing that. There are specific courses that focus on domestic violence, that focus on the various skill sets that we would need to be able to address that stuff. (Crown, Ontario)

Basic Theme 2: Training

This basic theme is comprised of four issues discussed: Training—Basics of Domestic Violence; Training—Other; Risk Assessment—Training and Education; and Privilege of Academic/Professional Training. Police officers (26 codes, nine participants) referenced training more than any other sector included within this research.

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Formal training was often provided to practitioners that introduced them to the basics of domestic violence. Typically, this included information on the cycle of the violence, risk factors, and various forms of intimate partner abuse.

We do training for what to look for in domestic violence, stalking, workplace safety. We talk about risk factors to look for with children and domestic violence. We learn about the cycle of violence, harassment, threats, all those kinds of things. (Victim Services, Saskatchewan)

We also offer annual training for Police Response to Family Violence. In our province under the *Police Act*, police are required to take the training every three years and that is a promising practice, really. (Victim Services, Prince Edward Island)

Eventually all Crowns are required to take a domestic violence course. It is about a week-long, eight-hour days type thing, so it is quite a bit of instruction. (Crown, Ontario)

Some practitioners also indicated a need for increased training related to the basics of domestic violence, particularly for child welfare staff.

I really feel like Child Protection needs far more education and learning about domestic violence so they can work with these families. Families feel disconnected, they don't understand what is going on, the kids don't know what is going on. Like, there is no one that's helping these families to know some of the dynamics and even just understanding what high-risk means. (Victim Services, Nova Scotia)

Practitioners spoke at length about specialized training initiatives developed to respond to the sensitive and unique needs of their clientele. In some instances, this included information sessions on cultural sensitivity and the procedural elements of the criminal justice system.

We have protection order designates that are trained and I guess licensed to a certain degree with Manitoba Department of Justice to assist clients in the preparation of protection orders. (Shelter, Manitoba)

However, criticisms were raised in relation to the formal nature of this training, with one participant advocating for more experiential forms of learning. It was argued that objective and standardized forms of learning were incongruent with the sensitive nature of intimate partner violence.

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I've taken lots of cultural safety training. I've taken a lot of these things because I always try to take them and decide whether it's good or not, you know, before I pass it on to anyone else. Because it is aimed at participants that intellectualize or that understand things cerebrally, it omits—it's just information as opposed to experience. That's the thing, you can't understand it unless you feel it, unless there is something more than your synopsis. You can't really, really understand it on a human level. (Shelter, British Columbia)

Between half to three-quarters of all police (eight), victim services (eight), shelter (seven) participants mentioned training and educational initiatives related to intimate partner violence risk assessments. The interview schedule included three questions related specifically to intimate partner violence risk assessment, which may explain the frequency of responses related to this theme. Practitioners also discussed multiple trainings for various actuarial intimate partner violence risk assessments and refresher sessions. Training and education for risk assessments was mentioned more frequently than training for safety planning or risk assessment, indicating a bias toward professionalized measures of the issue.

Here in the unit we are trained in the SARA, SAM, and B-SAFER. Some of us have additional training beyond that, so those would be structured professional judgement. (Police, British Columbia)

I have completed B-SAFER risk assessment training. Now I haven't updated or refreshed my training in a couple years so it's on the task list to complete. (Victim Services, Ontario)

For the Family Violence Information Report (FVIR) form we have with our guys, we will sit down and explain it, we've had our domestic violence prevention lady when she comes in with the RCMP. So we go through what the FVIR form is, how it works, why these questions are important, and what they mean. So, like, if you are being choked or being bitten what does that mean in the hierarchy of domestic violence? (Victim Services, Alberta)

Through the years we [shelter staff] have been given training on different types of assessments tools to be able to assess risk. (Shelter, Prince Edward Island)

Practitioners indicated that academic/professional training was preferable to other forms of training (i.e., training based on experiential knowledge). Academic/professional training was

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perceived to be more rigorous because it was embedded within research-based understandings of intimate partner violence.

Pretty much everyone in our office has a counselling background, whether it be a social worker or certified counsellor. (Victim Services, Nova Scotia)

We're now seeing that whole shift as your problems become increasingly complex that you need more of that academic training to provide that safety net in terms of being able to have different ways of looking at the problems. (Shelter, Manitoba)

Basic Theme 3: Managerialism

The final basic theme is based on four issues discussed (Administrative Approach to Intimate Partner Violence; Process and Procedure; Oversight; and Bureaucratic and Jurisdictional Issues).

The highest coding frequency within this basic theme was associated with police (75 codes, 12 participants). This number is more than double than what was found in relation to Crown Prosecutors (31 codes, eight participants) and shelter workers (27 codes, eight participants).

More than half of the Crown Prosecutors (five participants) and most of the police officers (11 participants) included in the sample discussed administrative approaches to intimate partner violence. These narratives revealed elements of hierarchical oversight, adherence to institutional policies, and managerialism. Administrative approaches appeared to be accountability measures that provided a layer of protection for practitioners in the event of a severe intimate partner violence incident and/or domestic homicide.

It's also to provide quality assurance in regards to our domestic violence file. So basically, I audit and review domestic violence occurrences and provide guidance to the membership in regards to what might be missing or some areas of investigational avenues to pursue. (Police, Alberta)

[My job involves] reviewing the high-risk domestic violence that occurs in 26 detachments and making sure that risk has been addressed, try to mitigate it, safety planning, making sure that everything is done right on the files and that they are policy compliant. The other part is to do audits on every detachment to make sure the policy is being complied with. (Police, Alberta)

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The Crown Prosecutor's manual talks about domestic violence and ways we may or may not resolve it. For example, alternative measures are not available for domestic violence. So there are policies dealing with domestic violence in the Crown Prosecutor's manual. (Crown, Alberta)

I'm the one that will check in with the complainant. I'm the one that will assess if there's space at the transition house and so I tend to be the hub as one of the coordinators. So people will send this information back to me and then I will disseminate to those that were actually physically present or on the phone for the meeting. (Victim Services, British Columbia)

Process and procedure (86) was one of the most frequently coded items in the research.

Nearly all of the Crown Prosecutors (seven participants) referenced process and procedure and at least half of every other sector emphasized the importance in their interview. Crown Prosecutors commented on process and procedure primarily in relation to provincial and federal legislation and case law.

The strategies that I talked about are delineated in the *Criminal Code* and in a Supreme Court decision called *Antic*. The decision was released last year, and what it says is essentially what I've been trying to describe is that it requires that the accused—the perpetrator—be bound by the least restrictive conditions while the risk to the victim can still be managed. (Crown, Alberta)

Actuarial risk assessments were a built-in component of many of these processes and procedures, with the risk assessment score being used exclusively to determine the course of action.

Automatically an ODARA risk assessment will be completed if there was a physical assault or threat of weapon in hand by the police. At times, the ODARA doesn't capture everything so we might do a Danger Assessment. (Victim Services, Nova Scotia)

Again, it is part of our policy and procedures that you are going to complete [a risk assessment] but the officer is also going to complete his or her report and indicate any other circumstances. We are going to make sure they don't have firearms, or if they do we are going to seize those firearms. There is a whole check process to ensure all those concerns are met. (Police, Northwest Territories)

Police officers (eight codes, three participants) were the most likely of the four sectors to reference oversight in relation to their work. Typically, this involved a senior member reviewing

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their work to ensure policies had been followed and that the file had been handled in an appropriate manner. Oversight served the important purpose of being an institutional safeguard, a fail-safe that could be cited in the event of escalating instances of intimate partner violence, including domestic homicide.

[My role as] patrol sergeant is frontline policing, supervising officers, and as the Domestic Violence Coordinator, I'm overseeing our domestic violence cases and files that come through the police service—just reviewing those incidents. (Police, Ontario)

I review a section of the family violence files that come in through every day calls for service—so clients, whoever calls. We don't have a 9-1-1 service here, but they call our local police station. I get a high-risk file queue, when I say high-risk file queue it doesn't include just domestic violence files, but anything like a more serious offence, which would be more people crime and less property crimes. So I review them to make sure policy procedures are followed or that forms are completed. (Police, Northwest Territories)

When I am reviewing the file, I am ensuring that they are actually doing [risk assessments] and if they are not then I am maybe doing it more in depth and pointing them in the right direction. Because sometimes I see it where an investigator has already assessed risk and then the supervisor from their detachment has assessed risk and then now I am looking at it from a third kind of level. And if there is any gaps in those first two reviews then I address that. (Police, Alberta)

Due to jurisdictional boundaries, confusion existed around who was responsible for service provision. Additionally, there was a focus on process and procedure in terms of which agency provided specific services. Bureaucratic and jurisdictional issues presented significant barriers to help-seeking for victims and increased the difficulty associated with accessing intimate partner violence supports.

What's going on with court and taking time to explain the difference between victim services and the victim-witness assistance program—that's the constant confusion in our area. Folks are calling different services for the wrong information so explaining that component piece, getting accurate court information and explaining to them where to get that court information through. (Victim Services, Ontario)

Jurisdictional issues came up most often in relation to policing, where it appeared that the geographic boundaries were even more clearly delineated and rigid. At times, these boundaries

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also impinged on communication and information-sharing mechanisms, which negatively impacted service provision responses to victims.

We are policed by 10 different police services, so not only do you have municipal police, we have the Ontario Provincial Police, OPP, we have reserve police. So when they are travelling to different areas sometimes there is a breakdown in information. (Victim Services, Ontario)

Additionally, we don't have jurisdiction—well, I guess we do technically, but we don't attend to the reserve for anything, so we rely on another police service to do a lot of that stuff for us, whether it's the Indigenous Police or the Ontario Provincial Police—whoever happens to be dealing with it on that particular day. So it just adds another layer of—another hoop we've got to jump through because we're relying on other people as well, right? (Police, Ontario)

The biggest challenge is sometimes geography, getting them to and from and offering resources because they're typically not within our jurisdiction. (Police, Ontario)

Summary of Organizing Theme 2

The second organizing theme considers the professionalization of responses to intimate partner violence. There was an overwhelming tendency to associate professionalized approaches with improved, enhanced responses to victims. Professionalization was frequently cast in a positive light and seemed to be an administrative goal that practitioners strived to meet.

Professionalization manifested in myriad ways within this research. Specifically, academic research tended to be privileged and was regarded as the gold standard of knowledge pertaining to intimate partner violence. This is likely attributable to the professionalization of the academy and the professional credentials and training associated with peer-reviewed research. Training came up frequently in the transcripts but was most notable in relation to risk assessment. Rarely did practitioners talk about specialized training for risk management or safety planning, indicating a focus on risk assessment. The central problem with the emphasis being on risk assessment was that there was less focus on the actionable items (i.e., safety planning) associated with intimate partner violence service provision.

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The process of professionalization was moderated by managerial approaches. Rigid boundaries, processes, and procedures were built around the issue of intimate partner violence. Hierarchical supervision structures and oversight were the focus, with some practitioners identifying that their position was comprised almost entirely of supervisory duties.

Organizing Theme 3: Standardization

This organizing theme was put together based on four basic themes: Positivism; Accountability to Management; the Problematization of Intimate Partner Violence; and Policy Constructions of Intimate Partner Violence. The narratives within these themes centre on administrative approaches to intimate partner violence and touch on themes of credibility, legitimacy, consistency, and quantification. Practitioners talked at length about various aspects of standardization, making this organizing theme one of the most frequently coded in the research (469 codes). Police were the most commonly cited sector within this organizing theme with a total of 180 codes (12 participants), a number that is 72 citations more than any of the other three sectors (victim services: 108 codes, 12 participants; Crown Prosecutors: 99 codes, eight participants; shelter staff: 80 codes, 12 participants). The frequency of police narratives was also notable within the lower-level basic themes where police also had the highest coding frequency in all four basic themes.

Basic Theme 1: Positivism

This basic theme is based on four issues discussed: Quantification; Scores/Scoring; Risk Assessment Tools; and Deference to Actuarial Tools. Police (73 codes, 11 participants) were cited most frequently in relation to this basic theme.

Responses pertaining to quantification predominantly came from police (32 codes, 10 participants). Many practitioners indicated that their service provision responses to intimate

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partner violence were being dictated by a number or score. This practice expedited the decision-making process because certain number thresholds mandated a specific course of action.

According to participants, this simplified the process by taking the professional thinking and critical decision-making skills out of the equation.

Because, again, even when you get that ODARA score, somebody can score a three, which is quite low. Usually a seven or higher, they will be remanded or request for a remand, but we can have someone that is an 11 and maybe the victim doesn't live here anymore or there is some other factor that she shouldn't be at high risk. (Police, Northwest Territories)

We do the risk summary, so every domestic violence file when the police are involved requires a risk summary and its 29 risk factors that have to be applied. (Police, British Columbia)

It's a 39-item checklist for lethality and the Danger Assessment has 20 questions on it. So we'll do both once she [is going through] intake and based on that there is an individualized safety plan based on those. (Shelter, Ontario)

Practitioners, particularly shelter workers and police officers, discussed the process of scoring risk assessments and the resulting numeric score produced by the tools. The score was then used to direct the course of action in the intimate partner violence intervention with higher scores warranting enhanced supports and lower scores justifying the provision of minimal resources. Consequently, victims were potentially denied much needed services on the basis of a number. For this reason, referring to risk using a simple numeric score became troublesome because it ignored the contextual elements of the situation and was generated without the fulsome inclusion of victim perspectives.

Sometimes the transition house will phone the police and say that they scored high on the Danger Assessment when in fact on the ODARA they have not scored high-risk so there are discussions that take place there. The protocol states that if there's one agency that is going to designate as high-risk, it doesn't matter what tool they use to get there and the other agencies are to respect that designation. (Victim Services, Nova Scotia)

Getting back to safety planning, it's like getting her to know that there is a vital risk. Then, okay, how grave is the risk? Then you might bring in the checklist, and then

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getting her to look at the checklist and saying, “Oh gosh, I scored on almost every one of them,” or, “I made a check mark beside that.” (Shelter, Prince Edward Island)
There are times when I feel someone might not score on a tool, but they’re telling me things that are telling me that [they are high-risk]. I’m feeling like she’s at a higher risk that the tool would score her at. (Shelter, Nova Scotia)

A number of different risk assessment tools were discussed during the course of the interviews. Over 75% of participants discussed using a risk assessment as a central part of their professional practice (five Crown Prosecutors, 10 victim services workers, 10 shelter staff, and 10 police). Common risk assessment tools included the ODARA, DA, Brief Spousal Assault Form for Evaluation of Risk (B-SAFER), SARA, Stalking Assessment and Management (SAM), Family Violence Information Report (FVIR), and the Domestic Violence Risk Management (DVRM), which were often used in tandem with one another. Additionally, participants referenced in-house risk assessment tools that had been developed by agency staff.

On every file there is FVIR questions that are asked. There are a lot of risk factors and history that are useful in kind of seeing where a victim is or what are some of the risks posed, I guess, to that particular victim. So that would be a starting point would be to look at the history of the file and then obviously the circumstances. If I see enough red flags from that then I conduct an ODARA on that person. (Police, Alberta)

We do apply further risk summaries where we would look at structured professional judgement, such as the B-SAFER tool, where we take the information and plug it into the B-SAFER. We do have the ability, if justified, to spend the money—because it’s all about money—to have a psychologist actually conduct a threat assessment and use actuarial risk assessment tools and structured professional judgement. (Police, British Columbia)

I would look at the Family Violence Inventory Report (FVIR) but I do the Ontario Domestic Assault Risk Assessment (ODARA), so anything higher than a seven, we kind of look at the history and then gauge whether or not—usually we send it to the Integrated Threat and Risk Assessment Centre (I-TRAC) to get a threat assessment completed. (Police, Alberta)

We tend to use the B-SAFER in terms of the risk assessment. (Victim Services, British Columbia)

We do the Danger Assessment and then we continue to do safety planning if there is a need. (Shelter, Alberta)

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Practitioner narratives exhibited a demonstrable tendency to mistrust their personal judgement of intimate partner violence situations, leading to a reliance on actuarial tools to garner an assessment of the situation. Deference to actuarial tools was noted in the transcripts of at least half of each sector population.

Until I did the ODARA training, I always knew myself that children increase the risk level just because the number of our complaints have to do with children, they revolve around child custody disputes and so forth. However, just doing the ODARA training it reinforced that children in the relationship and especially children that are from a different intimate partner increases kind of risks to that victim. So that was an eye opener for me. (Police, Alberta)

I think as a general rule, we do it [risk assessments] with everyone, so it just becomes so engrained as part of our practice. (Shelter, Nova Scotia)

Checklists—so just a violence in relationships checklist of different things, so some of the circumstances to the call, so we can evaluate what is going on. (Police, Northwest Territories)

Basic Theme 2: Accountability to Management

The second basic theme is based on six issues discussed: Credibility and Legitimacy; Guidelines/Requirements to Ensure Consistency in Response to Intimate Partner Violence; Homogeneity in Service Response; Professional Responsibility—Risk Management; Professional Responsibility—Safety Planning; and Professional Responsibility—Risk Assessment. Police (94 codes, 12 participants) and Crown Prosecutors (76 codes, eight participants) most commonly referenced elements related to accountability to management.

Credibility and legitimacy came up frequently in the responses from police (31 codes, nine participants). Actuarial tools were perceived to be infallible and, for this reason, practitioners believed they lent a degree of credibility and legitimacy to their practice. As such, risk assessment was a standard component of intimate partner violence service provision for the practitioners included within the study sample.

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Although the tools that I mentioned help provide a little bit more, I guess, not just professional judgement—it's just that you have numbers and statistics to back you up. So when possible I try to use those because it gives more credibility to what we end up saying. (Police, Alberta)

I go in and look at the domestic files to see [whether a risk assessment has been completed]. So, you know, I'll pick out files where there has been no risk assessment and I'll talk to either the members or the supervisor about it gently, because we're not there to police the police. It's part of the domestic violence policy. It should be done. (Victim Services, Nova Scotia)

Practitioners also discussed situations where standardized tools and agency policies were used as accountability measures. Should the victim encounter future violence, the practitioner would be absolved of responsibility for this occurrence because they had documented evidence that they used a standardized tool as part of the intervention and/or followed institutional policy on the matter. In doing so, this inadvertently responsabilized victim with ensuring their own safety and protection.

Seriously, it's in the policy to do safety planning, but they give you this tear away sheet but they don't say you have to use it. We collectively [use it] throughout the province. Our domestic violence coordinators said we have to get a standard on it because here is an example: you get into a fatality inquiry and they ask what safety planning you have done? Most members are caught in the headlights saying, "Well, we talked about it," but nobody is documenting it. So we said, "You know what, our members are going to get caught on this. They are going to get skewered." So we've collectively said we need to make this mandatory. We want them using these safety plans so that at least they can say this is the stuff I went over with her. (Police, Alberta)

Guidelines and requirements around intimate partner violence to ensure consistency in practitioner responses was the most commonly coded item in the research (122 codes). As such, most participants (37 out of 45) referenced some type of guideline or requirement in relation to their approach to addressing intimate partner violence.

The designating agency, which is us if it's an ODARA, informs our protocol partners, which include emergency, Department of Justice, domestic violence shelters, victim services, men's treatment programs specific to domestic violence, corrections, the Crown Prosecutor, and also child welfare if children are involved. Automatically all those people get a form which gives information about the accused, the victim, a one-liner

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summary about what happened. And that gets out to everyone to give them a heads up that this is high-risk. (Victim Services, Nova Scotia)

In Manitoba, we have at least five subjects that have to be addressed with clients, like the profile of the abuser, safety planning, the cycle of abuse. (Victim Services, Manitoba)

The [form] has a section for us to review what the police response looked like. Did we check the national CPIC information? Did we check locally? Was there a domestic violence abuse pamphlet provided? Which is what we do with all our domestic violence calls. Is there a court-order in effect? Was there an alternative place for that person to go? (Police, Manitoba)

But based on that case [*Bieile*], the Calgary Police Service and the Edmonton Police Service, for example, which are the two that I'm most familiar with that I've dealt with—they have a list of questions they just go through with every victim of domestic violence so that they can ask the same questions. And these are the questions that are needed for the Crown Prosecutor to assess what the risks are and how to manage them with conditions if [the perpetrator] is released. (Crown, Alberta)

[Risk assessment] is mandated by the program. Because we're a transition house so we would always want to know what the risk level is. (Shelter, British Columbia)

In some instances, such as the *Bieile* case referenced above, policy responses to intimate partner violence developed in response to a tragic domestic homicide. Often, an inquiry was initiated to uncover the circumstances surrounding the homicide and the ways in which social systems failed to appropriately intervene. Based on the recommendations of the inquiry, additional guidelines were put into place to tighten the response to intimate partner violence with the intention of preventing similar incidents in the future.

There was an internal inquiry when [a domestic murder-suicide] happened and there was also an external inquiry by the Dean of Dalhousie Law School. It was concluded that the framework for action against family violence, which has been existence since 1995, was sound. However, police needed an increased capacity in dealing with domestic violence specifically around high-risk files. So it was recommended to the Department of Justice (DOJ), in Nova Scotia for an enhanced capacity. So the DOJ provided funding for domestic violence case coordinators who would share information with service providers. There would be a case conferencing model and they would deal with high-risk files when there was an incident. So there were protocols and groups formed. (Victim Services, Nova Scotia)

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Several practitioners indicated a distinct tendency toward homogeneity in their service provision responses. Risk was perceived to be a constant and static concept amongst victims and, on this basis, similar support services were deemed appropriate for similar risk levels. Homogeneity amongst service provision responses also provided a degree of consistency and enabled practitioners to expedite their work with victims.

I really can't think of anything that is specifically unique in the sense that all of the risk factors are kind of present to some extent in all of the communities. (Crown, Ontario)

We do follow a provincial victim services template for safety planning. So if you go on the provincial victim services [website] they do have examples of the safety plan templates they use. So that's that we use so there's consistency. (Victim Services, Nova Scotia)

I think our response is the same. It doesn't matter where they're from or who they are. Like, we are still there to try and ascertain whether a criminal act occurred and whether or not we should be investigating anything. (Police, Manitoba)

Responses regarding the professional responsibility for risk management varied and there seemed to be confusion around which sector was responsible for risk management. Interestingly, some practitioners associated risk management primarily with perpetrators while others discussed risk management in relation to both victims and perpetrators.

I would say with risk management it would be more of the information that goes out to corrections, the Crown Prosecutor, and also with maybe Child Protection. Those are the people we work with because again we are not working directly with the offenders. We rely on people who do work directly with the offenders. (Victim Services, Nova Scotia)

I mean, we do some risk management with our victims at the time. Like, say somebody comes in and it's criminal harassment but they don't want to proceed with charges, I would tell them be aware of your surroundings, don't always do the same things. (Police, Ontario)

So in terms of risk management, the police are the ones that end up doing the main risk management because they are involved with the complainants on the day of the incident. (Crown, Ontario)

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This confusion is likely attributable to the conflation of safety planning with risk management and also the inconsistencies in clearly delineating these aspects of intimate partner violence service provision. The confusion here is also associated with the overemphasis of risk assessment, which is to the detriment of the other aspects of intimate partner violence service provision.

Responses around professional responsibility for safety planning varied. Police, victim services, and shelter workers all reported working with victims to develop a safety plan in an effort to avoid future domestic violence. However, much like the responses in relation to the professional responsibility for risk management, practitioners expressed confusion regarding the professional responsibility for safety planning.

I ensure that the membership is doing safety planning and that it's not just being done but, like, there's been some thought put into it by officers. Victim services does safety planning and I tell them it has to be led by the officer because the officer is aware of all the risk assessment and all that. Victim services can actually support the safety plan but it's the officer that has to lead and do the safety plan with the victim. (Police, Alberta)

We have been told that we aren't supposed to safety plan, that that is the RCMP's job so it is something they do with us. (Victim Services, Alberta)

We let victim services deal with that, we don't do a lot of safety planning as police. (Police, Ontario)

Most of the Crown Prosecutors (six participants) included within this research advised that safety planning was not their responsibility and that their role centred around various aspects of the criminal justice process. Instead, they maintained that safety planning was more commonly conducted by police officers and victim services workers.

I would be very hesitant to be involved in safety planning unless it is a very, very exceptional circumstance and very temporary. (Crown, Ontario)

Professional responsibility for risk assessment stands in contrast to the professional responsibility in relation to risk management and safety planning. This is because most

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practitioners seemed to take responsibility for risk assessment and identified the practice as an integral component of their service provision response to intimate partner violence. Crown Prosecutors indicated that while they do not score risk assessments, they do rely on the results to make decisions pertaining to the court process.

I'd say about 50% of the victims I deal with, there's been a formal risk assessment done by the victim services. We work with the results of the risk assessment to then determine how to proceed with the person charged and with that person's charges. (Crown, Manitoba)

We obtain the risk assessments from the police and review them, but we don't do them ourselves. (Crown, Alberta)

Basic Theme 3: The Problematization of Intimate Partner Violence

This basic theme is comprised of three issues discussed: Intimate Partner Violence Terminology; Risk Assessment—Terminology; and De-Gendering Intimate Partner Violence. Police (six codes, five participants) were cited most frequently in relation to this basic theme. This basic theme centres on the process of how social concerns—specifically those related to intimate partner violence—become problematized (Bacchi, 2009). Practitioner conceptualizations of the issue located intimate partner violence as an issue in need of formal intervention (i.e., criminal justice system, social services) and identified standardization (particularly as it related to terminology) and professional knowledge on the topic as potential solutions. The use of gender-neutral language to refer to intimate partner violence was noted in the transcripts—a practice which ultimately obscured the gender-based nature of men's violence against women.

Practitioners referenced the use of standardized language when referring to intimate partner violence. Generally, these definitions were created by administrative bodies to ensure consistency in practice and, in some cases, these definitions set specific criteria around the types of intimate partner violence to be handled within a specific program.

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We only use definitions that are handed down through policies, which are often generated by the Ministry of Attorney General and/or the Ontario Provincial Police. So we would use whatever definition they approved. (Police, Ontario)

There was also a noticeable tendency amongst service providers to professionalize the definition of risk assessment by listing a very specific set of qualifications required to score the assessment and associating the tool with academic and positivist knowledge. This narrow definition effectively diminished and minimized other types of informal risk assessment based on experiential ways of knowing. The narratives below indicate the authority of professional knowledge on the topic of intimate partner violence and the primacy of risk-based conceptualizations of the issue.

When these services here started to develop some of their policies and protocols for the province, I sat on part of the subject matter expert committee panels to do some of this work and we did not agree on the use of the word “risk assessment” and what the terminology here in the province is [is] a “risk summary.” (Police, British Columbia)

Instead of a “risk assessment,” we refer to it as a “threat assessment.” So we evaluate observable personal and situational factors in deciding whether there’s a risk to a person in order to determine potential for violence. (Police, Ontario)

Much of the language used by practitioners was gendered, meaning that ‘she’ was often used to refer to the victim and ‘he’ was used to refer to the perpetrator of the violence. In some instances, practitioners were apologetic for doing so, indicating a shift toward more gender-neutral perceptions of intimate partner violence. In these instances, practitioners conceptualized intimate partner violence as a type of abuse that affected all genders equally rather than a form of men’s violence against women.

I wish there were more tools available for same-sex assaults or female-on-male assaults. You’re really restricting your use of tools to one gender, essentially, which 20 years ago might have been the standard or most accepted type of relationship, but times have changed. (Police, Ontario)

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Basic Theme 4: Policy Constructions of Intimate Partner Violence

Basic theme four came together based on two issues discussed: Domestic Violence Directives and Legislation.

Domestic violence directives came up most often in police interviews (seven codes, five participants), likely because of the no-drop and zero-tolerance policies to intimate partner violence that were initiated in the 1980s and 1990s. In some cases, other domestic violence policies were created in response to an intimate partner violence incident or homicide that had occurred. Prevention was a common intent amongst all of these policies with a concerted focus on putting in place measures to predict and address intimate partner violence before it escalated to the point of severe intimate partner violence and/or domestic homicide.

Back in 2000 in Nova Scotia there was a murder-suicide, and if I kind of back up to 1995 as with most provinces, they adopted a pro-arrest, pro-charge, pro-prosecution policy, which took the onus off the woman to report domestic violence. (Victim Services, Nova Scotia)

We have policies for domestic violence and violent crime and all that sort of thing and there are always parts of those policies that talk and speak to risk assessment. (Police, Ontario)

There is a policy written in a job description specifically for the domestic violence unit that we have to follow, and then obviously the provincial mandates for mandatory charging and what's expected. That's part of our auditing rules and when we're looking at occurrences we've got to make sure everything is kind of met as far as policies, job descriptions, provincial mandates, everything kinds of fits and is covered off that has to be covered off. (Police, Ontario)

Practitioners referenced various pieces of legislation (provincial and federal) and policy that governed their work. Most often, practitioners were bound by multiple forms of legislation and policy pertaining to various aspects of their work with intimate partner violence victims. In their opinion, having these formal guidelines surrounding service provision ensured a consistent and standardized approach to addressing the issue.

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The Violence Against Women in Relationships (VAWIR) is the governing policy in British Columbia and in there, there's an area about high-risk (files) and an entire protocol. (Police, British Columbia)

We are designates in the Yukon for emergency intervention orders, which is a mechanism under our *Family Violence Prevention Act*. (Victim Services, Yukon)

Summary of Organizing Theme 3

The third organizing theme focused on standardization. This theme centred primarily on rigid rules, boundaries, and guidelines with an explicit focus on developing processes and procedures around many aspects associated with intimate partner violence service provision.

Standardization and positivism seemed to be one and the same. Countless references were made that alluded to the gold standard of scientific ways of knowing, particularly in relation to risk assessments that calculated numbers and scores. Numerous efforts were made to standardize the way practitioners (and even the general public) problematize the issue of intimate partner violence. These efforts extended into policy and practice on the matter.

Organizing Theme 4: Risk-Based Approaches to Intimate Partner Violence

The final organizing theme is comprised of four basic themes: Risk Classification; Surveillance; Crime Control Strategies; and Risk Assessment Dictates the Course of Action. This organizing theme captures practitioner narratives regarding the conceptualization of intimate partner violence within a risk-based society and the ways in which this perspective influences their approach to service provision for both intimate partner violence victims and perpetrators. This organizing theme also has the highest coding frequency (524 codes, all 45 participants) within the global theme, Manifestations of Neo-Liberalism and Risk Discourse. Police exhibited the highest coding frequency (175 codes, 13 participants) within this organizing theme.

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Basic Theme 1: Risk Classification

The first basic theme is based on a series of issues discussed that are centred on the predominance of risk-based responses to intimate partner violence (Risk-Focussed Approaches; Risk Assessment—Frequency; Categorization; Risk Assessment Determining Support Availability; and Risk Factors).

Practitioners discussed the increasing prominence of risk-focussed approaches to their work, indicating that the proliferation of risk-based perspectives within the anti-violence sector has occurred over the past decade.

We do a lot of risk assessment and it's come on even stronger within the last five to 10 years. We're used to it becoming a greater part of our job—is the safety planning and the risk assessment part of it, so something we've recognized and have been working towards and we bring it into everything. (Police, Ontario)

In our office we have the High-Risk Protocol that we follow for Nova Scotia. If somebody comes in and we think they are high-risk, the police automatically do an ODARA. If we, for example, read a file and there's elements that we recognize in there as being especially scary or vulnerable then that will trigger us to want to conduct a Danger Assessment with them. (Victim Services, Nova Scotia)

Within the transcripts there was also a notable emphasis on the risk-based elements of the situation rather than the well-being of the victim.

Once we get the woman to share her abuse details then the risk assessment needs to be done and then finding out with the risk where she is at, like, whether her risk is at low or high. Then we go from there if we need to get the high-risk team involved and the police involved. (Shelter, Ontario)

With respect to police, conducting a risk assessment was mandatory in most instances and this was often outlined within agency policy on intimate partner violence. Mandatory risk assessments also appeared to be a component of standard intake procedures for shelter residents.

If police go to a scene that they believe there has been either a domestic assault or a threat with a weapon in hand, if one of those two things happened, they are required to conduct an ODARA and then that ODARA goes on the police file. (Victim Services, Nova Scotia)

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We have to submit the ODARA with all domestic charges where there's a person in custody awaiting a bail hearing. So, yes, it [the risk assessment] is mandatory. (Police, Ontario)

[Risk assessment] is mandatory prior to intaking. So that's part of our intake assessment. We have to do a risk assessment when a woman intakes into the shelter. (Shelter, Ontario)

Alternatively, some practitioners indicated that the frequency of risk assessment was decided on a case-by-case basis. Practitioners working in victim services programs and shelters advised that they used their professional judgement to decide whether a risk assessment was necessary in their work with victims.

We don't complete the ODARA unless we're instructed by the Crown, but the normal risk assessments, there is no mandate or anything that we have. It's just something that whenever I make that first connection with the victim, it's kind of an automatic. (Victim Services, Saskatchewan)

[Risk assessment] is based off the professional judgement of the worker and it's not mandatory. (Shelter, Saskatchewan)

[Risk assessment] is not mandatory. It's definitely optional. And, you know, there are times it also needs to be done for safety. (Shelter, Saskatchewan)

Categorization was the most frequently cited code (87) in the organizing theme, Risk-Based Approaches to Intimate Partner Violence. In total, 37 out of 45 interview participants discussed risk categorization as it related to their approach to intimate partner violence. Categorizing intimate partner violence perpetrators by level of risk seemed to be a strategy used to determine how best to allocate resources.

I sit on the high-risk offender unit who monitors—we have ankle monitor on our highest risk offenders. So we have 20 high-risk offenders sort of labelled by probation as high-risk offenders. The probation officers applied to the courts prior to their release, either on bail or sentencing, to be court-ordered to wear the ankle bracelet. (Police, Manitoba)

So this domestic violence police officer's job is to go to that offender and check in with them and say, "You're high-risk. What supports do you need?" So if it is high-risk we have our domestic violence officer say, "Hey, if you need help, you need to go to

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counselling service, or if you have addictions problems this is where you get help for your addictions.” (Victim Services, Nova Scotia)

In some situations, if a person is released [from custody] and we assess them as high-risk, there might be surveillance involved to watch the actions of the accused and that sort of thing. (Police, Ontario)

If they [perpetrators] are deemed high risk, I would argue for detention—for their bail to be denied or for very strict conditions to be imposed on them while they are on release awaiting trial. Strict conditions—what I mean would include no contact with the victim, no attendance at the residence, but also things like a curfew or house arrest. (Crown, Alberta)

However, some practitioners advised that assessing risk and assigning resources accordingly is an imperfect strategy.

How can you say someone is at a high-risk when somebody—there’s all this going on and the perpetrator has never physically assaulted/abused women and then a couple days later he has, you know, a murder charge. (Shelter, Prince Edward Island)

Victims were not exempt from this categorization and often this process determined the availability of services and, consequently, enabled or constrained their ability to access these supports. As a result, victims who were denied access based on low risk assessment scores found themselves in increasingly vulnerable situations. Risk assessment determining support availability came up most often in the shelter (four participants) and victim services (four participants) interviews. These narratives are more pronounced within these sectors because staff work directly with victims and are also in a position to offer the safety supports detailed below.

The [risk] assessment is definitely mandatory because then that sort of indicates the level of support they get and it all depends on where they fall on that scale. Like, if it’s just verbal, for instance, then I am going to handle it differently than if there was a weapon involved. (Victim Services, British Columbia)

So at our office we take the applications for the alert program and a lot of the women that I am working with, I do the intakes and get the initial risk assessment information, the application is then taken to a community committee that consists of our two shelters. (Victim Services, Ontario)

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One of the tools that victim services implements is called the “mobile tracking system.” So it’s a personal panic device for high-risk victims of domestic violence. If they are not [high-risk] they’re screened out. Once they come across our desk or referral plate as high-risk domestic violence victims, then that conversation can be entertained with regards to equipping them with a mobile tracking device. (Victim Services, Ontario)

If [a shelter] had to prioritize two people that come in at the same time and they have one room, they should be prioritizing high-risk and, of course, you have to speak to those specific agencies and figure out how they deal with a high-risk designation and how they prioritize. (Victim Services, Nova Scotia)

Practitioners often relied on a set list of risk factors to get a sense of the situation and to determine the level of risk present in a given situation.

There are a lot of risk factors and history that are useful in kind of seeing where a victim is or what are some of the risks posed, I guess, to that particular victim. So that would be a starting point. (Police, Alberta)

There are a lot of things considered when we’re doing risk assessments on individuals, which include past, present, and current offences, the dynamics of a household, whether there are kids there. Is the setting of the residence rural, in a city? Is it controlled access? You have to look at everything when you’re doing it. I think it’s good that all of that is included. (Police, Ontario)

Commonly cited risk factors also included personal attributes of the victim and their situation. As such, the narratives below possess a pathologizing and victim-blaming undertone.

I think a lot of the clients that I see in relation to domestic violence—I am sure it’s the same everywhere—but there is a really big drug problem here so sometimes there is addiction issues or alcohol issues in a lot of the cases. (Victim Services, Ontario)

The fact is that it may also be that the victim doesn’t feel like a victim and doesn’t sense the danger that’s in this cycle. There are lots and lots of factors. (Police, Quebec)

Someone having children does increase risk, especially if the child is with another intimate partner other than the offender. (Police, Alberta)

I think the fact that there’s two or more kids, that becomes an indicator of greater risk. Or if the victim is pregnant at the time because that is also a period of vulnerability. (Crown, Ontario)

We are supposed to let everyone know if, for example, the victim enters into a new relationship because we know that can elevate risk. (Victim Services, Nova Scotia)

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Basic Theme 2: Surveillance

The second basic theme is comprised of three issues discussed: Security; Collecting Information—Restriction of Personal Liberty; and Monitoring. Police (23 codes, nine participants) were the most commonly cited sector in relation to this basic theme.

Practitioners talked about the use of technology in providing security to high-risk intimate partner violence victims. Global positioning systems (GPS) and other forms of monitoring technology were implemented to surveil victims with the intention of reducing the risk level and preventing future intimate partner violence incidents. Although important, these mechanisms effectively served a reactive purpose rather than a preventative one.

It's called an Angel Monitor. I think it's a device that the victims can wear around their neck and if they are in trouble or if the accused attends they can press a button and it's linked right to 9-1-1. (Crown, Ontario)

It's a GPS monitor that they carry around with them and they press the button and it's an immediate police response. It goes into our [police] dispatch. (Victim Services, Ontario)

Practitioners also discussed situations where assurances of security were not possible given geographic obstacles, identifying a gap in service provision for those residing in rural, remote, and Northern locations.

People know where the transition house is. It's a really small island and a lot of people know each other's business and it's hard to move around the island in a safer way if you're worried about your ex-partner locating you and killing you. (Victim Services, British Columbia)

Almost all of the Crown Prosecutors (six participants) expressed that they used information collected by police, victim services, and other community agencies to make court-related decisions. In many instances, this information was used to restrict personal liberty in terms of ability to move and communicate freely within society; this was applicable for both victims and perpetrators. Ultimately, the information collected was used to substantiate

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decision-making processes. In many instances, this information was second-hand and had not been collected through direct consultation with the victim or perpetrator.

We do look at professional risk assessment tools that the police provide and so, in essence, looking at the data that has been provided already by the police and then applying professional judgement to decide things like appropriate bail conditions, appropriate probation conditions, and whether or not to grant any or allow for any bail variations. (Crown, Ontario)

All of their information on the children—their whole name and date of birth—is supposed to be obtained and entered into the call history which Department of Justice Victim Services receives and they make the notification to Child and Family Services. (Police, Manitoba)

If a female has been assaulted we're going to be laying charges. Then we have, you know, we will do the arrest and hold the person for bail, otherwise we'll typically release him. Typically, they are being held so we do our background check and get all our information for the risk assessment. That [information] also goes toward the bail package so they don't get released. (Police, Ontario)

Monitoring was most commonly referred to by police (16 codes, seven participants) and victim services (10 codes, seven participants). This theme came up in relation to both victims and perpetrators. Practitioners discussed monitoring as a means of protecting victims and indicated that the level of monitoring prescribed was dependent on the level of risk presented by the situation.

Then at that point we usually put a “hazard”—we call it a “hazard”—on their address. So it's a flag in the police system, like, an administrative flag on their address so that if police ever get called to that address they see that hazard in the system they know that they have [to be] there, in theory, especially fast because this is a high-risk situation, so it's something they need to prioritize. (Victim Services, Nova Scotia)

If we have someone where we're a little more worried for their safety, we'll get the officers to drive by their house. (Victim Services, Saskatchewan)

Themes of monitoring were also noted in relation to intimate partner violence perpetrators, specifically in relation to bail and no-contact conditions.

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And I can tell you that when an individual is deemed high-risk, there are more bail compliance checks that are done to ensure the safety of our victims, but also that the offender is compliant by whatever conditions have been put in place. (Crown, Ontario)

So with managing offenders, we do that by engaging in meetings with them, providing supports to them, we check collaterals—so we check on their employment, we look for different things they've said they've done, we make confirmations, those types of things. We engage in police checks and curfew checks. (Police, British Columbia)

The other thing we have is a collaborative approach that we call the High-Risk Management Initiative and that is the 20 worst high-risk people and they are monitored very closely. (Crown, Alberta)

In some instances, the simultaneous monitoring of victims and perpetrators was administered through a centralized system.

If it goes to an I-TRAC assessor they might have more in-depth things for the detachment or for the lead investigator to do to monitor this offender even when the charges are finished in court. Though it could be kind of a long-term monitoring of the offender and also a long-term kind of monitoring of the victim too, just to make sure she's on the right track and has the resources to help her out. (Police, Alberta)

Basic Theme 3: Crime Control Strategies

This basic theme came together on the basis of three issues discussed: Risk Prediction; Preventative Measures; Criminalization and Pro-Arrest. Police (60 codes, 11 participants) were coded a rate either double or triple that of any other sector included in the research (Crown Prosecutors: 25 codes, eight participants; shelter: 22 codes, 10 participants; victim services: 15 codes, nine participants).

Risk prediction was a practice most commonly cited by police officers (eight participants). The narrative surrounding risk prediction focussed on reducing the risk of re-offence, specifically as it related to escalating levels of violence. Predictive efforts were based on actuarial tools (i.e., ODARA, SARA, B-SAFER, and SAM) and were perceived to be an accurate and infallible measure of the possibility of future intimate partner violence. On this

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basis, risk prediction often served as the basis for the formation of preventative measures, which are discussed below in further detail.

The ODARA measures the risk of re-offence and obviously the higher the risk of re-offence also the higher risk of more injury and the higher, that is, the more likely that it could end up in death. (Victim Services, Nova Scotia)

Then it [risk assessment] is also considered at the bail hearing and at the sentencing, because we're also considering at that point what the risks are for future crimes. (Crown, Alberta)

Preventative measures were often discussed within the context of crime control strategies.

Practitioners detailed various risk assessment tools that were consulted to determine the most appropriate course of action. Surveillance strategies were also implemented in tandem with risk prediction processes to allow for intervention in situations of escalating violence.

So sometimes our files are continuing only because of the situation with the children. And that's what we're actually watching and managing. And then when things become unbalanced, we recognize the risk is increasing and we intercept again. (Police, British Columbia)

If [perpetrators] are determined to be high-risk, normally I would recommend that they be flagged on Prose. Prose is a computer system that we document all our occurrences on. And also seeing that they have a family violence flag on them. So just to notify maybe an address or certain people being potential for domestic violence and the risk of that. (Police, Alberta)

Alternatively, other practitioners spoke in more rehabilitative terms, identifying counselling and programming as more appropriate interventions to decrease intimate partner violence recidivism in the future.

So in terms of counselling, right, those are the types of things I'd like to see done up front or put in place by way of probation order if this individual was to plead guilty or whatnot. Those are the types of things I'd like to see in any perpetrator or any offender of domestic violence, just so that we can look at ways of preventing this, if possible, in the future. (Crown, Ontario)

All of the Crown Prosecutors (eight participants) and nearly all of the police officers (10 participants) discussed elements of their professional practice relating to criminalization

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measures and pro-arrest. This is largely attributable the nature of their work and the institutions in which they operate.

What changed for us when the “zero tolerance” term was getting thrown around—we never adopted the “zero tolerance” term, but what we changed in our policy is that it wasn’t up to the woman anymore, it was up to us as to whether or not we lay the charge. So when that policy changed our arrests spiked. So we had about—instead of 2,000 arrests a year we were averaging between 3,500 and 4,000 arrests a year. (Police, Manitoba)

If they’re deemed high-risk, I would argue for detention, for their bail to be denied, or for very strict conditions to be imposed on them while they are on release awaiting trial. Strict conditions—what I mean would include no contact with the victim, no going to the residence, but also things like a curfew or house arrest, essentially. (Crown, Alberta)

As police, we’re the ones that kind of act on the Criminal Code matters, we are that part of it. (Police, Northwest Territories)

Basic Theme 4: Risk Assessment Dictates Course of Action

The final basic theme focusses on the ways in which risk assessment feeds into other aspects of intimate partner violence service provision. This basic theme is comprised of four issues discussed in the transcripts: Connection between Risk Assessment and Actionable Items; Risk Assessment Guiding Criminal Justice System Proceedings; Risk Assessment Guiding Risk Management; and Risk Assessment Guiding Safety Planning. Crown Prosecutors (34 codes, eight participants) were cited most frequently in relation to this basic theme.

Risk assessment was described to be connected to a number of actionable items, including criminal justice system proceedings, risk management, and safety planning. Certain scores and/or scoring thresholds directed different courses of action pertaining to the intimate partner violence intervention.

When we talk about risk assessment and safety planning, sometimes you wonder what part of it—like where to do you draw the line? What would be considered the safety planning piece and what is considered the risk assessment piece? Because, in the end, I think both of them are about someone’s safety. (Victim Services, Nova Scotia)

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A total of seven out of eight Crown Prosecutors included within the sample indicated that they consulted risk assessments (typically conducted by police or victim services) when making decisions in intimate partner violence cases. Oftentimes, the information that Crown Prosecutors received was a sterile and context-free depiction of the actual intimate partner violence incident that was based on the results of a standardized, quantitative tool, making it problematic that such significant consideration was given to the risk assessment itself.

I work with both risk assessment and risk management in terms of whether I'm going to prosecute a charge and how to proceed with it, how I'm going to proceed with it, what the outcome of prosecution I'm seeking is. (Crown, Manitoba)

We are always looking at what conditions we should put on to protect the complainant or children. So we are doing that risk assessment daily when we are in court or on our files and we will put conditions in place accordingly. (Crown, Alberta)

With a lot of the victims that I deal with—I'd say 50% of the victims I deal with—there's been a formal risk assessment done by the victim services worker, so that I can work that that result. The results of the risk assessment then determine how I'm going to proceed with the person charged. (Crown, Manitoba)

Police (four participants) also discussed utilizing the risk assessment result to guide their work but to a lesser extent than Crown Prosecutors.

When we do the victim statement, certain questions that we ask are—so it's a tool to refer to, because for us spousal violence cases are treated quickly. Then when the suspect isn't located at the time of the situation, we launch an alert. It's like an operational log that sends out relief information to the respondent, so we get in touch with the investigator to find the suspect as quickly as possible. (Police, Quebec)

In some instances, practitioners would not score a risk assessment with victims until they were directed to do so by the Crown Prosecutor. The results of the risk assessment were then used to make decisions relating to bail, no-contact orders, and sentencing. In the instances detailed below, the risk assessment was used solely to inform the criminal justice process and was not used to direct specific safety planning efforts with the victim.

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I'm trained on the ODARA. So I know how to complete it, but we can't just complete one without receiving a referral from the Crown. Like, if a victim approaches us and says, "I want contact with him, this and that, what can I do?" it's usually something that I'll talk to defence or Crown about and say, "Look, this is what the victim is wanting." And then ultimately, the judge has the final say. (Victim Services, Saskatchewan)

The use of risk assessment to guide risk management was cited to a lesser extent (11 codes) than in relation to criminal justice system proceedings and safety planning. In overall risk management, the structured professional judgement, SARA, SAM, the B-SAFER, all work through risk management. That's actually how the tool is used all the way to the end of building scenarios and learning how to manage the risk. (Police, British Columbia)

The SARA tool is unique in that it also has a risk management aspect to it. It doesn't just do assessment, but it also does risk management as well. So there are aspects of that where you actually consider and make plans with the person. It could be monitoring, it could be treatment, could be supervision, could be victim safety planning, and any other considerations. (Victim Services, Prince Edward Island)

There seemed to be disagreement amongst practitioners about what constituted risk management and safety planning. Some practitioners were quick to differentiate between the two while others often conflated one with the other.

The predominance of responses pertaining to risk assessment guiding safety planning came from shelter staff (10 codes, seven participants). Practitioners commonly referred to risk assessment as a necessary first step in working with victims to determine the risk factors to be addressed within the safety plan. One practitioner advised that risk assessment was an integral component to safety planning and that any safety plan was incomplete without actuarial knowledge to substantiate it.

I typically do that [risk assessment] with any clients that come in under family violence—like, if there's been family violence or a sexual assault or anything like that I would assess risk and address safety planning. It's kind of a moot point if you can't do safety planning without doing the risk assessment. (Victim Services, British Columbia)

We would use the information we've gained from any assessment of risk to help determine what the appropriate safety plan might look like. (Victim Services, Prince Edward Island)

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Risk assessments are a tool and a guideline and obviously we do it to ensure the safety [of the victim]. (Police, Northwest Territories)

If somebody is deemed high-risk, obviously like I said, if they hit the ODARA score it may very well be that we have a conference call with the Crown Attorney, with Victim/Witness Assistance Program (VWAP), with victim services, with police services, with the court, so we are all on the same page. You know, do we need to do more? What is it we need to do? (Police, Ontario)

Summary of Organizing Theme 4

The final organizing theme encapsulates perspectives surrounding risk-based approaches to addressing intimate partner violence. This organizing theme was the most frequently coded within this chapter (524 codes, all 45 participants), indicating the sheer extent to which risk-focussed perspectives have infiltrated intimate partner violence service provision.

Risk classification enabled practitioners to triage intimate partner violence cases and provided a clear process for allocating resources and determining the most “appropriate” course of action in the case. Categorization seemed to be a sterile and clinical process that eliminated the personal connection characteristic of service provision responses during the Violence Against Women Movement.

Risk-based approaches were used to substantiate and justify the need for victim and perpetrator surveillance, and to increase the degree of credibility and legitimacy associated with these service provision responses. Within risk society victims are made to feel like danger is imminent and, based on this understanding, they agree to surveillance (and a restriction of their liberty) to receive protection from the state. This was highlighted in practitioner narratives that detailed high-risk protocols requiring high degrees of surveillance and compliance with institutional policies from victims.

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Risk assessment was a noted deciding factor and dictating force in relation to intervention in intimate partner violence cases. A number or score would be used to determine the level of access (if any) that a victim was allowed to have to support services.

Concluding Remarks

The first global theme, Manifestations of Neo-Liberalism and Risk Discourse, encompasses four lower level organizing themes: Responsibilization, Professionalization, Standardization, and Risk-Based Approaches to Intimate Partner Violence. This global theme was the largest in the research with a total of 1770 codes—a number over 800 codes more than Global Theme 2: Remnants of the Violence Against Women Movement (953 codes) and over 1000 codes more than Global Theme 3: Impact of Neo-Liberalism and Risk Discourse (751 codes). Every participant transcript—Crown Prosecutors (eight), police (13), shelter staff (12), victim services (12)—was coded in relation to this global theme. The highest coding frequencies within this global theme were related to the organizing themes of Risk-Based Approaches to Intimate Partner Violence (524 codes) and Responsibilization (524 codes). An examination of the coding frequency breakdown per sector reveals police (615 codes, 13 participants) to be the most commonly cited sector in this global theme. Additionally, police were the most frequently cited sector in all four of the lower level organizing themes. Victim services (422 codes), shelter staff (387 codes), and Crown Prosecutors (346 codes) exhibited significantly lower coding frequencies in relation to the overarching global theme.

Within the context of neo-liberalism, responsibilization centred around the notion of intimate partner violence victims as prudent and rational citizens who are motivated, willing, and able to take steps to protect themselves. This thinking also extended to the perpetrators of this violence and children exposed to intimate partner violence. Paternalism was noted throughout

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the transcripts, particularly in practitioner statements that privileged professional knowledge and discounted experiential perspectives. Practitioners also subscribed to pathologizing narratives which centred around victim blaming, clinicalization, and criminalization. In turn, victimhood was assumed to be an inherent capacity, an individual abnormality rather than a societal failing. These narratives revealed the process through which state irresponsibilization takes place through mechanisms of victim responsabilization. The practitioner transcripts also revealed increasing professionalization within the anti-violence sector. Numerous training sessions, professional intimate partner violence initiatives, technical developments, and academic research projects were mentioned throughout the course of the interviews. These topics were most often discussed in relation to intimate partner violence risk assessment, demonstrating the predominance of risk-based perspectives within service delivery approaches. The process of professionalization was regulated by various policies and procedures.

Positivism appeared to be a guiding force in intimate partner violence service delivery with significant focus on actuarial measures, quantification, and evidence-based best practices. Practitioners indicated that risk-based approaches lent a degree of credibility and legitimacy to their practice and substantiated their professional opinion. Accountability to management was a common theme within these narratives. This was made obvious in statements that characterized risk assessment as a professional fail safe, a positivist output to fall back on in situations where the intimate partner violence increased in severity and/or resulted in domestic homicide. Risk classification and categorization were also central aspects of intimate partner violence service provision and were used to determine support availability and assign resources accordingly.

The manifestations of neo-liberalism and risk discourse in intimate partner violence service provision responses have been significant, as detailed throughout this chapter. However,

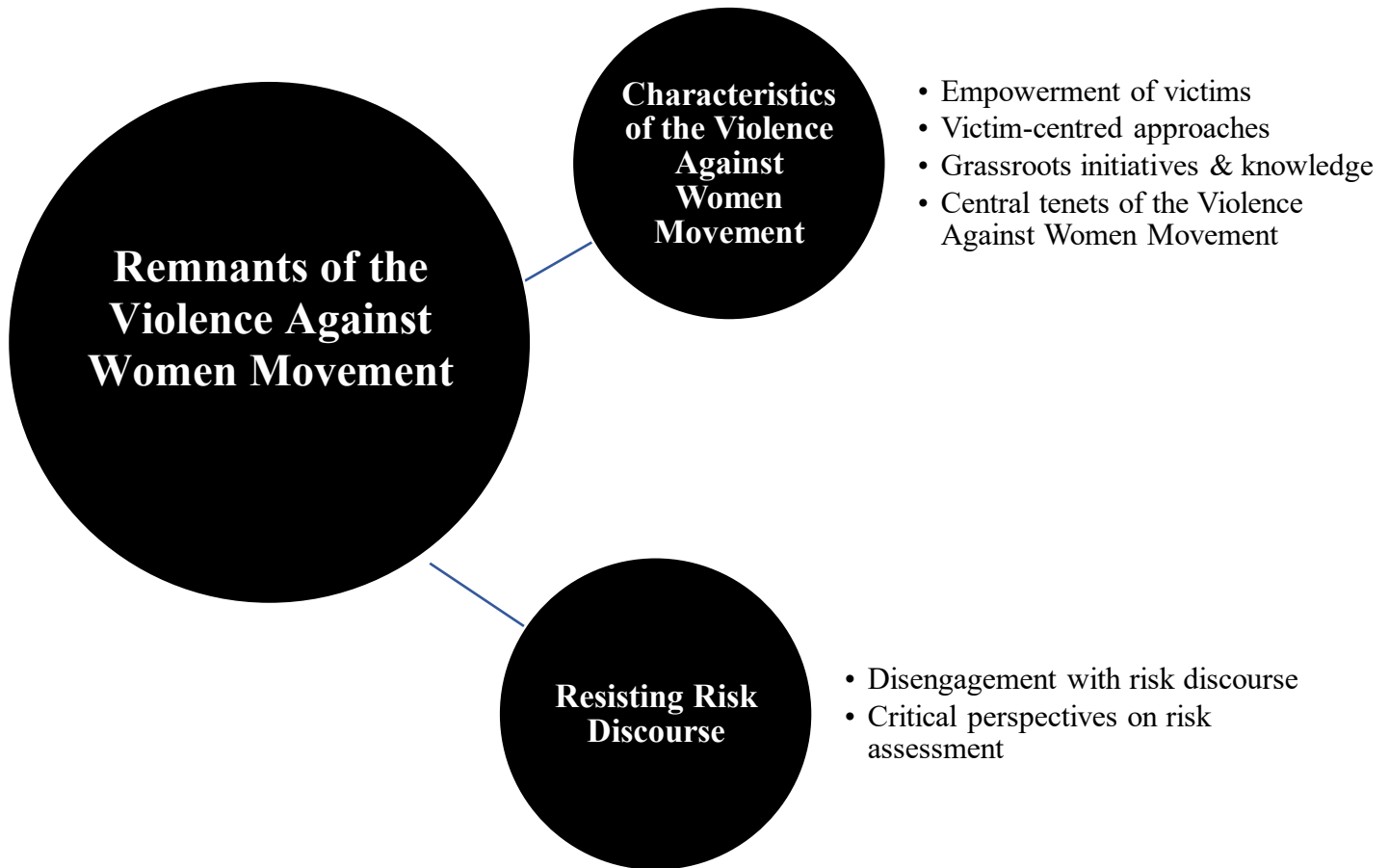
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the practitioner transcripts also revealed that elements of the Violence Against Women Movement have persisted over time and are still evident within the anti-violence sector. The next chapter explores the remnants of the Violence Against Women Movement that still remain within intimate partner violence service provision responses.

Chapter 5: Remnants of the Violence Against Women Movement

The Violence Against Women Movement called attention to the issue of violence against women and advocated for grassroots approaches to intimate partner violence service provision. These approaches emphasized experiential knowledge, victim autonomy, and empowerment. Over time, the service provision responses of the Violence Against Women Movement have been replaced by risk-based approaches centred around actuarial techniques and quantitative understandings of intimate partner violence. However, remnants of this original approach persist today and are evident in modern responses to the issue. This second findings chapter details characteristics of the Violence Against Women Movement that are present in current intimate partner violence service provision responses and the resistance to risk discourse that enables these grassroots approaches to prevail. The chapter will address the following question: what is the impact of the advent of risk discourse on the original goals of the Violence Against Women movement in relation to addressing intimate partner violence? The chart on the next page depicts the global theme, organizing themes, and basic themes discussed in this chapter.

Thematic Map – Remnants of the Violence Against Women Movement



Global Theme 2: Remnants of the Violence Against Women Movement

The second global theme was developed based on two organizing themes: Characteristics of the Violence Against Women Movement and Resisting Risk Discourse. This global theme was the second most frequently coded (953) in the research. However, this number was just over half of the number associated with the most frequently cited global theme, Manifestations of Neo-Liberalism and Risk Discourse (1770 codes). Shelter workers (382 codes, 12 participants) and victim services workers (267 codes, 12 participants) most commonly relayed statements that were reminiscent of approaches to intimate partner violence during the Violence Against Women Movement.

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Organizing Theme 5: Characteristics of the Violence Against Women Movement

This organizing theme came together based on elements of earlier approaches to intimate partner violence that are still evident in today's response by professionals to the issue. The theme is comprised of four basic themes: Empowerment of Victims; Victim-Centred Approaches; Grassroots Initiatives and Knowledge; and Central Tenets of the Violence Against Women Movement. Shelter staff (359 codes, 12 participants) and victim services workers (247 codes, 12 participants) were most frequently cited in relation to this organizing theme.

Basic Theme 1: Empowerment of Victims

The first basic theme is comprised of seven issues discussed (Autonomy; Victim Choice; Participatory Approach; Consciousness-Raising; Privilege of Experiential Knowledge; Advocacy; and Self-Determination). Nearly 80% of responses pertaining to empowerment of victims came from the shelter staff and victim services transcripts. Crown Prosecutors and police officers infrequently mentioned empowerment as it related to their work with victims.

The majority of shelter staff (10 participants) and victim services workers (eight participants) discussed approaches that emphasized and encouraged victim autonomy. This approach focussed on empowering victims by allowing them to make decisions and/or be a part of the decision-making process about their situation.

[Service provision] is about knowing where she is and feeling like, "Yes I can do this on my own." A little bit of empowerment, a little bit of connection, and making those community connections. Once they feel connected in the community I think that's more positive for them, there's a place for them to go, there's a place to share, there is a place to talk. (Shelter, Ontario)

[Police officers] usually try to connect one-to-one with the person they are working with. And they actually sit there and it's not so much, "Here I am and I'm going to tell you what it is I am going to." [It's more,] "I need you to tell me your story and I want you to tell me what you want to see happen." (Shelter, Alberta)

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Practitioners discussed the importance of respecting the decision-making process of victims, even if it was at odds with professional assessments of the situation.

I'm not going to force safety planning on anybody. If somebody is not fearful and even though I articulate what my concerns are and they're like, "No, no, no I think everything is going to be fine," then in my opinion it's not my place to force that on someone. (Victim Services, Nova Scotia)

Nearly all of the shelter workers (10 participants) indicated that their professional practice was guided by what the victim has requested. This was also reflected in the responses from victim services (five participants). Similar to other topics within this theme, the responses from Crown Prosecutors (one participant) and police (zero participants) were negligible.

[I say to victims] "I want you to trust your gut and go with what you feel is right. Just because I am giving you a suggestion or recommendation doesn't necessarily mean it's going to suit your best needs best." So I keep empowering them and encouraging them to kind of feel this safety plan out and that what's best suited for them is important. (Victim Services, Ontario)

Practitioners identified that their role was to provide options to the victim rather than dictate a specific course of intervention. Ultimately, it was the decision of the victim to decide amongst the options presented by the practitioner.

We try to meet the clients where they are at. We don't tell people what they need, we give them options and then it is up to them to decide what to do. (Victim Services, Saskatchewan)

She was really resistant to staying in the shelter for more than one night and again, being client-driven, it was her choice to return [home]. So when she wanted to meet with her partner, the very least we could do was meet with him in the privacy of the home or in a public place, and I would sit in a corner and just be an observer and just make sure everything went smoothly. (Shelter, Manitoba)

The police and Crown Prosecutors included in the sample did not make mention of participatory approaches to their work with intimate partner violence victims. Instead, shelter staff (two participants) and victim services workers (two participants) discussed the ways in which they worked collaboratively with victims to find solutions. Victim engagement

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throughout the process was a defining characteristic of participatory approaches within the context of intimate partner violence service provision.

I find that's more collaborative relationship building and so that they feel they are a part of the process of assessing risk versus "I'm the expert and this is what I see and you've got 10 checkmarks and now you're high risk." (Victim Services, British Columbia)

The highest concentration of responses pertaining to consciousness-raising came from shelter workers (six participants). Victim services workers (three participants) also discussed consciousness-raising, although to a lesser degree than shelter staff. Practitioners noted that support groups were offered (and in some instances, mandated) at the shelters, which provided safe and supportive spaces where victims could share their experiences. As such, the original consciousness-raising groups that were a part of the Violence Against Women Movement still exist in some form today.

There are some women's groups [in the community]—just awareness and small groups and creating the dialogue and allowing people to open up. (Police, Nova Scotia)

Just over half of the participants (23/45) expressed sentiments that privileged the experiential knowledge of victims. The majority of these responses came from victim services (eight participants), Crown Prosecutors (six participants), and shelter staff (five participants).

If the woman follows her intuition—if she knows, if she feels that—then definitely she should follow her gut feeling about what she's thinking and that's really important. (Shelter, Prince Edward Island)

Yes, of course that [victim perceptions of safety] is one of the things that we consider. Yes, obviously [we consider victim perceptions of safety] because we want to be able to address those fears. (Crown, Ontario)

Most often, these narratives were tied to the idea that the lived experiences of victims were superior to that of professional assessment or judgement. This was attributed to the fact that experiential knowledge was based on nuanced and contextual information about the abuse and provided a more detailed picture of the severity and extent of the violence.

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I mean, that's not my life that's at risk over there, that's the woman's life at risk and so however she perceives it is what you want to respond to. (Victim Services, British Columbia)

She knows if it's going to happen, we don't. She's lived with him. Like, will he? If she really says "yes" then we really need to hear that and not be negligent and not responding. (Shelter, Prince Edward Island)

The predominance of responses in the area of advocacy were from victim services (11 codes, five participants) and shelter staff (nine codes, four participants). Advocacy was mentioned once by a police officer and not mentioned at all by the Crown Prosecutors included in the sample. Practitioners detailed their efforts to support victims with child access and custody proceedings, securing housing, ensuring safety in the workplace, and accessing legal aid services.

To be able to advocate and help her with resources and say, "You don't need them to go this weekend if that is what you feel," you know? You can talk to a lawyer or Child Protection if you think that's in their best interests or whatever. (Shelter, Prince Edward Island)

I work with clients that are in shelter on a daily basis just to make sure that their needs are met and I advocate for them for either legal aid, housing, and referrals. (Shelter, Manitoba)

I have one victim that I am working with who I had to write a letter. So what was happening is this woman was getting phone calls at work because she works in a job where she can be at different locations and there were calls coming in from a man who was asking about where she was working. I wrote her a letter of support that she could give to her employer to say we're concerned for her safety, generally what was going on, and we also double-check with the client if they are comfortable with this letter and so they know what is being said and just saying, "Could you please not provide her information to unknown callers about where she is working and what time, for her safety." (Victim Services, Nova Scotia)

At least half of the respondents from each of the victim services (six participants) and shelter (six participants) groups described components of their work that were characterized by victim self-determination. Rarely did Crown Prosecutors (one participant) and police (two participants) mention self-determination within the context of their work.

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It totally depends on what she wants. It has to be completely individualized and self-determined. You know, women whether they're at risk of being killed or harmed, they have a right to make their own decisions. It's our job to provide as much choices, as much information, and as many potential options as we can. (Shelter, British Columbia)

So how I run the program is that women make up their own minds about what they choose to do. All their goals are self-identified, everything is self-determined. (Shelter, British Columbia)

Practitioners based their approach on the understanding that victims should have the ability to dictate the terms of their own situation. Based on this perspective, practitioners worked to develop service provision responses that maximized victim choice.

Basic Theme 2: Victim-Centred Approaches

This basic theme is comprised of the highest number of codes (459) in the overarching global theme, Remnants of the Violence Against Women Movement. This basic theme includes seven issues discussed in the transcripts: Victim Voice in Courts; Relationship-Building and Rapport; Victim-Focussed Initiatives; Victim Perceptions of Risk; Tailored Service Provision Responses; In-Person Meetings and Communication; and Cultural Sensitivity in Service Provision. Victim-centred approaches were most commonly utilized by shelter staff (173 codes, 12 participants) and victim services workers (110 codes, 12 participants).

These practitioners emphasized the importance of victims having input in court proceedings, including bail hearings and sentencing, by providing them with the opportunity to share their experiences with the courts, specifically focussing on the ways in which the intimate partner violence incident had impacted their life. This was particularly important because practitioners identified that court proceedings often centred around the perpetrator and, in turn, crowded out victim perspectives. Making space for victims to have a voice in the courtroom was identified as an effective strategy by practitioners because it empowered victims and provided a mechanism through which they could exert a small level of control over the court process.

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Every victim has a right to provide a victim impact statement. If they don't do it through the police, they can do it through victim services or the Crown Prosecutor will ensure that it's done prior to court. (Victim Service, British Columbia)

I partnered with the [court] and came up with a post-bail report that talks about the risk assessments. It gives the woman a voice in the court system. This gives her a voice on paper for the Crown to present to the judge. (Police, Northwest Territories)

The inclusion of victim perspectives was particularly significant when it came to safety planning.

If we are working with the same victim then we can get the permission of the victim to participate to ensure that her voice is being heard and any kind of concerns or questions that have come up from our safety planning can be addressed at the justice level. (Victim Services, Ontario)

A total of 37 out of 45 participants (82%) emphasized their efforts in relationship-building and developing rapport with intimate partner violence victims, making this issue the third most frequently cited in the research (most frequently cited code: guidelines/requirements to ensure consistency in intimate partner violence response; second most frequently cited code: condescension). Practitioners discussed various strategies employed in the course of their work to build rapport with victims. Strategies often included being more relatable, presentations in the community, court accompaniment, and unconditional service availability. Efforts aimed at relationship-building were effective in terms of connecting with the victim and improved the overall quality of service provision

A lot of victims won't come forward and make statements to police or won't follow through with court because they haven't had a support there for them or with them. Now that we are here—supporting them, being there for them, letting them know more information about the justice system, how it works, being there for them when they have to testify—that really has helped a lot. (Victim Services, Saskatchewan)

[Sometimes there is a] wall between us, barriers between us. So I don't go in uniform, I go in plain clothes. I speak at their level. I speak of my own experiences to personalize it and I think that warms them up to me. And I've had, often not in presentations or during, but I leave my business cards and often days later I'll get a phone call from some

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of them asking for information about their file. And I feel that is a breakthrough, that they trusted me enough to come and talk to me or to even call me. (Police, Manitoba)

Practitioners discussed the efforts made to establish personalized service provision approaches. In the quotation below, a Crown Prosecutor indicated that the victim services agency works with people, not cases, making it possible to establish connection across situations where multiple incidents occurred. This was regarded as positive because it provided continuity and consistency for the victim during a period of significant upheaval in their life.

A case is assigned to a victim service's worker by the victim's name. So the victim stays with that victim services worker even if a new case comes in where they are being assaulted by a different person. So there's continuity of the victim services worker for the victim and I think that's really important because they get to know the victim services worker and the victim services worker gets to know the victim, the risk, and the history. I think that's really helpful. I think that helps build trust with the system. (Crown, Manitoba)

Responses from shelter staff (10 participants) and victim services staff (nine participants) indicated a tendency to adopt a victim-focussed framework to guide their work. Alternatively, only two police officers (less than 15% of police officers included in the sample) indicated a use of victim-focussed initiatives in their work. Practitioners spoke about victim-centred approaches to their work, which often involved locating the victim at the centre of the intervention.

Almost all [of our work in victim services] is client-centred. (Victim Services, British Columbia)

We try to be client and victim-centred and assist people with what they need as a victim. Sometimes that is navigating the court system, trying to get in contact with a partner who they have lost contact with due to charges, helping them with immediate safety, like getting Peace Bonds or Emergency Intervention Orders. (Victim Services, Yukon)

Our entire focus is client-driven, so we encourage the client to obtain a protection order, to report an incident if it hasn't been reported to police, and then to start talking about protection planning; where the risks are, what the safety issues might be. (Shelter, Manitoba)

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Here in our unit, we do very extensive safety planning that's much more client-involved and realistic to their lifestyle and what they're capable of. It's collaborative, it's dynamic, it's got to be what the victim wants to do. (Police, British Columbia)

Practitioners noted that this approach was empowering because it accorded victims the autonomy they had been previously denied in their abusive relationship and through interactions with other service providers.

I feel like a lot of times women who have been victims of domestic violence come to us from a place where no one believes them or they've been made to think that their perceptions were untrue or they were making stuff up, exaggerating. So for me in my program, I find that there's value in helping somebody by just accepting what they say at face value and then maybe challenging some things that may not be as big as she thinks. (Shelter, British Columbia)

Victim perceptions of risk were more likely to be considered by victim services (12 participants) and shelter staff (10 participants). Not even half of the police officers (five participants) in the sample discussed the inclusion of victim perceptions of risk in their approach to addressing intimate partner violence. Instead of relying on actuarial assessments to determine risk levels, practitioners engaged in direct consultation with victims to get their perspective on the level of danger present in the situation.

Obviously one of the first questions I always ask is, "Do you feel safer in the home?" That's kind of number one or, "Do you have any fear for your safety?" (Victim Services, Saskatchewan)

I really listen to what the women and children are saying and note all the red flags that they're trying to tell you about. (Shelter, Prince Edward Island)

These practitioners regarded victims as the experts of their situation because they had lived experience. In these instances, the victim's knowledge served as a learning tool for practitioners.

I often say to the women that they're the expert. I think I've learned a lot from them—more from them than anything else. (Shelter, Nova Scotia)

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In total, 84% of participants (38) indicated that they made efforts to tailor service provision responses to fit the unique needs of intimate partner violence victims. Practitioners discussed their efforts to develop one-to-one service provision responses. These approaches focussed on addressing the intimate partner violence as well as other aspects of the victim's life that were not necessarily related to the intimate partner violence (i.e., employment, education). Because the service provision responses were tailored specifically to the victim, they considered the barriers faced by that individual and the unique supports needed to work around these obstacles.

We'll just go ahead and work with any barriers in [the victim's] life and try to make a go in whatever area they'd like to. Whether it be education, a job, re-training, nursing, maybe an addiction, coping with abuse, a mental health issue. (Shelter, Prince Edward Island)

Practitioners noted that service provision responses needed to be dynamic and flexible in order to fit the unique needs of victims. Critiques of homogenous interventions were common amongst practitioners with a distinct shift toward personalized service provision responses.

Safety planning is client-based. It's individual. It's dynamic. It could be specific to technology versus physical safety, there's so many pieces. (Police, British Columbia)

It is [about] meeting people where they are at and tailoring on a one-on-one level so that it is not one size fits all. (Victim Services, Saskatchewan)

In-person meetings and communication were identified as central components of intimate partner violence service provision. This mode of interaction provided a space in which rapport and trust could be built, thus establishing a sound foundation on which intimate partner violence services could be provided. In-person meetings, particularly those where all service providers were involved, allowed for a high degree of collaboration and cohesion while giving the victim the opportunity to be at the centre of the situation. Importantly, the mode and frequency of this communication was determined in consultation with the victim rather than imposed on them.

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Some individuals don't require a case conference or want one. For others, it can be up to two or three times within a span of months or up to a year—it depends. We might not need one in the beginning and then all of a sudden there's a court date coming up. (Victim Services, Nova Scotia)

It's more in-person [interaction] than over the phone. [Victims] are more high maintenance because it's not just a quick 10-minute phone call when the client has time. It involves setting up meetings and that kind of thing. (Victim Services, Saskatchewan)

Cultural sensitivity in service provision appeared to be a priority amongst each sector with 71% of participants (32) detailing various aspects of cultural consideration in their service provision. Shelter staff (31 codes) most frequently referenced the use of cultural components in their day-to-day work. The incorporation of cultural aspects into service provision was identified to be something that improved the overall quality and success of intimate partner violence interventions. This theme came up primarily in relation to Indigenous populations. Practitioners discussed the development of cultural programs, the availability of medicines for smudging, and the involvement of Elders in providing services to intimate partner violence victims and perpetrators.

When dealing with an Indigenous person you could refer them to Elders and traditional healing. You wouldn't necessarily refer them to a counsellor but you could offer that as an option as well. In remote fly-in communities we can send a Healer there to cover the area. (Victim Services, Ontario)

We incorporate a lot of sweet grass and sage [into our service provision] but we don't push it on clients. It's whatever they want. For shelter workers, part of dealing with an Indigenous population is to be cognizant of the differences. You can't just rush in and be a rescuer—I mean, that's such a typically white thing to do. Also, allowing more time for that conversation to occur to draw out the story and to establish the relationship—that is really critical for us to do. (Shelter, Manitoba)

This narrative was also noted in relation to immigrant and refugee populations, particularly in relation to programming inclusive of diverse languages and cultural backgrounds.

The [centre] works specifically with immigrant and refugee women. It's a women's resource centre and they have a wide variety of people from different cultural

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backgrounds that work there as support workers. (Police, Manitoba)

Our victim services brochure has been translated in six languages and they are available at the newcomer's association and on their website. We have adapted the power and control wheel to depict forms of domestic violence that an immigrant woman might experience and it has been translated into a number of languages. (Victim Services, Prince Edward Island)

Basic Theme 3: Grassroots Initiatives and Knowledge

The third basic theme came together based on five issues discussed in the transcripts: Crisis Response; Specialized Intimate Partner Violence Services and Programs; Professional Approach Based on Experiential Knowledge; Unstructured Professional Judgement and Informal Risk Assessment; and Service Provider with Intimate Partner Violence Experience. This basic theme explores service provision responses that were developed during the time of the Violence Against Women Movement. These responses emphasized collaboration and active consultation with victims, experiential knowledge, and unstructured/informal service provisions approaches. Today, some elements of the original grassroots organizing of the Violence Against Women Movement exist in some form. Shelter staff (43 codes, 10 participants) and victim service workers (35 codes, 12 participants) were coded most often in relation to grassroots initiatives and knowledge.

Shelter staff (five participants) were most likely to indicate that they had responded to crisis situations in the course of their work. Unsurprisingly, there were no Crown Prosecutors who identified crisis response to be a component of their professional practice. Crisis response supports were typically offered following an intimate partner violence incident or in situations where victims indicated that they wanted to leave their relationship and needed help in doing so. In extreme cases, the RCMP and victim services would attend the scene of a domestic homicide to provide supports to witnesses and those close to the victim.

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[Victim services] will attend scenes with the RCMP if required. So that involves anything from helping a woman flee a domestic violence situation to attending a fatality or homicide. (Victim Services, Saskatchewan)

Crisis support lines were available at many domestic violence shelters and were staffed 24/7. The availability of crisis lines emerged from the Violence Against Women Movement and is an important support that remains available today.

We also have a rural women's program. If they need to access shelter they call us on our crisis line and we do an assessment at that point to see whether they fit the mandate for the shelter. (Shelter, Ontario)

It's the emergency short-term facility for women that also offers a 24/7 crisis line, plus walk-in non-residential services. (Shelter, Manitoba)

Specialized intimate partner violence services and programs were mentioned most often by Crown Prosecutors (six participants) and police officers (five participants). Primarily, this involved specialized response units that were responsible for handling domestic charges. Additional training was offered to practitioners working in these units to familiarize them with the basics of intimate partner violence and how best to work with victims. Consistency and familiarity were two commonly cited reasons for creating specialized programs to address intimate partner violence.

All the police divisions in Toronto have specific units that deal with family violence specifically, so they have specific training on how to ask questions of witnesses and complainants. (Crown, Ontario)

From my point of view, I think it is helpful that we are getting education in-house and that we have a dedicated prosecution team. I think it's 10 to 12 prosecutors that only do domestic violence on their rotation so that we have some continuity in handling those files. (Crown, Manitoba)

In a nutshell, our unit is a co-located, multidisciplinary unit that deals with high-risk domestic violence files. (Police, British Columbia)

We have a domestic violence treatment option court, which does have a case management component. Once a week probation, Crown, defence, victim services, and Child and Family Services will sit down and talk about cases. (Victim Services, Yukon)

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Shelter workers (six participants) most frequently indicated that they relied on previous work experience to inform current professional practice. These professional approaches were based on experiential knowledge rather than on formal training and education. Experiential perspectives represent a more nuanced and contextualized form of knowing because they have been garnered through practical real-life experiences and interactions. This way of knowing is reminiscent of staff working in crisis shelters during the Violence Against Women Movement.

We complete an interview process with [victims]. We have kind of a loose structure of how that interview process goes and each victim service worker kind of develops that based on their own experience and what works best for them. (Victim Services, Ontario)

[I use] 25 years of work experience and my own experience [when working with intimate partner violence victims] and I think it's just little stuff that I've picked up along the way. (Shelter, British Columbia)

Participants also discussed collaborative learning in the office and the knowledge generated from these informal interactions.

We sort of learn from each other because we work as a team at the shelter where we can bounce things off each other. (Shelter, Ontario).

Over 70% of participants (32) indicated that they utilized unstructured judgement and informal risk assessment in the course of their work. The predominance of responses pertaining to informal mechanisms of assessing risk came from victim services staff (21 codes, eight participants) and Crown Prosecutors (16 codes, seven participants). Practitioners advised that their interactions with victims enabled them to understand risk factors for intimate partner violence and the dynamics present in intimate partner violence situations. Unstructured forms of assessment were also noted to be more effective in terms of building rapport with victims.

No [I don't use a structured risk assessment], it is just an informal conversation trying to build rapport. Some of it will touch on the first conversation, sometimes it will take 4 or 5 meetings, whether that be in-person or over the phone, for us to actually get there. (Shelter, Saskatchewan)

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When I work face-to-face with someone who I'm wanting to assess risk and safety, it's more anecdotal. I have a checklist in my head because I've done it enough times and certainly, I'm really aware of the red flags. (Victim Services, British Columbia)

Especially through experience, you get a better feeling of things that are red flags. So we do look at professional risk assessment tools that the police provide. So in essence, we look at the data that has been provided already by the police and they apply professional judgement to things. (Crown, Ontario)

At times, practitioners placed a higher value on experiential forms of knowing and expressed an outright rejection of formal risk assessment tools.

Very often the staff—because they've been here for so long, most of our staff are 20-year veterans—they get a really good handle on what the woman is facing. So they make a very subjective kind of assessment of risk. (Shelter, Manitoba)

Practitioners also focussed on supporting the intervention over an indeterminate period of time rather than concerning themselves with expediency.

I do intake with the women. We look at their needs. What are the steps they would like to take? I also work with them and on all the things she wants to consider—we take the time to make changes. (Shelter, Quebec)

We use a wrap-around kind of holistic framework. We tell the women, "Whatever it is that you need, we'll figure it out, we'll find a way to support you there, to refer you there." Then we just sort of walk alongside them throughout the time that they are here with us. (Shelter, British Columbia)

During the initial stages of the Violence Against Women Movement, experiential women were hired to provide supports to intimate partner violence victims in crisis and second stage shelters. Shelter workers (three participants) were the only participants in the sample to disclose that their personal intimate partner violence experience informed the ways in which they worked with victims. These practitioners were able to empathize and relate to victims about intimate partner violence and the struggles associated with being in an abusive relationship. This nuanced understanding was beneficial to relationship building with the victim, effectively mitigating the client/practitioner hierarchy that can exist in these settings.

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I've been hired in all of my positions because I have first-hand experience with all this stuff [intimate partner violence]. So I can put myself in a position where I can get someone. When someone doesn't have those experiences and I am not saying they aren't good at their jobs but it's harder for them to have the same empathy and understanding. Sometimes just even when they don't mean to completely offend the client, they are completely offending the client and once you offend a client you just ruin the relationship and trust factor of them sharing or doing the work with you. (Shelter, Saskatchewan)

[Victims] are having to go out there and shine the light of day on what is happening to them, and that's the only way you get change. I found that out myself, the only way you get to change is you tell somebody that this is what is going on, and then you go about being really sneaky to leave if you have to. (Shelter, Alberta)

Basic Theme 4: Central Tenets of the Violence Against Women Movement

This basic theme maps out elements of the Violence Against Women Movement that have persisted throughout the last 50 years and are steadfast components of service provision responses. Basic theme four is comprised of five issues discussed in the transcripts: Raising Awareness; Consideration of Social Context and Intersectionality; Silence Around Intimate Partner Violence and Breaking the Silence; Education on Intimate Partner Violence; and Thoughtful Collaboration. Shelter staff (52 codes, 12 participants) were coded most frequently in relation to this basic theme, indicating a predominance of characteristics of the Violence Against Women Movement within this sector.

Raising awareness about intimate partner violence was mentioned by all of the sector groups with the exception of Crown Prosecutors. Practitioners advised that raising awareness around the issue was imperative to diminishing the stigma and breaking down the barriers associated with being in an abusive relationship. Additionally, these efforts were focussed on promoting services for intimate partner violence, with the intention of making this information widely available for victims seeking support.

Continued awareness is important, you know, breaking down the barriers and misconceptions. Giving people the courage to come forward and take that step and move

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on. Just that continued support, whether it's through media or different websites and women's shelters. (Police, Ontario)

I think [raising awareness] has always been a part of our job. At present, we are involved in a big national project. We want to make a list of women and children that were killed by their ex-partners and make a project that's accessible to everyone. (Shelter, Quebec)

Various mediums were utilized to raise awareness, including social media, websites, newspaper articles, and community presentations.

I feel there are a lot of people here that care a lot. And Northwest Territories in general is a bit of a political community. Like, people are advocates and there's lots of people that care about the community, so not too much goes unnoticed. It seems like it's [intimate partner violence] addressed and if it isn't addressed formally, it's in the newspaper or in the news. Like, that happens quite a bit. There are always people out there just trying to inform the public, getting into the schools. The Coalition Against Family Violence—they're the big advocates for the community and the voice for the community as well. (Police, Northwest Territories)

A consideration of social context and intersectionality was mentioned by nearly all of the Crown Prosecutors (seven participants), primarily in relation to court decisions (i.e., bail, sentencing). Several Crown Prosecutors discussed Gladue factors in relation to Indigenous perpetrators of intimate partner violence. Shelter workers (seven participants) also indicated that they considered social context and intersectionality in their work with victims.

With intersectionality you have to understand it, you can't just take it to one place and just analyze it, right? You have to take every single one of the pieces and see what is going on and what's wrong and how to fix it. It's not an easy thing to do. There is a gap between theory and practice. We are an agency under the framework of feminism and anti-oppressionism and anti-racism, so we do our best to work on that. (Shelter, Ontario)

The systemic abuse [Indigenous peoples] are living with, particularly the impact of the residential schools because they never learned to parent, so now they have children who didn't learn to parent who are having children that don't know how to parent. They have not been exposed to models of what healthy relationships should look like. (Shelter, Alberta)

Practitioners from each sector noted that silence existed around intimate partner violence and that it was perceived to be a taboo matter to be handled within the private sphere. This

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silence was embedded within the shame surrounding intimate partner violence, particularly in relation to reporting to the authorities or reaching out for assistance. These experiences were exacerbated in situations where members of one's cultural community attempted to dissuade victims from contacting the police or in small towns where contacting the authorities was nearly impossible without other residents finding out.

The fact that they stay silent—it's the shaming, the victim shaming in the families. It's a lot that don't report it [intimate partner violence]. We were at a point with a couple over in the community—even her mom says it's not a matter of if, but when he kills her—so we're really watching that couple. But they don't want to come forward because number one, if they are in the community, in their own community, people know. Everybody knows. (Victim Services, British Columbia)

I know for a fact that in some of the rural communities and even within Manitoba, within Winnipeg I should say, we hear a lot of, "We'll deal with it ourselves, we'll take care of it ourselves," or, "That's our normal, like, who are you to say that this isn't how I should live my life?" (Police, Manitoba)

Practitioners (police: five codes, three participants; victim services: two codes, two participants; shelter staff: three codes, one participant) also discussed the ways in which they worked to break the silence surrounding intimate partner violence. Efforts to validate victim experiences, decrease the stigma associated with intimate partner violence, and have the matter recognized as a public issue (rather than a private trouble) were cited by service providers.

Practitioners also discussed the importance of creating safe spaces for victims and improving access to community resources and supports.

[It's important to] provide them with an outlet where they can go speak to people, make some friends, get some validation in their experience. (Crown, Ontario)

I think one of the biggest things is not hiding it, having those conversations openly. One hundred percent, you talk about it, you don't hide it. (Victim Services, Alberta)

We've had conversations with lots of employers and schools and advocating for women [to have protections in the workplace]. (Shelter, Ontario)

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Education on intimate partner violence was mentioned by practitioners from each of the four sectors, specifically in relation to training for service providers and the broader community. These initiatives focussed on providing information on the basics of intimate partner violence, tips for working with victims, and resources available for individuals in abusive relationships.

I also do a lot of training and presentations about domestic violence throughout the city, within the [police] services and to outside agencies as well. (Police, Manitoba)

I do get into the communities for the education piece. I partner up with the RCMP, mostly for education and health fairs. It's about getting the word out there. (Victim Services, British Columbia)

Practitioners emphasized the importance of culture and tradition in the delivery of educational programming related to intimate partner violence.

I think to some extent it's recognizing the issue—maybe it's recognizing that the issue needs to be addressed within the cultural community so that the cultural community can provide some safe resources to assist. I think it's a matter of education to let people know that the supports are available if they find themselves in domestic violence situations. (Crown, Manitoba)

In total, 87% of participants (39) discussed thoughtful collaboration in their interviews, making this theme one of the most cited in the research. Thoughtful collaboration was comprised of fulsome efforts to work both within and across sectors to maximize resources and staff perspectives on the issue to develop the best possible service provision response for victims. Thoughtful collaboration stands in contrast to surface-level collaboration, which was detailed in the previous chapter.

It's a process that brings a woman who is worried about her safety together with service providers and other support people and together they develop a detailed plan for her safety and support. A trained facilitator leads the preparation and the meetings of the circle, it involves the person's chosen support people and victim support worker, and then other people who might be useful in ensuring the safety of the person like the police, probation officer, depending on the need. (Victim Services, Prince Edward Island)

You've got to be able to think outside the box and collaborate. Get as many people with unique lenses—we all come to the table with our different lenses and our different biases.

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When we sit at the table, everybody is equal and every voice is heard. (Police, British Columbia)

Examples of thoughtful collaboration included case conferences with the victim and representatives from each agency where they were accessing services (i.e., victim services, police, Child and Family Services).

When we do case conferencing, the safety planning is [developed] by having the six service providers around. The six service providers are constant because that's what came in under the provincial directive, but if the victim wants to bring in other service providers, like someone from mental health or whoever they want to bring in, they can. The case conference is for them and they are talking about themselves and giving consent so they can bring in anyone they want. (Victim Services, Nova Scotia)

Summary of Organizing Theme 5: Characteristics of the Violence Against Women

Movement

The fifth organizing theme identified characteristics of the Violence Against Women Movement that are still evident within today's intimate partner violence service provision responses. Shelter staff and victim services workers most commonly referred to themes related to empowerment of victims, autonomy, and self-determination. This perspective was distinctly women-centred and focussed on maximizing victim decision-making power, fulsome participation throughout the process, and a privileging of experiential knowledge. This narrative stands in contrast to those described in the previous chapter, which privilege professional knowledge, quantitative tools, and standardized processes. Practitioners discussed their use of consciousness-raising groups (i.e., support groups) and advocacy efforts to support victims throughout their involvement with the social service and criminal justice systems.

The predominance of responses within this organizing theme were in relation to victim-centred approaches. Practitioners discussed their efforts to position victims at the centre of the intervention. Tailored service provision responses were developed in consultation with victims

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and frequently included culturally-based components, collaborative case conferences, and client-driven practice. Relationship building was noted as a critical component in establishing a trusting rapport between practitioner and victim. Practitioners identified trust as a necessary prerequisite to working with intimate partner violence victims given the personal nature and extreme sensitivity of the situation. These efforts are symbolic of the tenets of the Violence Against Women Movement, namely, women's central positionality within the intervention and the focus on their autonomy within the process.

Practitioners discussed various grassroots initiatives and knowledge that have been a part of their agency since the advent of the Violence Against Women Movement. Crisis response was most commonly noted in relation to fleeing a violent relationship; in some instances, the police would invite shelter staff and/or victim services workers to come out on calls so that they could provide immediate crisis response services. An increase in the availability of 24/7 crisis lines was also noted by practitioners, making it one of the most steadfast elements of the Violence Against Women Movement to remain today. Practitioners also detailed unstructured approaches to service provision and assessment that were developed organically through years of work experience and in consultation with other staff members. A rejection of formal, standardized risk assessments and protocols was evident within the transcripts with some practitioners in favour of practice-based knowledge and understandings of intimate partner violence.

Police officers, Crown Prosecutors, shelter staff, and victim services workers talked extensively about their efforts to raise awareness about intimate partner violence through education and community-based initiatives. Practitioners advised that the enhanced societal awareness created an environment in which victims felt more comfortable and supported in

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coming forward about their abuse. These efforts may have contributed to breaking the silence around intimate partner violence and diminishing the stigma associated with the issue. As such, an obvious trajectory exists in relation to raising awareness around intimate partner violence that began with the inception of the Violence Against Women Movement and continues today.

Recent efforts have built upon this work by considering the social context of the victim and the ways in which this shaped their experience of intimate partner violence. In turn, this information has been used to develop specialized services to respond to the unique needs of victims experiencing multiple oppressions (i.e., racialized persons, persons living with disabilities).

Organizing Theme 6: Resisting Risk Discourse

This organizing theme focuses on the efforts made by practitioners to resist the use of risk based-approaches in their work with intimate partner violence victims. This organizing theme is comprised of two basic themes: Disengagement with Risk Discourse and Critical Perspectives on Risk Assessment. Resisting Risk Discourse was the least frequently coded organizing theme in the research (53 codes in total, 22 participants). Shelter staff (23 codes, 10 participants) and victim services workers (20 codes, five participants) were most commonly cited in relation to this organizing theme.

Basic Theme 1: Disengagement with Risk Discourse

The first basic theme refers to efforts to move away from risk-based approaches to intimate partner violence. This basic theme is comprised of three issues discussed: De-Professionalization; De-Standardization; and Moving Away from Risk-Focussed Approaches to Intimate Partner Violence. The majority of responses within this theme were coded from shelter transcripts (13 codes, nine participants).

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De-professionalization came up primarily in relation to resistance against educational requirements for employment. Shelter staff (two participants) discussed the bias that existed against experiential and practice-based forms of knowledge, indicating that people without formal education and training were being shut out of these positions. Practitioners also indicated a preference for staff members with experience in the anti-violence sector over those whose knowledge was garnered exclusively through academic settings.

We're all at various levels of expertise—although I wouldn't trade my 20-year vets for freshly hatched social workers any day of the week. (Shelter, Manitoba)

These hiring requirements also applied to positions where cultural understandings were particularly important. Managers fought to have these requirements loosened so that the prior education and training would not be a barrier to employment

I recently hired somebody and I really fought to have the educational requirement changed to be an equivalency because we're not going to have First Nations staff if we're asking for a Master's degree. It might happen one day, but right now that is a barrier to First Nations [people] working here and, to me, that is more important. (Victim Services, Yukon)

De-standardization was most frequently mentioned by shelter workers (seven participants). Practitioners discussed the ways that they were moving away from standardized tools designed for use in intimate partner violence service provision. A rejection of templates, checklists, and protocols were just a few examples of this move toward a more flexible practice.

I'm not sitting with a checklist box doing that [risk assessment], it's more about getting to know the client first (Victim Services, British Columbia)

We don't use any specific tools, I don't have a check sheet or anything like that. I take all the factors into consideration and sort of weigh it and make my own assessment. (Crown, Alberta).

Participants also commented on the rigidity of standardized tools, indicating that the narrow confines of these tools failed to consider the contextual elements of the situation.

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There's no template. We look at everything individually and I think the more I do this work, that's more of what I find. You actually get yourself into trouble when you start templating this stuff. (Police, British Columbia)

Practitioners advised that they created loose guidelines in collaboration with their colleagues in place of standardized assessments and actuarial tools.

We don't have protocols. We don't have things put exactly in place to follow-up. But I think that the basis of our organization, the way we work is with a lot of confidence, lots of openness, non-judgement, and all of that. (Shelter, Quebec)

Two practitioners (one shelter staff, one victim services worker) demonstrated a noticeable tendency to move away from risk-based approaches to addressing intimate partner violence. A primary reason for this distancing was a lack of confidence in the accuracy of risk assessment tools. Practitioners advised that because the results were inaccurate and insular of the victim's social context, they were limited in their ability to guide productive interventions.

When somebody wants contact, I think the idea is that they're supposed to come to victim services so we can assess their risk. But we can't because I don't think the answers really reflect what's going on, so I don't even know if it's helpful. (Victim Services, Yukon)

As such, some participants stated a preference for approaches that maximized the use of unstructured professional judgement.

I like not having to just use one particular [risk assessment] tool. I feel that you just draw on your experience and your learnings from over the years. (Victim Service, Ontario)

We have the [risk assessment] tools. The staff are being sent to training sessions. Over the last three years [of] my asking for formal risk assessments, I have yet to see one added to the file. For the majority of our clients, it's done almost organically. (Shelter, Manitoba)

Basic Theme 2: Critical Perspectives on Risk Assessment

The final basic theme is the largest within the organizing theme (30 codes) and came together based on four issues discussed (Risk Assessment—Critique; Risk Assessment—Need for Improvement; Risk Assessment—Hesitancy to Use; and Do Not Use Formal Risk Assessment).

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This basic theme focusses on practitioner criticisms of risk assessment tools and resistance to using them in their service provision responses. Shelter staff (13 codes, six participants) and victim services (10 codes, four participants) were most often cited in relation to critical perspectives on risk assessment.

Several criticisms of standardized risk assessment tools were identified within the interview transcripts. One practitioner identified that the language used in risk assessment tools was pathologizing and victim-blaming.

So that's one tool [SARA] we use and we often meet with the probation officer and the victim, and it's predominantly "she" but there are men too that talk about their experience. I don't like the language in the SARA; I find it very pathologizing and victim-blaming. (Victim Services, Yukon)

Practitioners also questioned the validity of the results, indicating that there was little value in the score produced.

I feel as though the [risk assessment] is supposed to be used by prosecution but it is not always utilized the way it should be. There isn't a lot of value in a number. (Police, Northwest Territories)

Other critiques were aimed at the risk assessment process with practitioners noting that it was time consuming to score the tool. Further, because the victim was not being consulted at the time of scoring, the results were less than accurate.

The [ODARA] is a bit time consuming for the frontline members because oftentimes we're not speaking to the victim in the moment. (Police, Northwest Territories)

Along with criticisms of risk assessment tools, practitioners also identified several aspects of the tools in need of improvement. Several risk assessments were developed based on the cis-gendered heterosexual experience whereby women were victims and men were perpetrators. Consequently, these risk assessments failed to consider the experiences of gender-

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and sexuality-diverse individuals, making it inappropriate to score these tools with victims identifying beyond the binary.

We've got many same sex marriages, we've got more women being the aggressor and we don't have the same resources to score them effectively, so it comes down to police "high risk" an individual based on concerning factors—not a tool that they used. The dynamics of relationships have changed. It's not uncommon to have two moms or dads or culturally mixed relationships. Such an array of different ... it's not just standard male-female within your own culture. So I think although the ODARA works and it's good for what it's designed to do, there needs to be more that we can use to properly assess people based on current times. (Police, Ontario)

One Crown Prosecutor indicated that the results of risk assessments were difficult to interpret and even more difficult to translate into action in the criminal justice system. This disconnect effectively rendered the whole risk assessment process meaningless because the results were not being used in a fulsome manner to make decisions at the judicial level.

At the end of the day we have to translate the [risk assessment] into specific court action and so at all levels you are going to have to interpret the data to the largest extent possible. There could be a risk assessment tool to say condition X would be helpful but X condition might be completely illegal and not something a judge can order. (Crown, Ontario)

Risk assessments were also deemed to be inadequate because they did not consider more insidious forms of intimate partner violence.

Sometimes the tools don't cover things, like coercive control. (Shelter, Nova Scotia)

Shelter staff (three participants) and victim services workers (two participants) were more likely to indicate a hesitancy to use risk assessments in intimate partner violence service provision. This hesitancy was rooted in the belief that professional experience and knowledge were superior to the predictive power of risk assessment tools.

I might use a tool if I feel it would be helpful, but at the same time, I think that it's something I'm always doing when I'm listening to the information I get. There are times when I feel someone might not score on a tool, but they're telling me things that make me think they are at a higher risk than what the tool would score her. (Shelter, Nova Scotia)

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The highest frequency of responses that indicated participants were not using a risk assessment in intimate partner violence service provision came from shelter staff (two participants) and victim services workers (two participants). Instead, these practitioners relied on knowledge garnered through professional practice to informally assess the level of danger present in the situation. None of the police officers or Crown Prosecutors included in the study sample indicated that they did not use formal risk assessment tools.

We don't have like a risk assessment form that we fill out for each client but certainly you have to understand what the risks are. So within my program we don't have a form to fill out for risk assessment. We just kind of assess it as we go. (Victim Services, Ontario)

One practitioner noted that their program did not use formal risk assessments because victims tended to tell them what they wanted to hear to ensure a low score on the tool. When used this way, risk assessments tended to create adversarial relationships. To avoid this, practitioners instead focussed their attention on relationship building to open up space for a more honest dialogue.

We get a lot of calls from women who just called the police to get some safety in the moment, but now they are single parenting and they have no money and nowhere to live, or they just want to be with the person, so they want contact. Formal risk assessment doesn't work in that case because they just say whatever they want us to hear—that's my experience. It doesn't really make sense to me to do that. We certainly try to have the conversation and develop a relationship with people so they are able to talk more openly with us. (Victim Services, Yukon)

Summary of Organizing Theme 6: Resisting Risk Discourse

Some of the practitioners discussed their efforts to disengage with risk discourse, which included a move away from standardized and professionalized approaches to the issue. The majority of codes within this global theme were identified in the narratives of shelter staff (23 codes, nine participants) and victim services workers (20 codes, five participants) as opposed to those from police (eight codes, five participants) and Crown Prosecutors (two codes, two participants).

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Several practitioners discussed the value their agency accorded to experience-based knowledge and indicated a preference for employees with these proficiencies over recent university graduates. Practitioners also expressed frustration about educational hiring requirements because they dismissed other ways of knowing (i.e., Indigenous knowledge) in favour of formal education. Ultimately, the efforts of practitioners to resist professionalization appeared to be lacking in comparison to the standardized hiring mechanisms within their workplace. The institutional pressures and professionalization within the workplace made it increasingly difficult to preserve this aspect of the Violence Against Women Movement. A narrative pertaining to de-standardization was also noted within the transcripts. Practitioners were critical of standardized tools and templates, noting that set assessment criteria failed to consider contextual elements of the situation. Efforts that involved de-standardization included a refusal to use actuarial risk assessments and a hesitancy to develop protocols around intimate partner violence service provision. Instead, the focus was on professional knowledge garnered through one's interactions with intimate partner violence victims. Although efforts to de-standardize were noted in the transcripts it was to a small degree, indicating that the influence of risk-based approaches was particularly strong.

Critical perspectives on risk assessments also emerged in the transcripts, most often centring around a hesitancy to utilize risk assessment tools in intimate partner violence service provision responses. Numerous critiques of risk assessment tools were noted in the transcripts, including an inaccuracy of results, a pathologizing and victim-blaming process, and limited value in the score produced. Practitioners also cited numerous instances where risk assessments were too complicated and time-consuming, often resulting in incomplete and incorrect scoring. As such, practitioners identified several ways in which risk assessment tools could be improved to

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increase their usefulness in intimate partner violence service provision. Some practitioners expressed an outright rejection of risk assessment tools in relation to intimate partner violence service provision.

Concluding Remarks

The second global theme, Remnants of the Violence Against Women Movement, is comprised of two lower level organizing themes: Characteristics of the Violence Against Women Movement and Resisting Risk Discourse. This global theme came together based on 953 codes, making it the second largest global theme in the research (Manifestations of Neo-Liberalism and Risk Discourse: 1770 codes; Impact of Neo-Liberalism and Risk Discourse: 751 codes). The highest coding frequencies within this global theme were associated with the following basic themes: Victim-Centred Approaches (408 codes), Central Tenets of the Violence Against Women Movement (184 codes), and Empowerment of Victims (179 codes). Shelter staff (382 codes, 12 participants) and victim services workers (267 codes, 12 participants) were the most commonly cited sectors in this global theme. Conversely, police (162 codes, 13 participants) and Crown Prosecutors (142 codes, eight participants) were the least frequently cited in relation to elements of the Violence Against Women Movement. Shelter staff were the most commonly referenced sector in both of the lower level organizing themes.

The organizing theme, Characteristics of the Violence Against Women Movement, focussed on aspects of the movement that are still evident in modern day intimate partner violence service provision responses. Practitioners discussed their use of victim-centred approaches (e.g., cultural sensitivity, relationships and rapport building, tailored service delivery) to empower victims and increase their autonomy, choice, and self-determination. The transcripts revealed that the grassroots efforts of the Violence Against Women Movement, including the

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establishment of shelters and crisis lines, remain today as core components of the anti-violence sector. Practitioners advised that central tenets of the Violence Against Women Movement, including breaking the silence around intimate partner violence, raising awareness, education on the issue, and collaboration, guided their professional practice.

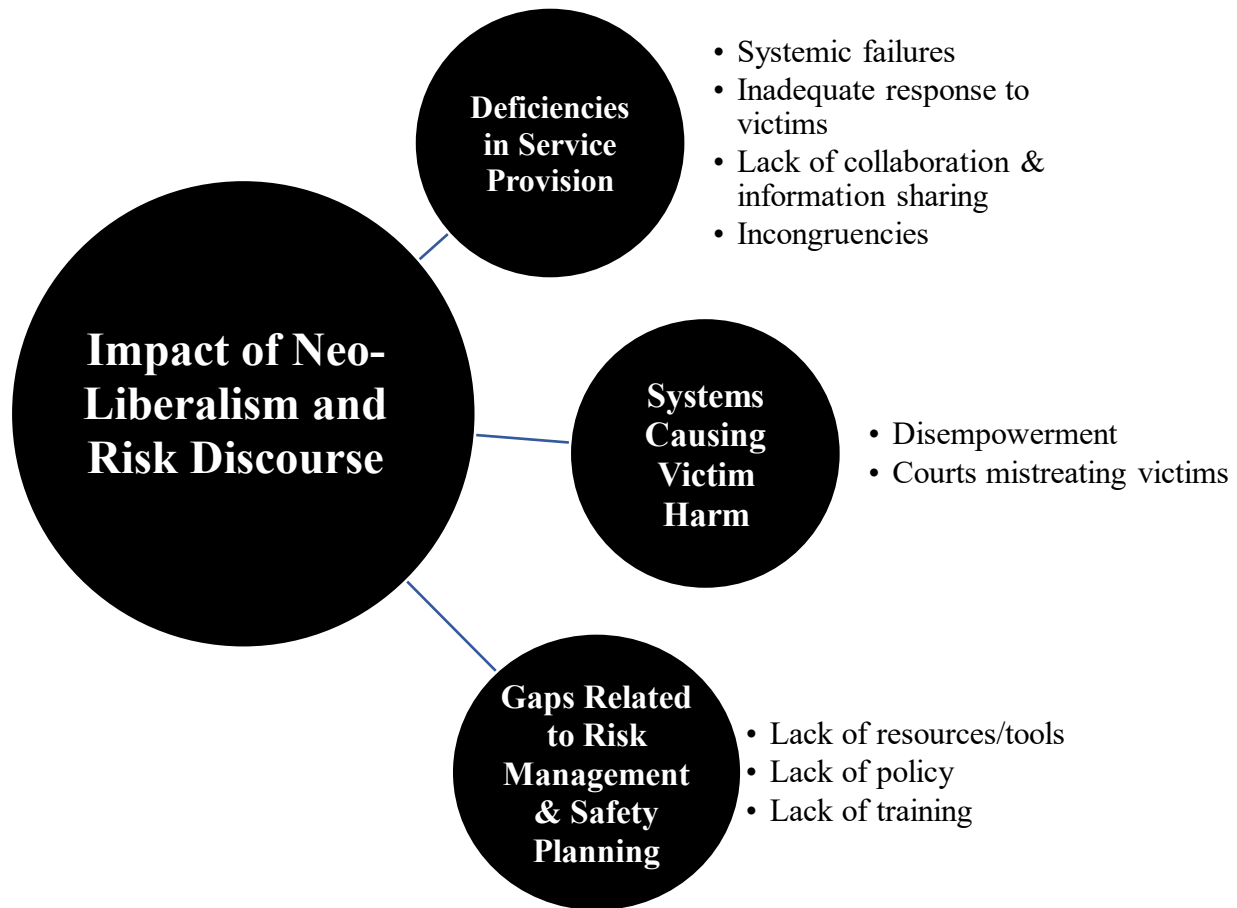
The second organizing theme, Resisting Risk Discourse, centred around practitioner efforts to resist the infiltration of risk discourse into their daily practice. Disengagement with risk discourse was noted where service providers sought to de-professionalize and de-standardize approaches to working with intimate partner violence victims. Critical perspectives on risk discourse were noted in the transcripts with many practitioners voicing concerns around the prevalence of these tools within the anti-violence sector.

This chapter examined elements of the Violence Against Women Movement that remain within modern day service provision responses, a contrast to the previous chapter that detailed the impact of neo-liberalism and risk discourse and the subsequent shift to positivist service delivery approaches to intimate partner violence. The next chapter builds up on the first two by investigating how this transformation has impacted victims of intimate partner violence.

Chapter 6: The Impact of Neo-Liberalism and Risk Discourse

This third and final analysis chapter examines the impact of the shift to risk discourse on intimate partner violence victims. What follows will interrogate the ways in which risk discourse has infiltrated service provision responses to intimate partner violence with a specific focus on the social service and criminal justice systems. Victim experiences—relayed from the perspective of service providers—will be examined, particularly as they relate to institutional failures within this neo-liberal, risk-averse context. The chapter will address the following question: what are the implications of the shift to risk discourse for intimate partner violence victims? The chart on the next page depicts the global theme, organizing themes, and basic themes discussed in this chapter.

Thematic Map – Impact of Neo-Liberalism and Risk Discourse



Global Theme 3: Impact of Neo-Liberalism and Risk Discourse

The final global theme includes three organizing themes: Deficiencies in Service Provision;

Systems Causing Victim Harm; and Gaps Related to Risk Management and Safety Planning.

This global theme was the least frequently cited in the research (751 codes, all 45 participants)

with the predominance of responses coming from victim services workers (210 codes, 12

participants) and police officers (207 codes, 13 participants).

Organizing Theme 7: Deficiencies in Service Provision

The seventh organizing theme looks at gaps in service provision and the ways in which the

involved systems fail to provide adequate supports for intimate partner violence victims. This

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organizing theme came together based on four basic themes: Systemic Failures; Inadequate Responses to Victims; Lack of Collaboration and Information Sharing; and Incongruencies. This theme was the most frequently cited organizing theme (361 codes) within the overarching global theme. Victim services workers (113 codes, 12 participants), police (96 codes, 13 participants), and shelter staff (87 codes, 11 participants) were most frequently cited within this organizing theme.

Basic Theme 1: Systemic Failures

The first basic theme was the most frequently cited (144 codes) in the organizing theme and came together based on three issues discussed in the transcripts; Lack of Services and Overburdened Programs; Barriers to Accessing Supports; and Failure to Protect Victims. Victim services workers (54 codes) were most frequently cited in relation to this basic theme.

All of the victim services workers (12 participants) identified a lack of services and overburdened programs encountered in the course of their work. This theme was also frequently mentioned by police (eight participants) and shelter staff (eight participants). Practitioners talked about gaps in programming, particularly in relation to the limited availability of trauma-informed and victim-centred supports. This gap was even more pronounced in rural, remote, and Northern locations where resources are scarce. Although practitioners did not speak to this directly, the literature indicates that these issues are attributable, at least in part, to the advent of neo-liberalism and the retraction of the welfare state.

I feel sometimes there are huge gaps in them [victims] being able to access services that really meet their needs and meet them in a place where they feel validated and supported and kind of honoured and respected. It's very limited. We don't have any! So it's not limited—it's non-existent. (Victim Services, British Columbia)

There are many, many challenges [in working with intimate partner violence victims] but I would probably say the biggest is that there are just not enough resources. There's such a wait time for my clients to get into counselling. (Victim Services, Saskatchewan)

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The challenges are that the limited resources available for these victims or even for the offender. It's great if you're near a city—to have all these agencies and resources—but if you're in a remote community they are just not there. (Police, Alberta)

[There are] challenges around those [who are] on-reserve and off-reserve. There are a lot of resources that women off-reserve don't have [that] women on-reserve do and that could be resources, housing—affordable housing for them—and programs. (Shelter, Prince Edward Island)

I alone cover three counties [providing outreach services]. So that could take me about an hour and a half drive in either direction. We're so spread out and I'm one person and that's a large area to cover. (Shelter, Nova Scotia)

Practitioners were critical of the lack of supports for victims transitioning from domestic violence shelters, noting a lack of continuity in services for those moving beyond the crisis phase.

I really saw the need for women needing support in transition [after leaving a crisis shelter]. We've put women over here in our second stage housing with no support, no programming whatsoever and expected them just to get on with their lives. (Shelter, Prince Edward Island)

Practitioners from each sector (eight victim services staff; seven shelter workers; five Crown Prosecutors; and three police officers) were able to identify multiple barriers to victims accessing supports. A shortage of financial resources to enable victims to safely leave their relationship and a dearth of supportive infrastructure for victims in rural areas were amongst the many obstacles cited by practitioners. Although there was an awareness of these barriers there was limited discussion about the ways in which they addressed these issues in their service delivery.

Officers commonly tell a victim, “It is my opinion that for these reasons you should leave your relationship to keep yourself safe or your children safe.” And that is easy for someone who might be in a situation where they can get some money from the bank and go to a hotel or they have family that they can go to, but sometimes the victims are at a certain socioeconomic situation that they are not going to be able to just go because they are reliant on the offender. (Police, Alberta)

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We have our reserve and we are also very rural. I would say we are 10,000 square kilometers of rural area and a lot of our area is farmland. Folks won't leave their homes due to livestock [their source of income] and that becomes very challenging for our police and for victim services and all the support agencies in trying to keep them safe. (Victim Services, Ontario)

The services aren't available quick enough [for] mental health [issues]. That whole [mental health] system is slow for any kind of support and even being able to get around—like your transportation—you are either walking or taking a bus. It's not like you can take a car or purchase a vehicle or have some freedom. So if things are bad at home, you can at least get in your car and go—you can't do that [if you are of low socioeconomic status]. So yes, the lower income for sure presents more vulnerability. The domestic violence doesn't discriminate. (Shelter, Ontario)

A failure to protect victims was most frequently mentioned by victim services workers (five participants) and was cited to a slightly less degree by Crown Prosecutors (three participants) and shelter staff (three participants). Practitioners noted instances where inadequate service provision and funding had resulted in an escalation of intimate partner violence and an increase in the number of domestic homicides.

She's there just so beat up and [laying] on the floor and it's like, "Wow." She said, "I called an hour ago and, you know, he just beat down the door and came in." (Shelter, Prince Edward Island)

A few years ago, we had one of our ladies, a repeat client—we had gotten her out [of her abusive situation] for like 16 months and she went back and at three months back she was dead. And trying to find supports to go to—because they are a federal community, not a provincial community—trying to find supports is also a huge challenge because people will say, "Well, they've got federal funding dollars, they're making out like crazy." (Victim Services, Alberta)

I think the differences between urban and rural [locations] are so important. Expressing more towards the rural, the dangers [that exist] in rural Saskatchewan because our women are dying and it's unreal. There are not enough [supports]. Like, the one woman it was an hour before the RCMP were able to finally get to her—and now she is gone. (Shelter, Saskatchewan)

In respect to decisions that are made about proceedings with prosecutions—ultimately, the level of risk that any offender poses is secondary to the standard of any criminal prosecution and one of the standards of that is a reasonable likelihood of conviction. (Crown, Manitoba)

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One practitioner noted a failure in service provision responses to Indigenous women, attributing this gap to institutional racism.

Indigenous women have a stereotype [associated] with them that you [service providers] don't have to respond, you [service providers] don't have to take it seriously. You know, we're [Indigenous women] really minimized, especially in the region that I live in. Because even though we're the second largest cultural population, we're also at the bottom of the socio-economic ladder. So we don't get the services, we don't get the response. (Shelter, British Columbia)

Basic Theme 2: Inadequate Response to Victims

Basic theme two focusses on the ways in which systems are failing to provide appropriate supports and services to intimate partner violence victims. These inadequacies are related to the advent of neo-liberalism and the accompany risk discourse, specifically, the retraction of the welfare state and the clawing back of funding for social programs, increasing professionalization within the anti-violence sector, and shifting service provision models. This theme is comprised of five issues discussed (Lack of Personal Connection in Service Delivery; Isolation; Racism; Insensitivity to Victims; and Mistrust of Authority) and was the second most frequently cited basic theme (143 codes) within the overarching organizing theme. Police (45 codes, 13 participants) were cited most often in relation to this basic theme.

A lack of personal connection in service delivery was noted in the responses from several practitioners. Practitioners discussed a general disconnect with victims and attributed this to the structure of their position and the scope of their role. In these instances, much of their client work occurred through remote means such as telephone, mail, or email.

I like the frontlines. I like working with the public and, you know, in the community you feel like you can make a difference. So I miss that because I'm a little removed from that now. (Police, Northwest Territories)

Usually I have no direct contact with [intimate partner violence victims]. Sometimes it can happen but the majority of the time it doesn't. (Police, Quebec)

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Practitioners also discussed the difficulties associated with serving a large detachment, particularly the challenges associated with providing in-person supports across a geographically dispersed area.

Our detachment area is so big so I sometimes don't even actually meet clients. Sometimes if they are at a shelter or something I could fax the information and their consent and all that stuff and they fax it back. (Victim Services, Ontario)

Three-quarters of the Crown Prosecutors (six participants) referenced some form of victim isolation in their interviews.

You could also have a lack of family [and] community support, which could also [lead to] having issues with whether they [an immigrant/refugee victim] is willing to reach out [for help] because the accused person might be the only person that they know in the country. And so, if they depend on that person financially [and] emotionally, it can be very difficult for them to contact the police. (Crown, Ontario)

Victim services workers (five participants) and police officers (five participants) also identified instances of isolation in their work. This theme was most frequently mentioned in relation to the isolation victims experienced as a result of the protective conditions imposed by the courts.

So quite often [in small communities] when they're put on conditions not to speak to each other or go to each other's house, the victim can also feel a form of isolation because they are no longer allowed to attend a family dinner or event that they may always go to because they know the accused is going to be there. (Police, Ontario)

Isolation was also mentioned in relation to the availability of supports in rural, remote, and Northern communities. In many instances, this isolation exacerbated the negative impact of the abuse.

I've talked to women and I've said to them, "Well, if [violence] happens, call the police." And they say, "I'm sorry but that's cold comfort to me because the last time I called them it took them 45 minutes to get here. I'm not feeling very confident about being safe." (Shelter, Nova Scotia)

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Some of our areas are somewhat remote and then the [communities] are also small. So a person may be trapped in that cycle [of violence] and maybe none of the services are aware that this is going on. (Police, Ontario)

Victim services staff and shelter workers cited examples of institutional racism. This narrative centred around inequitable treatment between different racial and cultural groups. The quotations below detail the racist treatment that Indigenous victims and perpetrators encounter through their involvement with social service and criminal justice systems.

Right now, here in our environment, there's a lot of institutional racism. So we try to come from the place that it doesn't matter whether I'm Indigenous or not, I still have the same rights and I deserve to be treated the same way as everyone else. (Shelter, British Columbia)

I think for lethality, it's the under responding from the police, from the community, and again it's the racism. (Shelter, British Columbia)

One practitioner characterized the Canadian court systems as inherently patriarchal and racist and deemed these courts to be inept in addressing the matters of race, class, and gender inequalities.

I think our systems are patriarchal and racist. I go to court and it is all white people in the courtroom and a First Nations guy. There are income differences that contribute [to the overrepresentation of Indigenous peoples in the court system]. I don't think the history of colonialism has ended. I just think it's different. I don't see a lot of meaningful attempts at reconciliation in any way. My staff is predominantly white, not all white, but the number of First Nations people that access these services is about 80% and the First Nations staff is probably 20%. (Victim Services, Yukon)

An insensitivity to victims was identified primarily in the interviews with Crown Prosecutors (six participants) and police officers (six participants). These themes were found to a minimal extent in the narratives of shelter workers (two participants) and victim services staff (two participants). Negative judgements seemed to underline much of this insensitivity, with practitioners determining the quality and timeliness of their intervention based on the victim's congruency with the "ideal victim" narrative.

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Saying, “Oh, she’s calling again and it’s just her.” And, “She’s calling to say he’s there.” And, “Oh, she’s let him in again.” Or whatever judgement it is. Police aren’t responding as quickly and then getting there an hour later. (Shelter, Prince Edward Island)

The other challenge is that they [Indigenous peoples] will migrate between the city and the reservation and often if they are in the city we can find them but if they are on the reservation they are sometimes very difficult to locate or they just disappear and there is a fairly high degree of apathy or acceptance of domestic violence. We have some issues with engagement [but] it does help to have [Indigenous] court workers and stuff like that involved. At times, we find the degree of violence to be give-and-take or consensual and it can be very difficult to obtain convictions. (Crown, Alberta)

So [the normalization of domestic violence] is becoming a bit of a challenge because like I said, even this last family [that I worked with] —they’re also immigrants so they just accept more domestic-related stuff than we do in Canada. (Police, Ontario)

Unfortunately, the insensitivity exhibited by practitioners represented yet another barrier to accessing services for victims. The quotation below demonstrates several problematic attitudes around intimate partner violence that still remain today: the stigma associated with intimate partner violence, the silence that exists around the issue, and victim-blaming.

The other barrier is if they may not want to access the local shelter. We have two shelters in this region that are actually there for the reserve populations and for rural populations and they prefer to use them only as a last resort because the security on those two buildings is not really great either. You get staff who will, for a lack of a better word—like we’ve had women coming into our shelter because the staff in the [other] shelter are telling them, “No, my brother or my cousin or my uncle would never do that to you, so you need to go back home, I’m not going to believe you.” (Shelter, Alberta)

The majority of participants (33 participants, 73%) noted a mistrust of authority on the part of the intimate partner violence victims with whom they worked. This was particularly notable in relation to Indigenous and immigrant/refugee populations who have had negative interactions with authorities, specifically the police, in the past.

In the [Indigenous] community there is distrust a lot of times for police. Sometimes these victims themselves are people who have had many negative interactions with the police in the past and so getting them to open up to an officer to tell their story about abuse can be a challenge. (Police, Alberta)

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A lot [of the hesitancy] is not wanting to report to police, it's the fear of the police. So let's say they come from a country that people disappeared in the middle of the night when police have been involved. They are less apt to call for help. (Shelter, Ontario)

Practitioners also noted a general mistrust of the criminal justice system amongst intimate partner violence victims—a mistrust likely attributable to previous negative dealings with the criminal justice system.

This may go across the board but there can be some distrust of the legal system. There's certainly reluctance to testify. I would say that's the case with almost all domestic violence victims. (Crown, Manitoba)

If somebody wants to come to us—if they are not ready to go to the police yet, but they know that they need supports, they can come to us directly. (Victim Services, Saskatchewan)

Basic Theme 3: Lack of Collaboration and Information Sharing

The third basic theme examines the failures of services providers to work cohesively to provide services to intimate partner violence victims. Practitioner narratives centred on the breakdown of communication and the fragmentation of collaboration between agencies within the anti-violence sector. This basic theme is comprised of three issues discussed: Surface-Level Collaboration; Working in Silos; and Lack of Transparency in Service Provision. Victim services (24 codes, 12 participants) and police (20 codes, nine participants) were most commonly cited in relation to a lack of collaboration and information-sharing.

The theme of surface-level collaboration is characterized by situations where practitioners stated that they were working in tandem with one another but it appeared to be a superficial effort. Over half of the participants (24 participants, 53%) referenced a collaborative effort that appeared to be surface-level in nature. This theme stands in contrast to more thoughtful collaboration as detailed in the previous chapter. It appeared that basic

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communication (i.e., a phone call or a discussion) was being characterized as collaboration even though it fell short of a thoughtful and cohesive effort to support victims.

Sometimes police officers will call and discuss aspects of the file. Sometimes they'll call the domestic violence coordinators and the coordinators will call and say, "Take a look at this file." (Victim Services, Nova Scotia)

We're in touch with Probation. We communicate with them a lot because they also will conduct ODARA reports. (Victim Services, Saskatchewan)

We may have some input with Correctional Services of Canada, probation services, and with victim services. We also sort of gather information to help make decisions [about risk management]. (Crown, Manitoba)

Police officers (four participants) and victim services workers (four participants) most frequently referenced working in silos. This theme was not mentioned by any of the shelter staff included in the sample. Practitioners noted that working in isolation of one another led to a breakdown in communication, a duplication of services, and ultimately, a failure to provide appropriate services to intimate partner violence victims.

In 2000, there was a murder-suicide in Nova Scotia and where police responded to the residence. It wasn't RCMP, it was another police service, but it could have happened anywhere. But the police responded to the residence 18 times and, you know, Child and Family Services were involved. Many, many organizations were involved and had contact with the couple and their children, but nobody was sharing information. (Victim Services, Nova Scotia)

So [it's important] to meet with these agencies and so we're not acting like silos, doing our own thing, sharing information when appropriate. So it's always kind of back and forth and it depends who the management is, so that fluctuates a little bit and that can be frustrating at times when you don't have open communication. It just happens—different people move into different positions and so that sometimes does hit a wall as far as sharing of information. (Police, Northwest Territories)

Practitioners were aware of the benefits of working with other agencies but discussed the numerous challenges (i.e., scheduling, privacy laws) that existed in relation to establishing collaborative work approaches.

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I think getting [a high-risk committee] together is hard and I am curious as to how other jurisdictions got past all the privacy complaints and people saying that “I can’t share information.” Also, people being very busy and not being able to [participate] is another thing to add. (Victim Services, Yukon)

We are often utilized in the very beginning [of the intimate partner violence case] with information sharing and sometimes that creates barriers for us because we are not a justice partner. (Victim Services, Ontario)

Similarly, practitioners noted a lack of transparency in the service provision responses of other agencies. Practitioners identified numerous situations where they were left out of decision-making processes and were not notified of the outcome of an intervention. These factors prevented service providers from obtaining essential information to guide their work.

I feel like the intricacies of the decision-making process are very confidential and, for the most part, what’s shared in the Interagency Case Assessment Team (ICAT) meeting is not shared outside of that meeting. (Victim Services, British Columbia)

A lot of that stuff [with Child and Family Services] sometimes happens behind closed doors that we aren’t even aware of as the investigator. (Police, Ontario)

Basic Theme 4: Incongruencies

The final basic theme is the smallest (12 codes, eight participants) within this organizing theme and came together based on three issues discussed (Disconnect Between Risk Assessment and Actionable Items; Incongruency between Risk Assessment and Victim Experiences; and Incongruency between Risk Assessment and Vulnerable Population). This basic theme examines the incongruencies that exist between risk assessments and their target populations. Crown Prosecutors (four codes, three participants) and shelter workers (four codes, one participant) were most frequently coded within the theme.

A disconnect between risk assessment and actionable items was most frequently mentioned by Crown Prosecutors (three participants). Practitioners were critical of risk assessments because they failed to provide direction on how the results should be interpreted and

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translated into tangible action. In these instances, it was unclear as to why the risk assessment was being scored if not to inform service provision responses.

The risk assessment tools that we get, for instance, don't tell us what specific conditions are appropriate for probation in a specific circumstance and that has to be obviously crafted to the specific situation in legal parameters. (Crown, Ontario)

I look after both risk management and risk assessment in terms of whether I'm going to prosecute a charge and how to proceed with it, what the outcome of prosecution that I'm seeking is. But again, nothing formalized—it's more of a second-hand assessment, in other words. I do things in the hopes that somebody will actually formally address risk assessment and risk management. (Crown, Manitoba)

An incongruity was noted between risk assessments and victim experiences.

Specifically, there existed the belief that some risk assessments failed to consider the contextual factors of a victim's situation, resulting in a tool that was inconsistent in its applicability to a wide range of intimate partner violence cases. In these instances, practitioners had to try out different risk assessments to find one that best fit the victim's circumstances.

Like, if one [risk assessment] doesn't work then [we will try another]. Like I said, an ODARA might not work for stalking, so we might go with the stalking threat assessment. (Police, Alberta)

The Danger Assessment has come out with a [version] that they are testing out specifically with the immigrant population. I think [this will] be challenging because how can you compare immigrants from one country with immigrants from another country? (Victim Services, Nova Scotia)

Risk assessment tools listed very specific parameters around their use, with some going so far as to identify specific characteristics that must be present in order for the tool to be scored. In the example below, the practitioner was unable to use the ODARA in a criminal harassment case because the matter did not meet the necessary threshold to score the assessment.

So that [case] wasn't a question of [using the] ODARA because it was criminal harassment charge. An ODARA would not be completed because it doesn't meet the threshold or the qualification to do an ODARA [in that case]. (Victim Services, Nova Scotia)

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The theme of incongruity also extended to service provision responses and the needs of vulnerable populations. In some instances, practitioners advised that service provision models did not necessarily fit the needs of vulnerable population groups, making the intervention less productive. These models appeared to be rigid, imposing structures that were resistant to change based on the needs of diverse population groups.

So [service provision] starts to become impersonalized. Even the whole process becomes impersonalized. I think as an Indigenous woman working in this field, I find that is a real challenge because my instinct is to work with the whole family. I think I just see things differently than other people do in this sector. (Shelter, British Columbia)

Summary of Organizing Theme 7: Deficiencies in Service Provision

Organizing theme seven examines the deficiencies in service provision that exist, in part, as a result of the advent of neo-liberalism and the accompanying risk discourse. Systemic failures were cited on numerous occasions by practitioners, particularly in relation to failures of community agencies. A lack of services, overburdened case workers, and program cuts were commonly cited reasons for the gaps in service provision. Practitioners noted cases where inadequate service provision responses had resulted in an escalation of intimate partner violence and domestic homicides.

Insensitivity to victims also explained the inadequate service provision responses described by practitioners in their interviews. Examples of this insensitivity included dismissive attitudes to victim needs, racist conduct, and a lack of personal connection during interactions. Consequently, victims expressed a mistrust of authority figures and a hesitancy to reach out for help in instances of abuse. This mistrust was particularly notable within newcomer and Indigenous populations.

Service provision responses were also negatively impacted by a lack of collaboration and information sharing. Practitioners detailed instances where they worked in isolation of other

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service providers, often resulting in a duplication of efforts and disjointed service provision response to victims. Within these silos, collaboration existed to a limited degree and was most aptly characterized by tokenistic, surface-level efforts to unite service provision responses to common clients.

Organizing Theme 8: Systems Causing Victim Harm

This organizing theme examines practitioner views on how systems cause harm to intimate partner violence victims, specifically in relation to accessing support services and participation in court processes. This organizing theme is comprised of two basic themes: Disempowerment and Courts Mistreating Victims. Crown Prosecutors (82 codes, eight participants), police (76 codes, nine participants), and victim services staff (68 codes, 11 participants) were most frequently cited within this organizing theme, likely due to their extensive involvement within the criminal justice system.

Basic Theme 1: Disempowerment

The first basic theme describes practitioner efforts that disempower victims and shut them out of the decision-making process. This basic theme came together based on four issues discussed in the transcripts (Restriction of Victim Choice and Autonomy; Professional Pressure for Victim to Take Action; Professional Action Contrary to Victim Wishes; and Support Contingent on Victim Action). Crown Prosecutors (45 codes) were cited most frequently in relation to this basic theme.

All of the Crown Prosecutors (eight participants) discussed aspects of their work that restricted victim choice and autonomy. This theme also commonly came up in the interviews with victim services (seven participants) and police officers (six participants) and was most often

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mentioned in relation to the court system. Practitioners discussed how formal involvement in the criminal justice system often worsened the victim's situation by limiting their options.

I am more reluctant to relax conditions when I feel that the victim is, for example, in a difficult financial situation, they need him home to pay the bills, [that] kind of thing. If there's that kind of dependency and they don't have a strong social [connections] or a family support network then I try to dig a little deeper to try and see if there are alternatives we can come to. (Crown, Alberta)

Shelter staff (six participants) and police officers (four participants) most frequently mentioned using professional pressure in their work to compel the victim to act. This narrative centred around the idea that it was in the victim's best interests to cooperate and accept the help that they were being given.

If we were working with the women we would say, "You know, this is really in your best interests to try to work and collaborate with other people that are working with you." (Shelter, Prince Edward Island)

Children's Services [does get involved with the family] because sometimes it does come right down to, "If you can't do this [prescribed course of action], then we're going to have to remove the children from your care." It's sad. (Shelter, Alberta)

Officers will commonly tell a victim, "It is my opinion for these reasons you should leave the relationship to keep yourself and your children safe." (Police, Alberta)

In some cases, practitioners would recommend a course of action that was not feasible for the victim given their current circumstances (e.g., a recommendation to leave one's relationship requires financial means which might not be available).

She told me about his drug activity and the individuals that she had no idea who they were showing up at her housing looking for money and drugs and threatening her. And I said, "You're not safe here. He may be in jail, but you're not safe from these people. He has put you in a position where you're not just at risk from him, but you're at risk from these other individuals. I think you need to be in shelter." (Shelter, Nova Scotia)

The negative impact of this professional pressure to act was exacerbated in situations where the victim was accessing services from multiple agencies. Victims would act on the

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recommended course of action only to be told that it was in contradiction to with what another agency had deemed most appropriate.

Once you go to a shelter with children, Child and Family Services then gets involved. Child and Family Services may be sending a message that shelter is not a great place for kids. I don't think they say you need to reconcile, but she feels pressure then. (Crown, Ontario)

Nearly all of the Crown Prosecutors (seven participants) indicated taking professional action contrary to victim wishes. This is likely attributable to court mechanisms that appropriate conflict from victims and perpetrators, effectively taking the matter out of their hands. Several shelter staff (seven participants), police officers (six participants), and victim services workers (five participants) also indicated making decisions that discounted victim preferences.

The bottom line is that generally speaking, in terms of the victim, the court does take into account the victim's wishes. But there are times, particularly with repeated violence against her, that the court may restrict contact. (Crown, Manitoba)

Victims were consulted about how they would like the intervention to look but often their suggestions were disregarded in favour of professional knowledge and opinion.

After we've had conversation and what not and done our assessment, some of the women are wanting their no-contact orders to disappear or be withdrawn, so we refer them to the Domestic Violence Action Team (DVAT). Because then they will actually go and make their case for having done this, for doing that, and the DVAT team is part of the police services, so they'll tell them, "No, we're not doing that." (Shelter, Alberta)

Practitioners discussed programs and enhanced supports that could only be accessed in situations where the victim was willing to abide by specific requirements. In other words, the support that a victim identified a need for was contingent on their ability to adhere to imposed intimate partner violence interventions (i.e., a safety plan). Victim services staff (four participants) were most commonly cited in relation to this theme.

In order to issue someone a cellphone they have to agree to one of the safety plans—like one of our approved safety plans. So that's one of the requirements that you have to agree to a safety plan that's approved by our bosses. (Victim Services, Ontario)

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Practitioners frequently referred to the idea that a victim's motivation to make change was central to the success of an intervention and, without this piece, the intervention would ultimately fail.

[Victims] have to be willing. It doesn't matter how great your safety plan is, if they're not willing and engaged and involved in it, they're not going to do it so what's the point of a safety plan? (Police, British Columbia)

I guess it's just even when they do have access and referrals are made, it's the challenge of getting them to stick with the plan; accepting the help that is offered. (Police, Ontario)

Basic Theme 2: Courts Mistreating Victims

Basic theme two focusses exclusively on negative victim experiences in the court system. This basic theme is comprised of seven issues discussed in the transcripts; Victim Barriers to Participating in the Courts; Victim Hesitancy to Become Involved in the Courts; Victim—Mechanism in the Court Process; Conflict Between Family and Criminal Court; Focus on Court Proceedings at the Expense of the Victim; Courts Retraumatizing Victims; and Courts Creating Hardships for Victims. Crown Prosecutors (37 codes, eight participants), police (35 codes, nine participants), and victim services workers (35 codes, eight participants) were most commonly cited in relation to this basic theme.

Crown Prosecutors (four participants) most frequently detailed the numerous barriers to victim participation in the courts, which is likely attributable to the fact that victim participation in the court process is a central aspect of their work. The most commonly identified barrier was the limited availability of court supports in remote communities, including funding for travel and access to transportation. Practitioners also discussed the difficulties encountered in travelling to these communities to assist victims in their preparation for court.

Some [issues] that I can really see now are around travel. We've got a remote community now, we [need to figure out] whether they have to come to court, whether

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they have to come to deal with other issues. Funding and travel are always a challenge. (Police, Alberta)

The biggest challenge from my perspective is the distance and being able to have direct contact with the victims in those cases. So if you're talking about a Northern circuit court, for example, there's limited opportunity for us to go up there and meet with the victim, and so the less contact, the less we are able to assist them. (Crown, Manitoba)

A lack of adequate supports (i.e., translation services) was identified in relation to newcomer communities. In turn, this inhibited the participation of immigrants/refugees in the court system. Interestingly, this issue was not discussed in relation to Indigenous communities, where language barriers are also an issue.

You could have language barriers [in the court] and, obviously, that makes it a lot harder for them [victims] to access services. (Crown, Ontario)

Police officers (six participants) most commonly mentioned a victim hesitancy to become involved in the courts. Practitioners advised that victims were uncooperative with the court process because they did not have faith in the system and felt that nothing would change as a result of their involvement.

[The victim] won't name her husband or partner to explain the abuse because she knows she will lose control of the situation and police will take over and arrest him whether she wants him arrested or not. (Police, Manitoba)

It seems there's less cooperation because there's no expectation that anything's going to change anyway. That this is just kind of how things work. And so we end up with less witnesses who come to trial and more expectation that they don't want to cooperate. (Crown, Alberta)

There are definitely cultural issues as far as the expectation of how the justice system should work and expectations of whether or not there's going to be anything that happens at the end of the day or whether they want anything to happen at the end of the day. So that can lead to a lot of recantations of statements to police, which causes problems for us. (Crown, Manitoba)

This hesitancy was even more pronounced within Indigenous populations. A distinct mistrust of law enforcement, resulting from Canada's history of colonization, was the primary

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barrier cited in relation to the unwillingness of Indigenous peoples to become involved in the criminal justice system.

I see a larger percentage of the [Indigenous] population that doesn't want to provide a statement or provide evidence to support a charge. I think that speaks to distrust of law enforcement and so that's a gap that I think we need to start trying to address. (Police, Alberta)

In some instances, practitioners spoke about victims as if they were a mechanism in the criminal justice process. Crown Prosecutors discussed the centrality of victims to a successful court case, indicating that they often mobilized supports from victim services staff to ensure the victim was compliant with the process. The quotation below illustrates an almost explicit focus on court proceedings and a minimal focus on the best interests and well-being of the victim.

So when we have a high-risk victim, certainly I rely on them [victim services] even more in terms of providing support and making suggestions on how to engage the victim so that we're able to successfully prosecute the case. (Crown, Manitoba)

Police officers advised that their work would be easier if victims were agreeable to the criminal justice process and cooperative in providing evidence throughout the process.

It can be frustrating, for sure, as police officers because people don't want to cooperate or help you do your job. So it can be tricky at times to ensure that you're laying an appropriate charge and that you have supporting evidence. Because oftentimes they'll want the person removed and they don't want to follow up with the charges, so that makes it tricky for police officers. (Police, Northwest Territories)

Several practitioners noted a conflict between the family and criminal court systems. In particular, there was a noted disconnect between the two systems in terms of communication, which led to confusion and, in some instances, conflicting orders (i.e., a criminal court no-contact order is in contradiction with the family court custody and access plan). The conflict between the courts also presented significant safety issues for the victim because they were forced to have contact with their abuser in order to facilitate child access and custody.

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There are a lot of problems/difficulties between the family court and the criminal court. Often there is no connection [between the courts], so if they have kids and then there's shared custody with a man who is very violent, it's problematic. (Shelter, Quebec)

There is a category where if domestic violence charges exclusively involving the spouse and say the kids are not present at the time, there are legal limits to what we can do. Typically, those situations cause concern but the criminal courts, generally speaking, leave it to the family courts to make the best determination as to access conditions and things like that. (Crown, Ontario)

All of the Crown Prosecutors (eight participants) indicated a focus on court proceedings at the expense of the victim. Alternatively, no shelter staff indicated such a focus, likely due to the scope of their employment. Police (six participants) and victim services workers (six participants) were also frequently cited in relation to this theme.

We have a domestic violence treatment option court, which does have a case management component. So once a week Probation Services, Defence [Counsel], Victim Services, and Child/Family Services will sit down and talk about cases, but I feel that this is more [about] managing the court process. (Victim Services, Yukon)

Practitioners detailed various mechanisms they employed to compel uncooperative victims to participate in the legal system.

If she [the victim] is saying things, like she doesn't want the charges to proceed, but victim services is concerned about the risk, we may involve the police in assisting us with having the victim come and meet with us to prepare for trial—those kinds of steps. So there might be involvement of the police in terms of prosecuting the case, because ultimately, that's what we're doing. (Crown, Manitoba).

Practitioners discussed the use of video-taped statements in cases where the victim was uncooperative with the court proceedings. Essentially, this meant that the video-taped statement could be used in place of in-person testimony regardless of whether the victim was agreeable with the court proceedings

If the police come into contact with [a high-risk victim] relating to a particular accused, they try to take a video-taped statement from her so that we might be able to prosecute it even without her cooperating with the prosecution. That sounds heavy-handed but it's not. (Crown, Manitoba)

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We also have KGB statements where they'll take a sworn statement from a victim to enter it into court—because things change, right? So they're telling us a story but then two days later they want to be back with that person because, again, they share children, financially or otherwise. (Police, Northwest Territories)

Victim services staff (two participants) most frequently referred to the ways in which the court process retraumatized victims. The criminal justice system was identified as a site where secondary victimization frequently occurred. In some instances, the negative impact of involvement in the criminal justice system was argued to be worse than the abusive incident.

I believe in a lot of ways that the [justice system] intervention is more traumatizing and harmful than the incident of domestic violence. (Victim Services, Yukon)

I am finding that our victims are getting re-victimized in the court system because there is nobody there to help them. So they are left with a bad taste, they don't know what to do, they don't even understand half the lingo. (Police, Alberta)

One practitioner noted that mental health supports were particularly important during the court process to assist in coping with the negative effects of testifying.

We do a lot of legal support work. So that is when almost everybody needs support around mental health because they have to go to court and that's really re-traumatizing. (Shelter, British Columbia)

Victim services staff (four participants) discussed how the courts negatively impacted victims and often made a bad situation even worse (alternatively, none of the Crown Prosecutors acknowledged the ways in which the courts can create hardships for victims). Practitioners discussed how the court process worsened a victim's situation by limiting their contact with the abusive partner and consequently limiting their access to supports (i.e., financial resources, housing, parental support).

There is re-traumatizing [that occurs] in the court process for sure, but also no-contact provisions in particular. I understand the reason for them and the intent behind them. But what happens is women are forced to parent alone and they don't have the resources to parent and it impacts their employment. (Victim Services, Yukon).

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A lot of women come to us because they want contact with their partner. So here there is a pro-charging policy. If police believe there's been domestic violence, they will lay charges with or without the consent of the parties, including the woman. So we get lots of calls from women who just called the police to get some safety in the moment, but now they are single parenting and they have no money and nowhere to live, or they just want to be with the person, so they want contact. (Victim Services, Yukon)

However, there seemed to be a disregard for these issues with some practitioners characterizing these negative effects as natural by-products of involvement in the court system.

I think one of my challenges is trying to ensure risk management without alienating my victim. Keeping her onside and understanding that this is a process and understanding that this is not acceptable behaviour. I have very little to do with trying to ensure that her rent will be paid because, you know, these are concerns they have. And they want the offender back and I can understand that but at the same time I'm afraid that without managing that risk, without the proper tools in place for this offender, they're just going to repeat it. (Crown, Ontario)

Summary of Organizing Theme 8: Systems Causing Victim Harm

Organizing theme eight details the ways in which social systems functioned to cause harm to intimate partner violence victims. An underlying narrative within this theme related to disempowerment, whereby victim choice and autonomy were severely restricted or eliminated altogether. The use of risk-based approaches worked to effectively eliminate victims' decision-making power and control over the situation. Consequently, the denial of victim autonomy caused these help-seeking experiences to be inherently negative.

A professional pressure for victims to act was noted throughout the transcripts. Rather than consulting with victims about the course of action they would like to take or adapting the service provision approach to fit where the individual was currently at, practitioners demonstrated a tendency to push victims to act on professional advice. This form of intervention appeared to be on the terms of the practitioners and was based primarily on their own professional assessment of the situation. In more extreme circumstances, practitioners made decisions and acted contrary to the wishes of victims. This course of action was often premised

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on the paternalistic notion that practitioners know better and are in the best position to make decisions related to their clients.

Organizing Theme 9: Gaps Related to Risk Management and Safety Planning

The final organizing theme examines the gaps related to risk management and safety planning within the context of intimate partner violence. This organizing theme was developed based on three basic themes: Lack of Resources/Tools; Lack of Policy; and Lack of Training. Shelter staff (37 codes, 11 participants) and police (35 codes, 11 participants) most frequently referenced gaps related to risk management and safety planning.

Basic Theme 1: Lack of Resources/Tools

Basic theme one examines the lack of resources and tools for safety planning and risk management. This basic theme is comprised of two issues discussed in the transcripts: Safety Planning—Lack of Tools and Risk Management—Lack of Tools. Victim services staff (11 codes, eight participants) were most frequently cited in relation to this basic theme.

The majority of victim services workers (eight participants) expressed a dearth of safety planning tools to guide their work with victims. Police officers (five participants) and shelter staff (five participants) also noted a lack of safety planning resources, although to a lesser extent. Participants discussed several gaps related to the tools currently in use, indicating that there was a need for a more comprehensive and rigorous instrument that was applicable to a wide range of diverse intimate partner violence situations.

We've developed kind of a safety planning toolkit around information that we've received through our years of experience and conferences attended. So it's kind of just a mish-mash of different things that we have found. (Victim Services, Ontario)

There is lots of room for safety planning improvement. Maybe something a little broader, like, literally they've got four sections on this thing. It's like, "What if I stay with him?" Or, "What if I choose to leave?" Or, "What if I am being stalked?" So

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picture that on a piece of paper, not that I want this huge 12-page document. (Police, Alberta)

One practitioner advised that safety planning resources and tools were not available in their workplace.

We don't really have a form that says "safety plan." (Police, Ontario)

Although safety planning was often detailed within institutional policies, complementary tools to guide this element of intimate partner violence service provision were rare. As such, a disconnect existed between institutional mandates and practice.

I think the safety plan is part of the policy and procedure. Like, it's an added document in the policy but I don't think there is a guiding procedure. (Shelter, Ontario)

A shortfall related to resources and tools for risk management was discussed by practitioners. This narrative centred primarily around the lack of options for risk management with offenders, with one practitioner noting that their options were limited to counselling and the implementation of protective conditions.

I guess there are not many [options], but my options for risk management are getting an offender on probation so that they're working with a probation officer in terms of counselling programs and being supervised and/or getting conditions put into place. (Crown, Manitoba)

Victim-serving agencies expressed frustration around current risk management practices, identifying that current programming fails to hold perpetrators accountable and, consequently, falls short of a fulsome rehabilitative effort. Ultimately, this systemic failure was noted as detrimental for both perpetrators and victims of this violence.

[Risk management] is a huge gap in services. My past experience where the abuser was taking anger management courses left me really frustrated because the person in charge of delivering programs would often sign off, would have a strong affinity or bond with the abuser and [be] overly sympathetic. So we're not seeing a lot of anger management and even in the curriculum it was always insufficient in addressing issues of misogyny in general. (Shelter, Manitoba)

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In some instances, standardized risk assessment tools were being used in place of an instrument designed explicitly for risk management purposes.

When an investigating officer goes to a scene, in addition to taking a statement they will go through the ODARA and the DVRM, which is the Domestic Violence Risk Management, although it's more of a risk assessment because there's a checklist and they go through the history. (Crown, Ontario)

Basic Theme 2: Lack of Policy

The second basic theme explores the lack of policy for risk management and safety planning.

This basic theme came together based on two issues discussed in the transcripts: Lack of Policy around Risk Management and Lack of Policy around Safety Planning and was mentioned frequently by police (13 codes, nine participants), Crown Prosecutors (13 codes, eight participants), and shelter staff (13 codes, six participants).

All eight of the Crown Prosecutors included in the sample discussed a lack of policy around risk management. This theme was voiced to a lesser extent by police (seven participants). Practitioners advised that risk management was a component of their job but that little was provided in terms of policy or direction on how to incorporate this piece into their service provision response.

So only within the context of bail and probation and how to craft those conditions to try minimize risk [is risk management considered]. There is no specific document that speaks to how you manage those risks. (Crown, Alberta)

Even in agencies with numerous policies it was difficult to identify a policy specific to risk management. Instead, risk management came up as a piece-meal consideration within the larger context of institutional operations.

I don't remember seeing a risk management policy but we have almost 300 policies. We don't have one titled "risk management" but like I said, safety planning and risk management come up as topics within specific policies, especially with violent crime, domestic violence, and all those sorts of things. (Police, Ontario)

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There are probably [no policies that guide risk management] specifically except our agreements with our situation table, that type of thing. (Victim Services, Ontario)

We do have policies that [speak], maybe not directly to risk management, but do require us to consider it. (Crown, Manitoba)

A lack of policy around safety planning was most frequently mentioned by police officers (six participants) and shelter workers (six participants). Similar to what was detailed in relation to a lack of risk management policy, practitioners indicated that safety planning was a component of their job but that they were not provided with any policy or guiding direction on how this would look specifically within service provision responses.

I'm going to have to say not really [in response to the existence of written documents/directives that guide safety planning]. It's sort of like, "Thou shalt safety plan with clients." (Shelter, Manitoba)

We don't have set guidelines for safety planning but the [police officers] would tell them right at the scene, "This is what you need to do." (Police, Ontario)

We have some handouts, but other than that I don't think [there are written document/directives that guide safety planning]. (Victim Services, Manitoba)

Due to a lack of policy, safety planning often became a discretionary element whereby practitioners could determine whether it was a necessary component of their work with intimate partner violence victims.

In our domestic violence policy there is mention that there are things that [police officers] can discuss with the victim. It's not a mandatory thing but it's within the officer's discretion if they feel it's appropriate to talk to the victim at the time about different types of safety planning. (Police, Manitoba)

Basic Theme 3: Lack of Training

The final basic theme focuses on a lack of training for safety planning and risk management.

This basic theme is comprised of three issues discussed in the transcripts: Lack of Training—Risk Management; Lack of Training—Safety Planning; and Lack of Training—General. Shelter staff (17 codes, nine participants) and police (14 codes, nine participants) were most frequently

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cited in relation to a lack of training for these two components of intimate partner violence service provision.

More than half of the Crown Prosecutors (five participants) discussed a lack of risk management training. This lack of training was also brought up by police officers (six participants).

[I didn't receive] specific training [on risk management]. The strategies that I talked about are delineated in the *Criminal Code of Canada* and in a Supreme Court decision called *R. v. Antic*. (Crown, Alberta)

Again, specific to offenders, no there's not [training for risk management]. I have yet to find a course on how to manage an offender in the community. I don't think there is one—an actual course. (Police, British Columbia)

I wouldn't say I received specific risk management training. I received a little bit [about it] through other courses. (Police, Ontario)

Practitioners advised that they were directed to perform risk management within the course of their work but were not provided any training on how to do it. This is similar to other basic themes in this section pertaining to a lack of resources and policy surrounding risk management practices.

None of us are given risk management [training]. You just go in, you assess risk. You're told to assess risk, but how do you assess it? (Police, Alberta)

Nearly all of the shelter workers (10 participants) expressed that there was a lack of safety planning training. This gap in training was also brought up by police officers (seven participants) and victim services workers (five participants). Although an important and necessary part of their job, practitioners advised that limited training existed for safety planning in intimate partner violence cases. Instead, service providers were forced to figure it out on their own, often through consultation with their colleagues, experiential learning, and self-directed research on the topic.

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I received no [training] on safety planning. I was kind of just left to my own devices. They don't do any training on safety planning in the shelter that I'm in. (Shelter, Alberta)

I have not done any safety planning training. Most of my training has been self-training, self-taught, things I have looked at. (Shelter, Saskatchewan)

I wouldn't say [I received safety planning training directly] but certainly I try to keep up to date on it and keep myself self-informed and I haven't taken, like, a safety planning class or anything like that. (Victim Services, Ontario)

Yes, [I received safety planning training] in the RCMP Academy but nothing since. (Police, Manitoba)

We haven't done a safety planning specific [training] —it's just been covered off in other training we've received. (Police, Ontario)

Practitioners also advised of a general lack of training as it pertained to intimate partner violence, particularly at the broader systemic level.

As an agency I am so happy that we do so much work with the community, but you can't do it by yourself. It still needs to be coming from the government top-level. It is the training about understanding about domestic violence. Like, you have to have the training for the police forces, low-influence agencies, and the judiciary if you can. (Shelter, Ontario)

Summary of Organizing Theme 9: Gaps Related to Risk Management and Safety Planning

The final organizing theme describes the gaps related to risk management and safety planning.

Within the practitioner narratives it became obvious that a disproportionate amount of resources was being spent on tools, training, and policy development related to risk assessment. Most practitioners discussed a standardized risk assessment tool employed in the course of their work and were able to identify multiple workplace policies related to the use of these tools within intimate partner violence service provision responses. Additionally, practitioners cited numerous courses for several risk assessment tools, refresher trainings, and “train the trainer” sessions.

Conversely, very few tools/resources existed for safety planning and risk management practices. Practitioners detailed informal safety planning and risk management tools that were

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developed in-house but noted a general lack of consistency across considerations within both practices. Training modules were infrequently mentioned in relation to risk management and safety planning. Some practitioners advised that they had never received training on these topics and had garnered knowledge of these aspects of service provision through on the job training. The almost exclusive focus on the development of risk assessment resources was to the detriment of the actionable items (i.e., safety planning and risk management) associated with the practice. The focus on risk assessment in intimate partner violence cases has significantly detracted from efforts aimed at safety planning and risk management. Ultimately, this gap in intimate partner violence service provision responses is to the detriment of victims because they are receiving incomplete supports from community agency staff (shelter, victim services) and criminal justice personnel (police, Crown Prosecutors).

Concluding Remarks

The final global theme, Impact of Neo-Liberalism and Risk Discourse, came together based on three organizing themes: Deficiencies in Service Provision, Systems Causing Victim Harm, and Gaps Related to Risk Management and Safety Planning. This global theme was the smallest in the research with a total of 751 codes (Manifestations of Neo-Liberalism and Risk Discourse: 1770 codes, Remnants of the Violence Against Women Movement: 953 codes). The most frequently cited organizing themes within this global theme were: Systemic Failures (144 codes), Disempowerment (153 codes), and Inadequate Response to Victims (143 codes). Victim services workers (210 codes, 12 participants) were most frequently cited in relation to the final global theme and Crown Prosecutors (167 codes, eight participants) were cited the least.

The first organizing theme, Deficiencies in Service Provision, examined the ways in which intimate partner violence victims have been failed by the institutions that are supposed to

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support them. Systemic failures were a common theme with practitioners discussing a lack of services and overburdened programs, barriers to accessing supports, and the ineffectiveness of court systems. Together, these failures constituted an inadequate response to victims characterized by a distinct insensitivity to victims, a mistrust of authority, and a lack of personal connection in service delivery. Practitioners also cited a lack of collaboration and information sharing as well as numerous incongruencies between risk-based approaches and the various elements of their anti-violence work. Practitioner narratives revealed the myriad ways that these systems disempowered victims through processes based on the restriction of choice and autonomy and the privilege of professional knowledge. Another common theme in the transcripts was the disproportionate amount of resources allocated to risk-based initiatives (e.g., actuarial risk assessments). Practitioners noted that this nearly explicit focus on risk was to the detriment of safety planning practices, a component of intimate partner violence service provision sorely lacking adequate resources/tools, policy, and training.

Chapter 7: Analysis

The Violence Against Women Movement has served as a formative building block for the responses to intimate partner violence that have occurred over the past several decades, reflected in the availability of crisis lines and the continuing development of crisis and second stage shelters for intimate partner violence survivors. At the same time, however, risk discourse has come to predominate in intimate partner violence service provision. Today, some remnants of the Violence Against Women Movement remain, but they appear to exist to a minor degree in relation to the pervasive presence of risk discourse within this area of service provision.

The primary goals of the Violence Against Women Movement have been to protect survivors and ultimately to reduce the incidence of intimate partner violence. Valuing experiential knowledge and acknowledging the broader social context and structural conditions (particularly patriarchy) that come to bear on intimate partner violence, feminists saw grassroots organizing as a key strategy for empowering women whose partners were violent toward them. As well, the Violence Against Women Movement held the welfare state to account in providing the necessary financial resources to support survivors and implementing legislative and policy changes to address intimate partner violence. With the advent of neo-liberalism and the ascendancy of risk discourse, however, the goals and principles that informed the Violence Against Women Movement have been overtaken in the response of the anti-violence sector to intimate partner violence, replaced with a focus on professionalization, standardization, pathologizing narratives, and the responsabilization of survivors. What are the consequences of this shift to risk discourse in the provision of support to intimate partner violence survivors? What are the implications for women's safety as a result?

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Drawing on the findings mapped out in the previous three chapters, this chapter considers the impacts of neo-liberalism and risk-based approaches on intimate partner violence service provision, making the case that the turn to risk—rather than making women safer—has created the conditions that put women (and their children) at greater risk of harm. To develop this argument, elements of the movement are compared and contrasted with modern approaches in the anti-violence sector: experiential knowledge versus professionalization; social context/intersectionality versus standardization and managerialism; structural conditions versus pathologizing and individualizing; and empowerment versus responsabilization. Critical perspectives on risk assessment are included in the discussion of each. The implications of the advent of neo-liberalism and the turn to risk for women whose partners are violent toward them are presented, with the analysis concluding that risk discourse has imposed limits on the ability to enhance women’s safety and meet the needs of survivors. As a reminder, the terms “victim” and “survivor” are used in this discussion to refer to women whose partners have been violent toward them. These terms have distinct social meanings in that “victim” implies helplessness, passivity, and weakness while “survivor” is a more empowered position that highlights women’s strength and resilience. While “survivor” is the preferred terminology here, “victim” will be used when it appears in the responses of service providers.

Impacts of Neo-Liberalism and the Turn to Risk

A vibrant literature critiques the turn to neo-liberalism and the advent of risk discourse (Bondi, 2005; Hannah-Moffat, 2005; Liebenberg et al., 2015; O’Malley, 1992; Walklate & Mythen, 2011). Critics have showcased how the focus on actuarial techniques, quantitative methods, and objective measures is largely incongruent with social subjectivities, human interaction, and experiential standpoints—factors that were central to the work of the Violence Against Women

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Movement. Further, the quantification and aggregation of human characteristics within the positivistic enterprise are seen to conflate difference (Feely & Simon, 1992). Consequently, individuals and groups—including women whose partners are violent toward them—are often considered in isolation from their social context within the risk discourse framework (Feely & Simon, 1992; Hannah-Moffat, 2005). Moreover, risk discourse distances people from one another and the dominance of risk assessment perpetuates a risk-averse society where people believe that everything can be predicted, planned for, and avoided (Beck, 2009). Critics have also raised issues with respect to the retraction of the welfare state (Silverstein & Spark, 2007), responsabilization (Grant, 2015; Hannah-Moffat, 2005), and heightened social control (Cohen, 1985; Feely & Simon, 1992; Garland, 2001; Johnson, 2010).

Experiential Knowledge versus Professionalization

Victim-centred frameworks were a common element of the service provision responses of shelter worker (173 codes, 12 participants) and victim services staff (110 codes, 12 participants). This approach emphasized relationship-building and rapport, tailored service provision responses, and cultural sensitivity. Victims were regarded as the experts of their situations and their perceptions of the intimate partner violence event were used to determine the risk level and to guide solutions to addressing the issue. Paternalistic service provision responses were also coded in relation to shelter staff (67 codes, 12 participants) and victim services workers (51 codes, 11 participants), although to a lesser extent than victim-centred frameworks.

This victim-driven model stands in direct contrast to risk-based frameworks to understanding intimate partner violence that are premised on positivist, standardized, and quantitative ways of understanding the social world. The practice of privileging risk-based forms of knowledge over other forms is referred to as “risk imperialism” (Walklate & Mythen,

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2011, p. 108). Risk imperialism dictates which forms of knowledge are considered legitimate and the ways in which this information will be used. Within intimate partner violence service provision models, risk discourse speaks louder than victim voices and appears to generate erroneous assumptions about women's experiences of intimate partner violence. Experiential knowledge was devalued within risk-based models of intimate partner violence service provision in favour of more scientific assessments of the issue. Despite intimate partner violence researchers advising that risk assessments should be used with caution and in tandem with other sources of information (e.g., victim perceptions of risk and safety concerns), these tools remain the predominant mechanism through which intimate partner violence supports and services are delivered (Heckert & Gondolf, 2004).

Risk assessments have the power to “render some concerns more visible and valuable than others” (Walklate & Mythen, 2011, p. 111). These criteria (in most instances a number) are used to make determinations about the allocation of resources for intimate partner violence victims. This means that if an intimate partner violence case scores numerous items on the assessment it would be eligible for a more enhanced service provision response. Conversely, an intimate partner violence case that scores none or few boxes on a risk assessment would receive significantly less resources. This is a problematic practice because the assessments are based on a limited number of criteria that do not consider the contextual elements of the situation that contour risk for specific people in diverse situations. Ultimately, the availability of supports can literally mean the difference between life and death in intimate partner violence situations.

Shelter staff (six participants) were most frequently cited in relation to experiential backgrounds (i.e., prior experience working with intimate partner violence victims) informing their service provision responses. Three shelter staff members identified as intimate partner

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violence survivors and advised that their experiences enabled them to relate to and empathize with victims more easily. This is reminiscent of the staffing composition of shelters during the time of the Violence Against Women Movement. However, several practitioners across all four sectors referenced formal training and/or education requirements associated with employment in the anti-violence sector (total codes: 81). The standard for formal education was exclusionary of individuals who may be unable to obtain post-secondary education or afford the fees associated with enhanced training. One practitioner, for instance, expressed frustration about educational requirements for a victim services position, advising that these rigid guidelines often meant that they could not hire Indigenous staff members to serve a largely Indigenous population.

Professionalization was one of the most frequently cited organizing themes in the research with the predominance of codes associated with police (104 codes, 13 participants). Behind this sentiment existed the idea that professional ways of knowing were superior to knowledge garnered through personal experience or grassroots work with intimate partner violence victims. Professional understandings of intimate partner violence were bolstered by formal education, training, and standardized assessment tools. In some instances, victim perceptions of risk were discounted because practitioners felt that their judgement was clouded by emotion and could not be trusted.

Professional knowledge may have been used in some instances to pressure victims to take action with the understanding that it was in their best interests to act on the advice provided to them by service providers. The overwhelming majority of responses of service providers (Crown Prosecutors: six participants; police officers: 11 participants; shelter staff: 11 participants; victim services workers: 11 participants) in this research placed value on positivist knowledge, ultimately discounting experiential perspectives as “soft” forms of knowing (total

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codes: 185). Risk assessments are a product of scientific thinking and academic research. As such, these assessments place a disproportionate value on positivist understandings of intimate partner violence at the expense of experiential perspectives (Walklate, 1999). Evidence-based approaches were perceived to be the “gold standard” in intimate partner violence service provision; an infallible tool that could predict (and ideally prevent) future violence at a level superior to that of victim perceptions. A bias toward professionalized measures of intimate partner violence was commonly noted in the transcripts, particularly in instances where practitioners referenced numerous risk assessment tools, trainings, and refresher sessions.

Many of these assessments (i.e., ODARA, SARA) are based on a limited number of closed-ended questions designed to produce a score. The score possesses an inherent value that dictates the service provision response, including the availability of supports and the intensity of the intervention. Martin Grann and Ingela Wedin (2002) note there will always be situations where “clinical experience or even plain common sense outperforms automated actuarial decision-making” (p. 7). Therefore, it is unlikely, if not impossible, for a quantitative measure to effectively capture all aspects of an intimate partner violence situation. The “extra” elements that are not being captured within the risk assessment tool may very well be pertinent to the victim’s safety and their exclusion presents significant challenges to adequate service provision.

Social Context/Intersectionality versus Standardization and Managerialism

The Violence Against Women Movement adopted an intersectional framework that focussed on how experiences of intimate partner violence were mediated by various forms of oppression, including patriarchy, capitalism, and settler colonialism. In turn, responses to victims were developed to consider these diverse circumstances. However, within the modern context of service provision, the application of an intersectional framework was mentioned by practitioners

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infrequently (shelter staff: seven participants, 11 codes; Crown Prosecutors: seven participants, 13 codes; police officers: three participants, four codes; victim services: two participants, two codes). Cultural responsiveness appeared to be a priority amongst service providers: 71% of practitioners (32 participants) detailed various cultural considerations within their service provision responses. Shelter staff (31 codes, nine participants) were coded most frequently in relation to cultural sensitivity.

However, within the context of neo-liberalism, difference and diversity have become conflated by the dual processes of standardization and managerialism. While standardization is a feature of bureaucratic organizations under capitalism, the effects of standardization have intensified within the context of neo-liberalism and risk discourse. This intensification is reflected in the heightened importance accorded to processes, procedures, and protocols in the anti-violence sector. Standardization was the fourth most frequently cited organizing theme in the research (total codes: 469) and was most commonly referenced by police (180 codes, 12 participants). Manifestations of standardization in the anti-violence sector included accountability measures, policy constructions of intimate partner violence, and standardized terminology/language surrounding intimate partner violence. The standardization of intimate partner violence service provision responses is attributable, in part, to the disproportionate value placed on scientific ways of knowing over experiential knowledge. Actuarial assessments are scored based on a limited number of criteria (i.e., history of violence, lethality factors), many of which do not consider the victim's perspective, the diverse circumstances of the incident, and/or the broader structural conditions that mediate experiences of intimate partner violence. Practitioners frequently referred to their use of risk assessments and cited several instances where these tools produced a number or score that was then used determine the service provision

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response. This practice produced a degree of homogeneity across service provision responses because similar risk assessment scores translated into similar interventions.

Within the neo-liberal political rationality, intimate partner violence has been constructed as a social problem to be organized and managed within the confines of a risk-based perspective. Standardization, therefore, has provided a convenient metric for addressing complex social problems. Guidelines and Requirements Around Intimate Partner Violence was the most commonly coded item in this research (122 codes) with 37 out of 45 practitioners referencing some type of policy, protocol, or parameter that guided their work. However, an obvious incongruency exists between intimate partner violence and this organizational scheme. Intimate partner violence is not a unitary and static issue and so cannot be neatly organized within parameters that homogenize experiences of intimate partner violence and conflate difference. It is therefore problematic to assume that standardized ways of working with victims, perpetrators, and their families would solve the issue.

Standardization was moderated by managerial approaches that included oversight and administrative approaches to intimate partner violence. Managerial approaches were mentioned most frequently by police (75 codes, 12 participants) and to a lesser extent by victim services workers (41 codes, nine participants) and Crown Prosecutors (31 codes, eight participants). Managerialism appeared to be a mechanism to ensure consistency across service provision responses and adherence to institutional procedures. These processes were developed in alignment with risk-based frameworks where the focus is on identifying and managing risk rather than responding to the needs of victims. The advent of managerialism and the focus on rigid service provision protocols suggest that there has been a decline in tailored solutions for intimate partner violence victims.

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The assumption that standardized approaches and risk-based tools can be applied to understand something as complex and varied as intimate partner violence was reflected in the practitioner transcripts. Actuarial assessments and quantitative understandings of social issues exist as context-free tools, which are incongruent with the intersectional nature of intimate partner violence. Risk assessments also produce particular constructions about the nature of intimate partner violence in relation to both victims and perpetrators (Walklate & Mythen, 2011). By forcing diverse experiences into the limited confines of the assessment tool, practitioners inadvertently produce edited versions of the nature of intimate partner violence (Hoyle, 2008). This practice perpetuates stereotypical ideas about intimate partner violence that are ultimately to the detriment of individuals who fall outside these narrow parameters. For example, the ODARA can only be scored in instances of physical violence (i.e., assault, forcible confinement) where the perpetrator is male and the victim is female. Incidents that fall outside these limits (such as psychological, financial, and spiritual abuse) as well as relationships of differing gender expressions and sexual orientations are beyond the scope of this risk assessment tool. Therefore, the standardization of risk-based approaches to intimate partner violence may overlook the unique challenges of those individuals who experience intersecting oppressions.

Racialized individuals are at higher risk of experiencing intimate partner violence in Canada (Conroy, 2021; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). Their additional vulnerabilities to intimate partner violence can be attributed to racism and the systemic barriers that exist as a result. Given the presence of additional risk factors and areas of vulnerability (e.g., racially motivated attacks, discrimination when accessing supports), an enhanced service provision response would make sense. However, risk assessments do not consider the specific experiences of racialized populations. In other words,

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because risk assessments fail to consider the social context of intimate partner violence, the experiences of racialized individuals are being scored on a limited number of criteria that fail to capture their specific personal circumstances (Bumiller, 2010). As such, an obvious incongruency exists between the lived experiences of racialized victims and sterile risk assessment tools.

For Indigenous people, this means that their experiences of intimate partner violence are being assessed with little regard for the ways in which they, their families, and their communities have been impacted by settler colonialism and the historical and contemporary genocidal processes by which Indigenous peoples have been dispossessed from their land (Coulthard, 2014; Wolfe, 2006; Woolford & Benvenuto, 2015). Intimate partner violence is one manifestation of that colonial experience (Larocque, 2002; McGillivray & Comaskey, 1999). However, risk assessments do not take these factors into consideration and, instead, try to fit Indigenous experiences into Westernized service provision parameters. The clinical and sterile nature of risk assessments is also incongruent with Indigenous ways of knowing. The work of Stephane Shepherd and Cynthia Willis-Esqueda (2018) identifies a paucity of research in relation to culturally-informed approaches to risk assessment. Their review concludes that many risk assessment tools possess the potential for “cultural bias to be in-built in the algorithm or formula” because they were developed based on the experiences of predominantly white sample groups (p. 601).

Risk assessments tools are seen to be a one-size-fits-all framework applicable to all cultures/ethnicities, despite their narrow construction based on the experiences of white populations. As such, the “mono-cultural nature of risk assessment development” fails to consider the experiences and worldviews of non-white populations and the structural conditions

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that mediate violence and abuse (Shepherd & Willis-Esqueda, 2018, p. 601). Additionally, the directed service provision responses that emerge from risk assessments do not fit within the holistic Indigenous paradigms of addressing intimate partner violence. Risk assessments also feed into other settler colonial structures and processes, including the criminal justice and social service systems, and ultimately substantiate their existence in doing so. In these terms, risk exists as a settler colonial strategy, a neat way to organize intimate partner violence cases along a Westernized continuum of responses to the issue that perpetuates settler colonialism.

Risk assessment scores influence how the victim and perpetrator are perceived and, as a result, can have a pathologizing effect, particularly in cases where the risk level is deemed to be high. By way of this process, risk assessments become pathologizing tools that make assumptions about victims and perpetrators based on limited criteria (Bumiller, 2010). This becomes particularly problematic when risk assessments include questions about demographic factors such as immigration status, race, and ethnicity (Bumiller, 2010). Accordingly, if the risk level is assessed as high, then it is attributable, in part, to one's race/ethnicity. In turn, this practice perpetuates stereotypical ideas about intimate partner violence, specifically, the notion that racialized individuals have an inherent capacity for violence. This process locates the issue inside the individual rather than as a product of social biases and institutional failures.

Structural Conditions versus Pathologizing and Individualizing

The Violence Against Women Movement was instrumental in raising awareness about the issue of intimate partner violence from a structural perspective. For Second Wave feminists, intimate partner violence was recognized as a product of misogyny, gender inequality, and the patriarchal order (Faith, 1993). Further, female victims of intimate partner violence encountered more institutional barriers than men and had unequal access to power and resources. Feminists broke

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the silence around intimate partner violence and advocated for intimate partner violence to shift from a private trouble to a matter worthy of state intervention. Introduced by Third Wave feminists, intersectionality was used to understand how intersecting oppressions—such as patriarchy, capitalism, and settler colonialism—mediated experiences of intimate partner violence. The foundation of the Canadian welfare state was particularly strong during this time and professed a high level of commitment to meeting the social needs of the citizenry. As such, feminist activism around intimate partner violence focussed on educational initiatives and violence against women research, and the establishment of survivor support services (i.e., shelters, crisis lines, consciousness-raising groups).

The shift to neo-liberalism and the advent of risk discourse have contributed to a disturbing tendency to attribute instances of intimate partner violence to individual pathology (Westlund, 1999). For example, the ODARA includes criteria related to the victim's children (more than one child; victim's biological children from previous partner) and barriers to victim support (no phone; no access to transportation; geographical isolation; alcohol/drug consumption or problem). If the victims responds "yes" to any of these questions, the risk score is increased by one for each response. The relationship that exists between victim characteristics and risk assessment scores is indicative of an underlying belief that victims are somehow culpable for the violence. Within this context, practitioners are encouraged to understand risk as an outcome of individual decision-making processes rather than a product of structural conditions. Consequently, this perception encourages the erroneous belief that victims possess an inherent capacity for victimhood and that they are somehow responsible for their own abuse. The code, Victimhood as an Inherent Capacity, was most frequently mentioned by Crown Prosecutors (15 codes, seven participants) and police (13 codes, seven participants).

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Standardized risk assessment tools have also been criticized for their inability to accurately and effectively measure risk in intimate partner violence cases. Risk assessments are able to provide relatively accurate predictions of future intimate partner violence in situations where there is an established history of intimate partner violence within the relationship (Nicolaidais et al., 2003). However, in situations where no such history exists, risk assessments fail to provide accurate information about whether intimate partner violence recidivism will occur in the future. This failure also extends to situations where intimate partner violence incidents are not reported to the authorities. In these instances, risk assessments are largely incomplete in their survey of past violence, which, in turn, calls into question their predictive ability in relation to future violence (Walklate & Mythen, 2011). Risk assessments thereby do a poor job of considering the full spectrum of intimate partner violence and do not consider the fact that individuals who are not experiencing severe violence can still fall victim to domestic homicide (Nicolaidais et al., 2003). Risk assessments are also limited in their capacity to predict recidivism in cases of emotional and psychological abuse, including criminal harassment and coercive control (Myhill & Kohl, 2019). This is a significant limitation, both in terms of applicability to these types of cases but also because many service provision responses include some form of risk-based assessment. Practitioners noted the disconnect that existed between risk assessments and victim experiences; however, the coding frequency associated with this recognition was relatively minimal (total codes: five).

Regardless, the ability of these tools to predict risk in these very specific circumstances (i.e., situations where there is an established history of intimate partner violence) has led some service providers to believe that this predictive validity applies to all intimate partner violence situations, regardless of the circumstances (Nicolaidais et al., 2003). The assumption that all

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intimate partner violence attacks are predictable lends itself to the idea that all intimate partner violence incidents are preventable. However, as Carolyn Hoyle (2008) points out, this logic only holds true if the risk assessment yields accurate results. In turn, this perspective substantiates the idea that if victims are made aware of this risk level and refuse to take proactive steps to prevent the incident from happening, then they are somehow responsible for the violence inflicted upon them. In effect, victim responsabilization is bolstered by misinformed positivist understandings surrounding the predictive power of standardized risk assessment tools.

The understanding of intimate partner violence as a matter of pathology effectively translates into micro-level explanations of intimate partner violence and individual-level solutions as the default response to the issue. In other words, victims are expected to take action to address intimate partner violence with limited social supports. Practitioners recommended individual-level strategies that included staying in shelter, moving residences, changing the locks on their property, and installing a surveillance system. Absent from this risk-based approach is an awareness of the political and structural conditions that contribute to intimate partner violence and an acknowledgement of the ways in which systems fail victims. The shift from social welfare to neo-liberalism has exacerbated the infiltration of pathologizing and individualizing narratives within the anti-violence sector. Numerous anti-violence programs, educational initiatives, and resources have been eliminated through various cost-saving measures, creating an increasingly dire situation for intimate partner violence victims in the process (Brodie, 1995; Cohen, 1997; Rebick, 2005). The retraction of the welfare state has impacted other elements of the anti-violence sector, including a lack of coordination among systems and a shortage of trained professionals. However, these factors are not taken into consideration in the risk assessment process, despite the fact that they can elevate the risk of violence for victims. The

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centrality of victims and perpetrators in the risk assessment process—and considerations of risk, more broadly—contribute significantly to the state’s evasion of responsibility for the issue of intimate partner violence. Ultimately, the failure to provide adequate supports for victims constitutes a shift in responsibility from the state to society’s most vulnerable.

Empowerment versus Responsibilization

In its early days, the Violence Against Women Movement espoused a women-centred approach that viewed women as experts of their own lives (Dobash & Dobash, 1992; Schechter, 1982). Responses to intimate partner violence during this time focused on maximizing the options available to victims and allowing them autonomy in deciding how to move forward. In some of the participant responses, it is clear that empowerment remains an important part of intimate partner violence service provision today and is characterized by victim autonomy, self-determination, and a privileging of experiential knowledge. Themes related to empowerment were most commonly noted in narratives of shelter workers (93 codes, 11 participants) and victim services staff (58 codes, 12 participants). Nearly 80% of responses pertaining to victim empowerment came from shelter staff and victim services workers. Practitioners worked to develop practices that were inclusive, participatory, and respectful of victim decisions—even if they were contrary to professional standards and/or the results of a risk assessment. The narratives of shelter staff and victim services highlighted the efforts being made to develop service provision responses focussed on providing options to victims rather than dictating a specific course of action.

In the early days of the movement, women were also empowered through their participation in consciousness-raising groups where their experiences of violence were acknowledged and validated by other victims. Support groups for intimate partner violence

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victims remain an integral component of the anti-violence sector, particularly in shelters and victim services programs. The content of these groups varies—some groups focus on bringing victims together to share their experiences in a safe and supportive environment while others focus on educational programming modules. The presence of victim empowerment narratives within the practitioner transcripts was an encouraging indicator that elements of the Violence Against Women Movement continue to be a part of intimate partner violence service provision. However, the frequency of narratives related to empowerment were overshadowed by those pertaining to responsabilization. Empowerment was classified as a third level basic theme with a total coding frequency of 179 codes. Responsibilization, in contrast, was classified as a second level organizing theme with a total coding frequency of 504 codes—a number almost triple that of the coding frequency associated with Empowerment.

With the advent of neo-liberalism, it appears that a distinct shift in intimate partner violence service provision—from empowerment to responsabilization—has occurred via risk-based understandings of the issue. Considerable resources are spent incorporating risk assessments and other standardized tools into the anti-violence sector. Specifically, there are significant costs associated with training, compensation for staff attendance at these sessions, and resources associated with scoring risk assessments. This suggests that financial resources are being diverted into sterile risk-based mechanisms rather than victim-serving initiatives that consider experiential perspectives. This seems a questionable move given that the literature has identified the predictive validity of risk assessments to be comparable to victims' predictions of their own risk level (Harding & Helweg-Larsen, 2009; Heckert & Gondolf, 2004; Walklate & Mythen, 2011).

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Erroneous assumptions regarding victim responses to intimate partner violence and responsabilization were noted in the transcripts. Responsibilization centres around the idea that victims are answerable for the intimate partner violence they encounter and that the burden is on them to escape this violence (Grant, 2015; Salter et al., 2013). Victims are expected to make significant life changes (i.e., relocating, terminating relationships) in order to avoid future violence (Silverstein & Spark, 2007). In other words, intimate partner violence victims are responsabilized with reducing their own risk of violent victimization (Salter et al., 2013). Practitioners advised that risk assessments were often used to guide service delivery in intimate partner violence cases. The fourth organizing theme, Risk-Based Approaches to Intimate Partner Violence, was one of the most frequently coded in the research with a total of 469 codes (the majority of which were related to police). The results of the risk assessment often dictated a specific course of action for victims to follow. In the process, a logical connection is forged between risk factors and subsequent action. As such, some practitioners held the perception that victims who are consciously aware of these factors (and their predictive capacity) should be willing to take steps to address these risk factors. Peter Kelly (2001) deems this process the making of “neo-liberal projects of government” whereby the identification of vulnerable populations and their association with multiple risk factors constitutes state efforts to create prudential citizens (p. 23).

The recommendations resulting from risk assessments are based on the notion of a prudent and rational citizen in intimate partner violence situations. In other words, victims are responsible for preventing their own victimization and are “expected to work on themselves” (McDonald, 2005, p. 278). Seeking shelter, developing a safety plan in consultation with practitioners, and reporting intimate partner violence to police were just a few of the many

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courses of action that were routinely prescribed to victims based on the results of a risk assessment. As a result, identifying strategies to predict, avoid, and escape violence appear to be the primary focus of the intervention, with the bulk of the work in implementing these strategies falling on victims (Grant, 2015, Hoyle, 2008; Silverstein & Spark, 2007). If a victim deviated from these recommendations or chose not to follow them, they were perceived to be accountable for the violence they experienced.

Johnson (2010) characterizes risk assessments as defensive tools for practitioners and notes that the developers of the Danger Assessment view risk assessment as an “aid to sleeping well at night” (p. 257). In instances of escalating violence or domestic homicide, practitioners can avoid responsibility by citing the fact that a risk assessment was scored and that the appropriate check boxes were ticked. Practitioners can also refer to the fact that the victim was aware of the risk level (due to the risk assessment being scored) and the according safety plan—so any violence that comes upon the victim is due to their own failure to follow the recommended course of action. This practice shields practitioners in two ways: 1) it responsabilizes victims and tasks them with ensuring their own safety; and 2) it absolves practitioners of responsibility (i.e., irresponsibilizes practitioners) for any future harm that may come upon the victim. The obvious irony here is that practitioners are tasked with protecting victims, yet practitioners are the ones receiving protection via risk assessment tools.

Responsibilization was also noted in relation to children exposed to violence (total codes: 13). Practitioner narratives focussed on educating children on how to call for help and where to hide in instances of intimate partner violence in the home. The presumption that children can predict the risk of intimate partner violence and plan accordingly is embedded within

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assumptions centred on the notion of a prudent and rational citizen. This awareness is highly unlikely in most children, making this part of the institutional response highly troublesome.

It is also worth noting that the autonomy assigned to victims in ensuring the success of the intervention did not extend to planning what that intervention looked like. This support was contingent on victim action and motivation to make change, both of which were considered central to the success of the intervention (and without them the intervention would ultimately fail, according to practitioners). More often than not, victims were accorded the autonomy of ensuring the success of the intervention but were not involved in actually planning for the intervention. It seems as though they were being set up to fail with an imposed intervention (i.e., safety plan) that they were expected to execute.

The notion of the prudential citizen exists as a one-size-fits all concept where all intimate partner violence victims are perceived to be motivated to take action to prevent the violence in their lives (Johnson, 2010). However, the assumption does not take into consideration the diversity of intimate partner violence cases, victims, and perpetrators. Faulty logic especially exists around the concept of the prudent and rational citizen in instances where intimate partner violence victims do not leave their abusive partners and/or do not take any formative action to address the violence. Victims who have stayed in their abusive situation for extended periods of time may be perceived as complicit in the violence because they have been made aware of the risks present in the relationship (Meyer, 2016). In some instances, victims must demonstrate that they are taking the necessary steps to address the violence in order to be eligible to receive formal support services (Meyer, 2016). This contingency presents obvious barriers to victims who are deeply entrenched within the cycle of violence and are therefore not in an optimum position to address their situation as a “prudent citizen” might (Johnson, 2010). Expecting

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victims to predict and prevent intimate partner violence eases the burden on state responses to the issue. By responsabilizing victims, neo-liberalism effectively absolves the state (Liebenberg et al., 2015).

Meeting the Needs of Intimate Partner Violence Survivors: The Limits of Risk

The Engagement with the Neo-Liberal State

The Violence Against Women Movement had a definite women-centred approach that was informed by consciousness-raising, grassroots organizing, and research that was grounded in qualitative and standpoint epistemologies. Women whose intimate partners were violent toward them were positioned as “authorized knowers” (Snider, 2014, p. 325) and their experiential knowledge was considered fundamental in the efforts to address intimate partner violence. The goals of the movement were to provide supports to ensure women’s safety, challenge male violence by transforming societal understandings of intimate partner violence, ensuring a more effective criminal justice response, and ultimately emancipating women from oppressive social structures. With the advent of neo-liberalism and the proliferation of risk discourse, conceptualizations of intimate partner violence and responses to the issue have been significantly altered. Essentially, this re-focus has entailed the formalization of responses to intimate partner violence based on objective, positivistic, and professional ideals. Examples of this include the introduction of formal risk assessment tools, hiring of professionally trained and educated staff, and increased usage of the criminal justice system.

The retraction of the welfare state coupled with a decline in the state’s commitment to the citizenry have significantly impacted understandings of intimate partner violence and the service provision response to the issue. The anti-violence sector has witnessed significant funding cuts that have impacted the availability of support services (i.e., shelters, crisis lines, intimate partner

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violence programs) (Brodie, 1995; Cohen, 1997; Rebeck, 2005). Democratic spaces for feminist activism have become limited, effectively reducing opportunities to lobby the state for enhanced responses to intimate partner violence survivors. The collective focus of the welfare state has been replaced by more individualistic understandings of intimate partner violence.

Consequently, intimate partner violence survivors can no longer rely on the state for social supports and are instead responsabilized with ensuring their own safety within the context of an abusive relationship. Ultimately, the advent of neo-liberalism and the infiltration of risk discourse have overtaken the goals of the Violence Against Women Movement and have transformed responses to intimate partner violence survivors.

Co-optation of the Violence Against Women Movement

In its original form the Violence Against Women Movement existed as a women-centred, grassroots initiative focussed on empowering survivors through nuanced service provision responses. Eventually, however, feminists realized that additional resources were needed to sustain the work of the movement and turned to the state for funding to support the work of the movement (i.e., funding for shelters, education around the issue of violence against women, program development). This involvement, however, opened the way for the state to gain control over the issue. For example, state funding was dependent on the fulfillment of contractual obligations—many of which involved making compromises with feminist philosophy, including the framing of intimate partner violence in gender-neutral terms, formal training/education requirements for staff, and standardized service provision protocols. The state's alignment with risk discourse resulted in a concerted focus on positivist understandings of intimate partner violence and the infiltration of risk-based tools within the anti-violence sector. This transformation represented a significant departure from the original goals of the Violence

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Against Women Movement. Ultimately, engagement with the neo-liberal state served as a mechanism for the co-optation of the Violence Against Women Movement.

Is the Criminal Justice System an Ally in Combatting Violence Against Women?

An unfortunate by-product of the state's co-optation of the Violence Against Women Movement has been the appropriation of intimate partner violence by the criminal justice system. As a result, the criminal justice system appears to be the primary mechanism through which to address intimate partner violence—confirming cautions that feminists had expressed about engagement with the law (Currie, 1990; Snider, 1991). The process of giving power to the criminal justice system (via engagement with the system) resulted in increased state control over women's lives while simultaneously disempowering women and creating a reliance on the state for solutions to violence against women. Consequently, women are left with limited options for remedying intimate partner violence other than engaging with the criminal justice system.

Today, the criminal justice system features prominently in responses to intimate partner violence and is viewed as a primary mechanism for recourse in these cases. The criminal justice system's close alignment with risk discourse has the effect of oppressing survivors, appropriating their experiences of abuse, and restricting their control over the nature of the intervention—an approach opposite to those used within the Violence Against Women Movement that emphasized empowerment, autonomy, and self-determination. Practitioners across all four sectors (police: 38 codes, nine participants; Crown Prosecutors: 37 codes, eight participants; victim services: 35 codes, eight participants; shelter staff: six codes, four participants) discussed the negative impacts of involvement with the criminal justice system. For instance, participation in the court process was characterized as traumatic, anxiety inducing, and retraumatizing for victims. In some cases, involvement with the criminal justice system placed victims at risk of criminal

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charge and sanction—something contrary to the help and support that they likely were seeking at the time of their initial involvement and an obvious deterrent for victims in reaching out for formal supports in the future.

Some practitioners argued that the harms associated with participation in the criminal justice process were greater than not engaging with the system at all and questioned whether the criminal justice system was the best place to address intimate partner violence. Victim services workers (four codes, two participants) and shelter staff (one code, one participant) argued that the criminal justice system is limited in its ability to provide justice for victims and that the court process is a site for re-victimization where victims are forced to relive their traumas. The ability of protection orders (i.e., no-contact orders, EPOs) to ensure protection for victims was also called into question. Ultimately, the utility of the order is contingent on the perpetrator's compliance with the conditions and the willingness of authorities to enforce the order.

The use of KGB (a video-taped witness statement) coupled with the threat of criminal prosecution for non-compliance were used to force victims to participate in the court process. In these instances, the primary aim was to secure a conviction—not to proceed in the best interests of the victims. All of the Crown Prosecutors (eight participants) discussed a focus on court proceedings at the expense of the victim. Police (19 codes, six participants) and Crown Prosecutors (18 codes, seven participants) were cited most frequently in relation to taking professional action contrary to victims' wishes. This is attributable, in part, to the rigid and standardized nature of the criminal justice system. For example, the no-drop and zero-tolerance policies specifically delineate instances where police must lay charges in domestic incidents regardless of what the victim wants.

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Overall, the criminal justice system appeared to be deficient in its ability to remedy intimate partner violence and support victims in the process—an unreliable and inconsistent ally, at best. Practitioner criticisms of the system centred around the ways in which involvement in the process harmed victims by restricting their autonomy, forcing them to relive their trauma, and causing secondary victimization.

Gap Between Risk Assessment and Actionable Outcomes

The transcripts revealed a tendency for practitioners to focus on risk assessment at the expense of safety planning and other forms of intimate partner violence service provision. Organizing Theme 4: Risk-Based Approaches to Intimate Partner Violence was coded with significant frequency in relation to all four sectors (police: 175 codes, 13 participants; victim services: 126 codes, 12 participants; Crown Prosecutors: 117 codes, eight participants; shelter staff: 106 codes, 12 participants), indicating the emphasis placed on risk assessment within service provision responses. Practitioners also pointed out the lack of resources, policy, and training associated with safety planning. For instance, a dearth of safety planning tools was noted by practitioners, with some advising that they did not have access to these resources in their workplace. Several respondents expressed that the existing tools lacked rigour and were limited in their applicability to diverse intimate partner violence situations (i.e., 2SLGBTQ+ relationships). Several agencies had developed policy around the use of safety planning tools in service provision responses; however, an according tool for use in these situations was unavailable. In other instances, policy and direction associated with safety planning was lacking. Training related to safety planning was relatively limited—as compared to the availability of training for risk assessment—and many service providers pursued self-directed forms of learning to make up for this gap in training. These inadequacies were reported with relative consistency across the four sectors

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(shelter staff: 25 codes, 11 participants; police officers: 21 codes, 11 participants; victim service workers: 18 codes, 12 participants; Crown Prosecutors: five codes, eight participants).

Risk assessment appeared to be an area of focus in intimate partner violence service provision—made obvious in the amount of resources allocated to the process, the numerous training sessions practitioners attended, and the cementing of risk assessments in institutional protocols and procedures. Practitioners (regardless of sector) noted an abundance of training on risk assessment tools but a distinct lack of education around safety planning. It appears, therefore, the centrality of risk discourse within the anti-violence sector has crowded out other ways of supporting intimate partner violence victims, most notably, safety planning. Taken together, this focus represents a shift from service provision during the initial stages of the Violence Against Women Movement when safety planning was a primary consideration and was developed in direct consultation with victims (Dobash & Dobash, 1992).

In turn, the focus on risk assessment appears to have inhibited the development of safety planning tools required to address victim needs. The disconnect that exists here represents a significant breakdown in intimate partner violence service provision, one that exists almost entirely because of an adherence to risk-based ideology. The seemingly deliberate breakdown between risk assessment and actionable items calls into question the purpose of scoring the risk assessment in the first place. It seems as though risk assessments were being scored for purposes of prediction rather than prevention (Cattaneo & Chapman, 2011). In this way, risk assessments appear to be a superficial (and illusory) effort to address the violence—an indicator that something is being done in terms of service provision but ultimately an incomplete effort because the risk assessment results are not tied to actionable items (i.e., safety planning). For victims, the impact of the breakdown between various elements of service provision is

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significant, creating processes of responsabilization whereby victims are expected to act on the results of the risk assessment.

Is this Keeping Women Safe?

Intimate partner violence continues to be a persistent social issue. Official statistics indicate that intimate partner violence accounted for nearly one-third (30%) of police-reported violent crime in 2019 and that intimate partner violence is the most common form of violence experienced by Canadian women, accounting for 45% of all violence experienced by female victims that year (Conroy, 2021; Conroy et al., 2019). Such figures likely underestimate the prevalence of the violence given that most survivors do not report their experiences to the police. Nevertheless, rates of officially reported intimate partner violence in Canada have been steadily increasing over the past few years. Between 2014 and 2019 the number of police-reported intimate partner violence incidents increased by 14%, with the most significant yearly increase (6%) occurring in 2018 (Conroy, 2021). According to the CDHPVP (2019), 662 domestic homicides occurred in Canada between 2010 and 2018, with an average of 70 victims per year. Risk assessments were introduced to the anti-violence sector with the intention of combatting the issue of intimate partner violence by predicting and preventing future violence. Official rates of intimate partner violence and domestic homicide, however, have remained relatively stable over time despite the predominance of risk discourse within service provision responses.

The results of this study suggest that risk-based approaches are lacking in their ability to serve victims of intimate partner violence primarily because they often exist as context-free, standardized tools that can be incongruent with the lived experiences of victims. Based on a limited number of questions (i.e., ODARA: 13 questions; SARA: 20 questions) and a narrow examination of victim and perpetrator characteristics, risk assessments provide a score indicating

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a victim's level of risk. This score then determines the course of service provision and the supports made available to that victim. In some situations, however, these scores can potentially lead to misinformed ideas about the severity of the situation because they do not consider the full spectrum of victim experiences, the inherent flaws and weaknesses in social systems, and the other factors that contribute to intimate partner violence (outside of those included on the risk assessment tool). Consequently, the inaccuracy of risk assessment scores leads to the development of misaligned service provision responses, which can increase the risk level and have the potential to put victims in dangerous situations. This becomes particularly concerning in situations where a certain scoring threshold is associated with eligibility for support services.

Intimate partner violence risk assessments (i.e., ODARA, SARA, B-SAFER, DVSI, DVRAG, DA, and Summary of Domestic Violence Risk Factors) demonstrate a moderate predictive validity on average (Harding & Helweg-Larsen, 2009; Walklate & Mythen, 2011). Victim perceptions of risk have also been assessed as having a moderate predictive validity for future violence (Campbell et al., 2016). This is attributable to the victim's familiarity with the perpetrator and their awareness of red flags and indicators for future violence. Significant increases in predictive validity have been noted in instances where hybrid approaches are used (i.e., combination of risk assessment and victim perceptions), indicating the importance of victim participation in this process (Campbell et al., 2016; Campbell, 2004; Heckert & Gondolf, 2004).

The risk assessment process can be sterile. The set question-and-answer format does not allow for rapport-building in the same way that informal conversation does. As such, the use of risk assessments, particularly at the front end of service provision, can create a barrier to trust and relationship-building between practitioner and victim. This practice may diminish the quality of the intervention and negatively impact the victim's experience in accessing formal

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support services. In this respect, risk discourse can be seen to perpetuate disempowerment in a manner similar to the cycle of violence: it limits the victim's input into the process and decision-making power in relation to the intervention. Practitioners (Crown Prosecutors: 45 codes, eight participants; police: 38 codes, eight participants; shelter staff: 37 codes, 10 participants; victim services: 33 codes, 10 participants) from all four sectors noted elements of disempowerment in their professional practice. Most often, this disempowerment occurred through the restriction of victim choice and autonomy and a privilege of professional knowledge and decision-making.

Concluding Remarks

Neo-liberalism and the turn to risk discourse have transformed intimate partner violence service provision responses that were developed by the Violence Against Women Movement. Victim-centred approaches and experiential knowledge have been overtaken by professional understandings of the issue. This professionalization has resulted in the proliferation of risk-based approaches that privilege professional knowledge over experiential perspectives on the issue and the introduction of education/training requirements associated with employment in the anti-violence sector.

Standardization—characterized by myriad protocols, policies, and procedures that delineate specific action in specific circumstances—has also featured prominently in intimate partner violence service provision responses. What is lost in this rigidity is a fulsome consideration of the social context, structural conditions, and the diversity and intersectionality in intimate partner violence experiences. Instead, it appears that intimate partner violence is perceived to be a product of personal pathology and, in turn, a matter to be rectified on an individual level. The retraction of the welfare state and the resulting funding cuts have decreased

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the number of available supports to survivors. In turn, the diminished state commitment to the citizenry represents a distinct shift in responsibility from the state to survivors.

The current risk-based framework for addressing intimate partner violence possesses several limitations in terms of its ability to meet the needs of intimate partner violence survivors. These limitations are made obvious in the persistence of intimate partner violence and domestic homicide rates even after the introduction of risk-based tools. Criticisms of risk assessment tools were a common theme within the practitioner narratives. Risk assessments were regarded as standardized, context-free tools that were incomplete in their consideration of intimate partner violence and, in some instances, inept at predicting future violence. Practitioners also identified a gap between risk assessments and actionable outcomes, which, in turn, detracted from the overall productivity of the service provision response. An overreliance on the criminal justice system to remedy intimate partner violence was also evident.

Conclusion

I began this dissertation by telling the story of Amy, a woman I came to know when I was working as a domestic violence counsellor. Tragically, Amy ended up being killed by her partner. Amy's story provided the impetus for conducting this study. Her story compelled me to consider where things went wrong, to interrogate the prevailing understandings and approaches to intimate partner violence, and to seek solutions to better address intimate partner violence and domestic homicide.

The societal response to intimate partner violence has shifted over time as the original goals of the Violence Against Women Movement—to break the silence and provide supports to keep women safe and, ultimately, prevent the violence—have been overtaken by the predominance of risk discourse, with its focus on professionalization, standardization, and responsabilization. I witnessed the predominance of risk within the anti-violence sector in my own employment as a domestic violence service worker and a crisis counsellor. Although my positions afforded a degree of flexibility in determining how I worked with survivors, including maximizing survivor choice, relationship-building, and ensuring women's safety, this autonomy was restricted since I was required by various protocols, policies, and procedures to follow a prescribed course of action. For example, I was responsible for scoring court-ordered risk assessments with survivors—even if they were not interested in being part of the court process. The results of these assessments were then used to inform bail proceedings and decisions surrounding the amendment and/or removal of protective conditions. Ultimately, my work was constrained by these processes.

Despite my limited power or autonomy working within these agencies, I still tried to resist the turn to risk in several ways. I avoided scoring risk assessments (unless they were

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court-ordered), instead opting to use survivor-centred approaches and unstructured assessments wherever possible. I was critical of the introduction of standardized institutional processes, checklists, and mandates and openly questioned their applicability to our work and their usefulness in keeping women safe. These acts of resistance represented an effort to challenge the dominant risk-based framework at an individual level.

As my study has found, other service providers (primarily shelter staff and victim services workers) have also endeavoured to resist this turn to risk. Nevertheless, accompanying the advent of neo-liberalism, with its focus on individualization and responsabilization, risk assessment and risk management have become pervasive in this area of service provision, creating the conditions that actually put women (and their children) at greater risk. In this concluding chapter, I consider the persistence of risk, the seemingly overdetermining nature of neo-liberalism, and the potential for resisting the turn to risk and finding a way forward that would enhance the societal response to intimate partner violence so that what happened to Amy does not befall other women.

The Persistence of Risk

My research confirmed that risk has indeed come to predominate in the societal responses to intimate partner violence. The coding frequency in the global theme, Manifestations of Neo-Liberalism and Risk Discourse (1770 codes), was nearly double that of any other global theme, suggesting that the original goals of the Violence Against Women Movement have been overtaken by risk-focussed approaches to intimate partner violence.

The overwhelming frequency with which practitioners referred to codes pertaining to risk discourse is indicative of the proliferation of risk-based responses within the four sectors. Risk assessment guided daily intimate partner violence service provision responses and was perceived

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to be the “gold standard” in working with intimate partner violence victims. These responses were most commonly noted in the narratives of police officers, victim services, and Crown Prosecutors, indicating a distinct and concerted focus on standardization, actuarial tools, and positivist ways of understanding social issues. Shelter staff also prescribed to the risk discourse ideal, although this occurred to a lesser degree than in the other three sectors.

Police (615 codes, 13 participants) were cited most often in relation to this global theme, Manifestations of Neo-Liberalism and Risk Discourse, and were also the most commonly coded sector in relation to each of the four associated organizing themes (Responsibilization, Professionalization, Standardization, and Risk-Based Approaches to Intimate Partner Violence). Responsibilization was the third most frequently coded organizing theme in the research and came together based on practitioner narratives pertaining to individualized intimate partner violence interventions (i.e., install surveillance equipment, stay in shelter, change the locks). Victims were expected to act on the recommendations provided by service providers—even if they did not possess the necessary resources, financial or otherwise, to do so.

Police officers are the gatekeepers of the criminal justice system. For victims who connect with the police first, their interactions will be characterized by the risk-based responses that are so deeply embedded within policing. However, each of the sectors (shelter, victim services, police, Crown Prosecutors) are interconnected and work together in a coordinated and deliberate manner. For example, a victim in a crisis situation may call the police for assistance. Charges are laid and a victim services worker is called in to assist. The victim indicates that they are unsafe and arrangements are made for them to stay in shelter. Meanwhile, the criminal charge proceeds through the criminal justice system, initiating the involvement of the Crown Prosecutor for purposes of criminal court proceedings. As such, it is not as simple a matter as

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identifying whether risk discourse is more pronounced in one sector than another. Of course, it is helpful to note where the discourse is more prevalent but still important to be mindful of the ways in which risk discourse bleeds into each sector. In this way, risk discourse serves as a fluid concept given its ability to invade and impact various points of the victim support continuum simply by virtue of their interconnectedness.

In overtaking the goals of the Violence Against Women Movement, risk discourse has transformed service provision responses from women-centred, empowering approaches to positivist (i.e., quantitative, actuarial) service delivery models. The use and application of risk assessments in the day-to-day work of practitioners was discussed extensively by participants, with more than 75% of practitioners identifying that risk assessment was a central element of their professional practice (10 police, 10 victim services workers, 10 shelter workers, and five Crown Prosecutors). The practitioner narratives revealed several reasons for the prominence of risk assessments within the anti-violence sector, including: an association with scientific activity; their function as an accountability measure; an ability to save time and money; and the promise of predicting (and ultimately preventing) violence. Risk assessments, therefore, have become an enduring component of intimate partner violence service provision responses.

Risk assessments are based on positivist understandings of intimate partner violence and are usually embedded within quantitative conceptualizations of the issue. These factors accord risk assessments scientific status. This association with “scientific activity” accords a legitimacy to risk assessments, leading some to accept their merits unwittingly (Walklate, 1999, p. 48). Risk assessments also serve an important function as an accountability measure for practitioners. In many instances, risk assessments are scored as part of a standardized intimate partner violence protocol—one of several items to be “checked off” before the file can be closed. In situations

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where the intimate partner violence escalated or resulted in a domestic homicide, practitioners were able to reference the fact that the protocol had been followed and the risk assessment had been scored. In turn, these measures absolved them (and their agency) of any responsibility for the outcome. The irresponsibilization of practitioners in these instances translates into the responsabilization of intimate partner violence survivors, meaning that those who deviate beyond the parameters of rigid intimate partner violence service provision responses are perceived to be accountable for the violence they encounter.

The tacit acceptance of positivist risk-based tools works to discount experiential understandings of intimate partner violence, classifying survivor perceptions of risk as second-rate to professional perspectives on the issue that are substantiated by actuarial tools. Consequently, risk assessments become tools for “managing” and manipulating the social world, particularly in cases of intimate partner violence (Walklate, 1999, p. 48). Intimate partner violence survivors are sorted according to risk level (rather than their specific needs) and assigned resources accordingly. Standardized risk assessments provide an apparatus for practitioners to triage the needs of intimate partner violence survivors and streamline the service provision process.

The popularity of risk assessments also endures because these tools are recognized for their ability to save time and money (Feely & Simon, 1992; Garland, 2001; O’Malley, 1992). These factors are important to decision-makers (i.e., CEOs, Executive Directors, managers) working under budget and staffing constraints resulting from the retraction of the welfare state. These neo-liberal by-products substantiate one another, leading to an almost cyclical reinforcement of risk discourse—budget cuts occur, forcing community agencies to incorporate risk assessment tools into their practice in order to save time and money. However, in

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prioritizing the saving of time and money, the personal connection, survivor-centred approaches, and tailored service provision responses are ultimately lost.

Risk assessments also hold the promise of being able to predict and ultimately prevent violence—a tempting goal for those working in the area of violence prevention (Hoyle, 2008). However, the optimism surrounding the promise of these tools is likely something that clouds professional judgement, leading to limited service provision options based exclusively on standardized risk assessments. In turn, these narrow tools lead to narrow safety planning and risk management recommendations. The restriction of the full complement of decision-making options is ultimately to the detriment of the survivor, who has been largely excluded from the process.

Is Neo-Liberalism Overdetermining?

Some of the fundamental tenets of the Violence Against Women Movement persist today, including grassroots organizing, experiential knowledge, and survivor-centred mandates. Additionally, the more tangible outputs of the Violence Against Women Movement (i.e., shelters, crisis lines) remain today and serve intimate partner violence survivors in an important way. Community service providers detailed their efforts to preserve these aspects, including lobbying efforts and awareness-raising campaigns. Apparent in these responses was a resistance to the encroachment of risk discourse into victim-centred approaches to addressing intimate partner violence. However, these elements were less frequent in relation to risk-based approaches. The coding frequency for Global Theme 2: Remnants of Violence Against Women Movement (953 codes) is more than 700 codes smaller than the coding frequency for Global Theme 1: Manifestations of Neo-Liberalism and Risk Discourse (1770 codes). Elements of the Violence Against Women Movement were noted primarily within the service provision

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responses of shelter workers (382 codes, 12 participants) and victim services staff (267 codes, 12 participants) and to a lesser extent in the narratives of police (162 codes, 13 participants) and Crown Prosecutors (142 codes, eight participants).

The increasing professionalization of various elements of intimate partner violence service provision was obvious in the narratives of practitioners. Professionalization was an effective mechanism for discounting all other forms of knowledge (including experiential knowledge) in favour of positivist, quantitative, and standardization ways of knowing. The impact of this professionalization was significant. For one, it effectively crowded out victim perceptions of intimate partner violence and, in doing so, disempowered victims. For another, it prevented potential staff with experiential knowledge from applying for positions within the anti-violence sector. Within the neo-liberal context, intimate partner violence service provision responses have become increasingly standardized and focussed primarily on policy, protocols, and procedures—a significant departure from the survivor-centred approaches during the earlier period of the Violence Against Women Movement. The rigidity that exists in relation to standardization conflates diversity and difference in intimate partner violence experiences, leading to inadequate service provision for victims.

The coding frequency associated with the Manifestations of Neo-Liberalism and Risk Discourse is indicative of the predominance of neo-liberal principles and risk-based approaches within the anti-violence sector today. The consequences of neo-liberalism and the shift to risk discourse are significant and amount to a failure to support intimate partner violence survivors. In addition to being inadequate in their reach, these positivist approaches are harmful to survivors by negating the value of their lived experiences and their perceptions of their situation. While the shift to risk discourse may have commenced with the idea that it would be in the best

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interests of intimate partner violence survivors, what has played out on the ground is something that stands in direct opposition to one of the original goals of the Violence Against Women Movement: protecting survivors. Rather, it appears that risk discourse is a self-sustaining practice that perpetuates itself through the development and use of new risk assessment tools. In the process, there is little regard for how these tools actually work (or do not work) for intimate partner violence survivors.

The second global theme, Remnants of the Violence Against Women Movement, came together based on two organizing themes: Characteristics of the Violence Against Women Movement and Resisting Discourse. Resistance to risk discourse was expressed most often by victim services staff (26 codes, five participants) and shelter staff (26 codes, nine participants)—a theme rarely identified in the transcripts of police officers (nine codes, five participants) and Crown Prosecutors (two codes, two participants). De-professionalization, de-standardization, and moving away from risk-focused approaches were three themes associated with disengagement with risk discourse.

Shelter workers and victim services staff expressed frustration around education/training requirements for intimate partner violence service provision positions, arguing that experiential knowledge was more important than formal training in some instances. Professionalization ultimately detracted from the central tenets of service provision that were developed by the Violence Against Women Movement. Experiential staff were pushed out in favour of those with formal education and training and, in the process, relatability, victim-centred initiatives, and empathetic perspectives were replaced with standardized understandings of intimate partner violence, checklists, and risk classification. These responses lacked the nuanced understanding of previous approaches and worked to negatively impact intimate partner violence victims.

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Therefore, a negative relationship exists between the over-professionalization of service provision responses and the quality of care provided whereby increasing professionalization diminishes the effectiveness of the intervention. In response, shelter staff and victim services workers actively resisted the professionalization of the anti-violence sector by challenging education and training requirements associated with service provision positions. Instead, they advocated for more inclusive conceptualizations of knowledge that go beyond standardized, measured conceptualizations of the matter.

This de-professionalization was coupled with de-standardization. Practitioners expressed a resistance to standardized templates, checklists, and protocols. Numerous criticisms of risk assessment were noted in the transcripts, including an inability to predict violence (and protect victims) and a lack of confidence in the productiveness of actuarial tools. Several practitioners (shelter workers: 10 codes, seven participants; victim services: three codes, three participants) advised that the structured nature of these tools left out important contextual information that could potentially be central to the effectiveness of the intervention. Service providers challenged this standardization by adopting an intersectional approach that recognized the ways in various systems of oppression (capitalism, patriarchy, settler colonialism) contoured experiences of intimate partner violence. The recognition of the ways in which intersecting oppressions mediate experiences of intimate partner violence subsequently informed the development of tailored service provision responses that considered the diversity of victims' situations and the unique needs associated with each. As a result, these practitioners have shifted away from rigid tools toward unstructured, victim-centred conversations of risk—an approach reflecting the goals of the Violence Against Women Movement. One of the primary manifestations of neo-liberalism and risk discourse was through the use of standardized tools and assessments in intimate partner

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violence service provision. The refusal of practitioners to use these tools in their service provision practice represents a concerted effort to challenge the predominance of risk-based approaches in the anti-violence sector.

Resisting Risk Discourse

The findings of this research indicate that characteristics of the Violence Against Women Movement are still present in modern service provision responses. Themes related to empowerment, victim-centred approaches, breaking the silence around intimate partner violence, and grassroots initiatives were commonly referenced by shelter staff and victim services workers. Support services—including shelters, crisis lines, and consciousness-raising/support groups—that were developed during the earlier time of the Violence Against Women Movement remain steadfast elements of the anti-violence sector today. Resistance to risk discourse—disengagement with risk discourse, acts of resistance, and critical perspectives on risk assessment—was also noted in the practitioner narratives. Together, these organizing themes (Characteristics of the Violence Against Women Movement and Resistance to Risk Discourse) comprise the overarching Global Theme 2: Remnants of the Violence Against Women Movement. The overall coding tally associated with this global theme was significant (953 codes) and was dominated by shelter staff (382 codes, 12 participants) and victim services workers (273 codes, 12 participants). The frequency of these themes is a promising indicator for the resurgence of feminist approaches within the anti-violence sector. Parts of the original infrastructure (i.e., shelters, consciousness-raising/support groups) also still exist and could potentially be mobilized in support of the cause.

It makes sense that these victim services workers and shelter staff have advocated for the central tenets of the Violence Against Women Movement to remain a part of their work, given

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that these agencies were an essential driving force for change within the movement. However, the transcripts revealed that community agencies (shelters, victim services) were forced to adapt to increasingly professionalized standards in order to meet the demands of funders and to comply with partnership mandates centred on the notion of risk. Rather than staying true to tried and tested approaches to working with intimate partner violence victims, community agencies adopted increasingly positivist, risk-based mechanisms to address intimate partner violence. Ultimately, the processes associated with neo-liberalism and the infiltration of risk discourse—including responsibilization, standardization, professionalization, and pathologizing narratives—present significant challenges to the reinvigoration of a feminist approach to addressing intimate partner violence.

Risk appears to be a persistent, impermeable entity—certainly, within this research, risk discourse featured more prominently than the central tenets of the Violence Against Women Movement. Additionally, elements related to neo-liberalism—including responsibilization, standardization, and professionalization—were among the most frequently coded in the research, indicating the centrality of neo-liberal ideals within the anti-violence sector. The potential for a reinvigoration of the feminist approach exists. However, the overdetermining nature of neo-liberalism and the persistence of risk discourse are formidable barriers to the resurgence of a feminist approach within the anti-violence sector.

Finding a Way Forward

This study examined how responses to intimate partner violence survivors have changed since the advent of the Violence Against Women Movement, concluding that the shift to neo-liberalism and risk discourse has ultimately been to the detriment of women whose partners are violent toward them. The potential failures of risk-based approaches are seen in the relatively

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stable rates of intimate partner violence and domestic homicide over the past several decades.

The limits of risk—including a failure to keep women and their children safe—call into question the usefulness of risk-based frameworks within the anti-violence sector.

Alternative approaches, including a reinvigoration of the approaches of the Violence Against Women Movement, offer a way forward. Strategies that locate survivors at the centre of the intervention and focus on maximizing women's autonomy and self-determination are essential pre-requisites to empowerment. These approaches would increase survivor participation in the service provision process, providing them with the opportunity for input throughout the process. Survivor-driven strategies are also advantageous because they balance the power differential that often exists in practitioner-client relationships by giving equal consideration to both experiential and professional knowledge. Part of this work involves meeting survivors where they are at and acknowledging that outcomes will vary depending on what the survivor is seeking. In other words, what works for one survivor may not be appropriate for another. Service providers must engage with survivors in a fulsome manner throughout the entirety of the intervention to ensure a comprehensive and nuanced understanding of the complexities of their experiences and the barriers that exist in relation to help-seeking. This involvement provides the best chance for the development of solutions that truly address the needs of women and their children. As such, survivor consultation must be a mandatory component of the anti-violence sector—one that is clearly outlined in protocols and procedural manuals related service provision responses. Service provider efforts should also focus on maximizing choice and autonomy, providing resources, and offering supports to survivors rather than pushing a prescribed course of action.

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Experiential knowledge and survivor perceptions of risk should be the primary sources of information considered when structuring an intervention. Unstructured professional judgement and informal risk assessment are two strategies that incorporate experiential knowledge in a conversation-based format. Informal conversation allows for a more expansive consideration of the survivor's experiences (as compared to the rigidly defined parameters of intimate partner violence risk assessments), including their perceptions of the violence and the context surrounding the incident. Such an approach would require change within the protocols of anti-violence agencies. This would involve the removal of requirements for risk assessments to be scored at specific points in the intervention (if at all), the development of flexibility around the nature and extent of service provision responses, and the introduction of informal methods (i.e., conversation-based approaches) to assess survivor needs. Acknowledging the social context in which intimate partner violence occurs is paramount. It is imperative that an intersectional lens be used to understand the ways in which race, class, and gender intersect to mediate experiences of intimate partner violence and the impact this has on survivor perceptions of their risk. As such, agencies should formally adopt an anti-oppressive intersectional framework to guide their work with intimate partner violence survivors. The use of an intersectional lens would enhance existing service provision responses by considering the diversity of intimate partner violence experiences, the unique needs of survivors, and the barriers that exist in relation to accessing supports.

Stable funding for social programs and grassroots initiatives, including consciousness-raising/support groups and shelters, would increase the availability of safe spaces for survivors to share their stories and receive support throughout their experiences of intimate partner violence. Many non-profit, non-government agencies rely on contract-based funding to support their work.

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However, the restrictions that exist around this type of funding (i.e., limited time period and amount of money) present challenges to the long-term operations of these organizations in terms of program availability and staffing. As such, there is a need for an expressed commitment from the state—in the form of consistent core funding—to ensure the ongoing availability of comprehensive supports for intimate partner violence survivors.

Power to address intimate partner violence should remain at the local level of community-based organizations and advocates rather than concentrated within the criminal justice system. Intimate partner violence initiatives should be developed in consultation with survivors and frontline workers to ensure that the solutions generated fit the lived realities of intimate partner violence and meet the needs of women whose partners are violent toward them. As such, efforts to address intimate partner violence should avoid an explicit focus on the criminal justice system as a means of recourse and should instead consider a full spectrum of initiatives designed to support survivors.

Future research on risk and intimate partner violence should explore survivor perceptions of risk assessment and the viability of alternatives to actuarial tools. Many studies (see: Graham et al., 2019; Hilton & Harris, 2005)—including this one—focus on the nature of risk assessments and their use in service provision responses. However, there is a lack of research on how survivors experience the risk assessment process and their perceptions regarding the use of these tools. Inquiry in this area could potentially provide important information about the benefits/detriments of scoring actuarial tools with survivors and the overall impact of risk-based approaches on the quality of service provision responses (i.e., does the risk assessment process disempower survivors?). An intersectional analysis may offer a clearer picture of the limitations of risk assessments in addressing the diversity that exists in intimate partner violence cases and

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could potentially offer some direction on addressing this gap. Ultimately, this research could offer a way forward in terms of developing service provision responses that fit the unique needs of intimate partner violence survivors.

This study noted a predominance of risk-based approaches in the anti-violence sector. In many instances, risk assessment was the first component of service provision responses and seemed to be the default mechanism for determining how to proceed with an intervention. As such, an exploration of alternatives to risk-based tools—namely, survivor-centred approaches that emphasize autonomy, self-determination, and choice—could offer a different method for working with intimate partner violence survivors. A comprehensive review of service provision models, both past and present, could identify alternative options for responding to survivors and provide information on the viability of these approaches within the current context of the anti-violence sector.

While the Violence Against Women Movement made great strides in its endeavour to break the silence around intimate partner violence and provide supports that would keep women safe, the original goals of the movement have been overtaken by neo-liberalism and the turn to risk. Neo-liberalism is a pervasive rationality that has wide-reaching impacts in myriad areas, the effects of which are particularly detrimental in relation to social issues such as violence against women. Ultimately, transformative change requires addressing the oppressive systems (capitalism, patriarchy, settler colonialism) that are at the root of this social issue—systems that neo-liberalism bolsters rather than dismantles. Nevertheless, neo-liberalism may appear to be overdetermining in its reach, but that is not to say that this rationality cannot be unsettled by the continuing efforts at making change that are at the heart of the Violence Against Women Movement. While the feminist movement must continue in its evolution, feminists must

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reimagine elements of the Violence Against Women Movement that were effective in raising awareness around the issue and addressing the needs of survivors. Grassroots initiatives and knowledge that centre the lived experiences of diverse women, boots on the ground advocacy, participatory approaches, and community-led initiatives are necessary components in addressing the issue of violence against women—and keeping women safe.

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Appendix A: University of Manitoba Research Ethics Board Protocol Approval



**University
of Manitoba**

Research Ethics and Compliance

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PROTOCOL APPROVAL

To: **Renée Hoffart** (Advisor: **Elizabeth Comack**)
Principal Investigator

From: **Jonathan Marotta, Chair**
Psychology/Sociology Research Ethics Board (PSREB)

Re: **Protocol # P2020:121 (HS24472)**
**Keeping Women Safe? Assessing the Impact of Risk Discourse on
the Societal Response to Intimate Partner Violence**

Effective: November 26, 2020 **Expiry:** November 26, 2021

Psychology/Sociology Research Ethics Board (PSREB) has reviewed and approved the above research. PSREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

- i. Approval is granted for the research and purposes described in the application only.
- ii. Any modification to the research or research materials must be submitted to PSREB for approval before implementation.
- iii. Any deviations to the research or adverse events must be submitted to PSREB as soon as possible.
- iv. This approval is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
- v. A Study Closure form must be submitted to PSREB when the research is complete or terminated.
- vi. The University of Manitoba may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba Ethics of Research Involving Humans.

Funded Protocols: Please e-mail a copy of this Approval, identifying the related UM Project Number, to the Research Grants Officer at ResearchGrants@umanitoba.ca

Appendix B: CDHPiVP Key Informant Interview Guide

Canadian Domestic Homicide
Prevention Initiative



Interview Questions

1. Where is your agency located (clarify name of town, city, and province)?
2. Which sector do you work in? (e.g., VAW, family law, police, victim services, health, education, settlement services)
3. Job title (if given)
4. What does your role entail?
5. How much of your work /percentage of clients involves direct contact with victims or perpetrators of dv?
6. How long has it been that you have recognized that the concerns of victims and perpetrators are a part of your role?

Risk Assessment

Risk Assessment: an evaluation of the level of risk a victim of domestic violence may be facing including the likelihood of repeated or lethal violence. It may be based on a professional's judgment based on their experience in the field and/or a structured interview and/or an assessment tool/instrument that may include a checklist of risk factors.

7. Do you have any feedback on this definition of risk assessment? For example, is this a definition that you would use in the context of your work?
8. In your role, do you conduct risk assessments as we described? YES NO
If no, who does?
If yes,
 - a) Do you use your professional judgement in risk assessment?
 - b) Do you use a structured interview?
If yes, please describe the structured interview.
 - c) Do you use a structured tool/instrument?
If yes, what tool(s) do you use?
 - d) Did you receive training on this tool(s)? Choose an item.
If yes, who conducted the training?
How many trainings did you receive? (e.g., refresher training)
9. Is conducting a risk assessment mandatory or optional in your organization/role? (e.g., only done when charges are laid)
10. If someone is deemed to be high risk, what happens next in terms of information sharing and intervention?

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11. Are there any written documents/directives (e.g., policies, protocols) that guide risk assessment within your organization?
12. Are the victim's perceptions of safety considered in the risk assessment?
13. If children are present, is there an automatic referral to child protection? (do they get involved or just file report)
14. Are children included in the risk assessment?
15. Do you collaborate with other organizations when assessing risk?
If yes, which ones?

Risk Management

Risk Management: strategies to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision and/or counselling to address the violence and/or related issues (e.g., mental health, addictions).

16. Do you have any feedback on this definition of risk management? For example, is this a definition that you would use in the context of your work?
17. In your role, do you conduct risk management as we described?
If no, who does?
If yes,
 - a) what are the strategies you use?
 - b) Did you receive training in risk management?Can you tell me about the training you've received regarding risk management?
If yes, who conducted the training?
How many trainings did you receive? (e.g., refresher training)
18. Are children included/considered in the risk management strategy?
19. Are there any written documents/directives (e.g., policies, protocols) that guide risk management within your organization?
20. Do you collaborate with other organizations regarding risk management? Choose an item.
If yes, which ones?

Safety Planning

Safety Planning: finding strategies to protect the victim that may include such actions as educating victims about their level of risk, a change in residence, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave the home in an emergency including contact information about local domestic violence resources.

21. Do you have any feedback on this definition of safety planning? For example, is this a definition that you would use in the context of your work?
22. In your role, do you provide safety plans for victims?
If no, who does?
If yes,
 - c) what are the strategies you use?
 - d) Did you receive training on safety planning?If yes, who conducted the training?

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How many trainings did you receive? (e.g., refresher training)

23. Are there any written documents/directives (e.g., policies, protocols) that guide safety planning within your organization?
24. Are children included in the safety plan?
25. Do you collaborate with other organizations regarding safety planning?
If yes, which ones?

Unique Challenges for Vulnerable Populations

26. Do you work with individuals who fit into one or more of the following groups?
 - a) Indigenous people
 - b) immigrants and refugees
 - c) rural, Northern, and remote communities
 - d) children exposed to domestic violence

If yes, how do you become involved with these clients? (referral; community outreach; voluntary; mandatory)

- a) What are the challenges dealing with domestic violence within these particular populations?
- b) What are some unique risk factors for lethality among these populations?
- c) What are some helpful promising practices? (Including specific risk assessment tools, risk management and safety planning strategies that address vulnerabilities)
- d) In your work with women/victims or perpetrators of domestic violence, do you consider their social positions or other factors that may work together to increase their vulnerability or risk particularly when conducting risk assessment, risk management, and/or safety planning? (e.g., Indigenous women living in Northern Canada, Immigrant children, Indigenous children, children living in rural/remote communities, perpetrators living in rural/remote communities).

Appendix C: List of Acronyms

B-SAFER	Brief Spousal Assault Form for the Evaluation of Risk
CCP	Court Challenges Program
CDHPVP	Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations
CEV	Children exposed to violence
CRIAW	Canadian Research Institute for the Advancement of Women
DA	Danger Assessment
DOJ	Department of Justice
DRAP	Deficit Reduction Action Plan
DVAT	Domestic Violence Action Team
DVRAG	Domestic Violence Risk Appraisal Guide
DVRM	Domestic Violence Risk Management
DVSI	Domestic Violence Screening Instrument
EPO	Emergency Protection Order
FVI	Family Violence Initiative
FVIR	Family Violence Information Report
GPS	Global Positioning System
GSS	General Social Survey
I-TRAC	Integrated Threat and Risk Assessment Centre
LIP	Local Initiatives Programming
NAWL	National Association of Women and the Law
NWAC	Native Women's Association of Canada
ODARA	Ontario Domestic Assault Risk Assessment
RCMP	Royal Canadian Mounted Police
SAM	Stalking Assessment and Management
SARA	Spousal Assault Risk Assessment
SWC	Status of Women Canada
VAWS	Violence Against Women Survey
VWAP	Victim/Witness Assistance Program
VAWIR	Violence Against Women in Relationships

Appendix D: Coding Frequency Chart

Global Theme 1: Manifestations of Neo-Liberalism and Risk Discourse	
Total	1770

Organizing Theme 1: Responsibilization	
Appropriation—Victim	27
Clinical Intervention & Clinicalization	58
Condescension	117
Criminalizing Victims	9
De-Personalization	5
Devaluation of Experiential Knowledge	24
Privilege of Professional Knowledge	60
Regarding Victimhood as an Inherent Capacity	43
Responsibilization—Perpetrator	2
Responsibilization—Victim	86
Responsibilization—Children Exposed to Violence	13
Risk Assessment and Safety Planning - Children	36
Superficial Attempts to Consider Victim Perceptions	11
Victim Blaming	17
Total	504

Organizing Theme 2: Professionalization	
Academic Research	11
Administrative Approach to Intimate Partner Violence	66
Bureaucratic and Jurisdictional Issues	10
Evidence-Based Best Practices	2
Oversight	12
Privilege of Academic/Professional Training	27
Process and Procedure	86
Risk Assessment—Development of New Tools	3
Risk Assessment—Training and Education	26
Training—Basics of Intimate Partner Violence	10
Training—Other	18
Total	271

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Organizing Theme 3: Standardization	
Credibility and Legitimacy	72
De-Gendering Intimate Partner Violence	4
Deference to Actuarial Tools	54
Guidelines/Requirements to Ensure Consistency in Response to Intimate Partner Violence	122
Homogeneity in Service Responses	12
Intimate Partner Violence—Terminology	1
Domestic Violence Directives	7
Legislation	3
Professional Responsibility—Risk Assessment	18
Professional Responsibility—Risk Management	12
Professional Responsibility—Safety Planning	25
Quantification	68
Risk Assessment—Terminology	8
Risk Assessment—Tools	51
Scores/Scoring	10
Total	467

Organizing Theme 4: Risk-Based Approaches to Intimate Partner Violence	
Categorization	87
Collecting Information—Restriction of Personal Liberty	17
Connection Between Risk Assessment and Actionable Items	7
Criminalization and Pro-Arrest	79
Monitoring	39
Preventative Measures	4
Risk Assessment—Frequency	52
Risk Assessment Determining Support Availability	20
Risk Assessment Guiding Criminal Justice System Proceedings	37
Risk Assessment Guiding Risk Management	11
Risk Assessment Guiding Safety Planning	27
Risk Factors	81
Risk Prediction	39
Risk-Focussed Approaches	21
Security	3
Total	524

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Global Theme 2: Remnants of the Violence Against Women Movement	
Total	953

Organizing Theme 5: Characteristics of the Violence Against Women Movement	
Advocacy	22
Autonomy	49
Consciousness-Raising	14
Consideration of Social Context and Intersectionality	30
Crisis Response	15
Cultural Sensitivity in Service Provision	83
Education on Intimate Partner Violence	29
In-Person Meetings and Communication	18
Participatory Approach	4
Privilege of Experiential Knowledge	35
Professional Approach Based on Experiential Knowledge	25
Raising Awareness	10
Relationship-Building and Rapport	91
Self-Determination	29
Service Provider with Intimate Partner Violence Experience	4
Silence Around Intimate Partner Violence and Breaking the Silence	33
Specialized Intimate Partner Violence Services and Programs	24
Victim Choice	26
Victim Perceptions of Risk	55
Victim Voice in the Courts	3
Victim-Focussed Initiatives	71
Tailored Service Provision Responses	87
Thoughtful Collaboration	82
Unstructured Professional Judgement and Informal Risk Assessment	61
Total	900

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Organizing Theme 6: Resisting Risk Discourse	
De-Professionalization	2
De-Standardization	16
Do Not Use Formal Risk Assessment	5
Moving Away from Risk-Focussed Approaches to Intimate Partner Violence	5
Risk Assessment—Critique	7
Risk Assessment—Hesitancy to Use	8
Risk Assessment—Need for Improvement	10
Total	53

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Global Theme 3: Impact of Neo-Liberalism Risk Discourse	
Total	751

Organizing Theme 7: Deficiencies in Service Provision	
Barriers to Accessing Supports	38
Disconnect between Risk Assessment and Actionable Items	5
Failure to Protect Victims	23
Incongruency between Risk Assessment and Victim Experiences	5
Incongruency between Service Provision and Vulnerable Population	2
Insensitivity to Victims	28
Isolation	26
Lack of Personal Connection in Service Delivery	2
Lack of Services and Overburdened Programs	83
Lack of Transparency in Service Provision	2
Mistrust of Authority	77
Racism	10
Surface-Level Collaboration	47
Working in Silos	13
Total	361

Organizing Theme 8: Systems Causing Victim Harm	
Conflict between Family and Criminal Courts	4
Courts Creating Hardships for Victims	15
Courts Retraumatizing Victims	6
Focus on Court Proceedings at the Expense of Victims	46
Professional Action Contrary to Victim Wishes	63
Professional Pressure for Victim to Take Action	22
Restriction of Victim Choice and Autonomy	59
Support Contingent on Survivor Action	9
Victim—Mechanism in the Court Process	9
Victim Barriers to Participating in the Courts	10
Victim Hesitancy to Become Involved in the Court Process	26
Total	269

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Organizing Theme 9: Gaps Related to Risk Management and Safety Planning	
Lack of Policy around Risk Management	26
Lack of Policy around Safety Planning	20
Lack of Training—General	2
Lack of Training—Risk Management	22
Lack of Training—Safety Planning	24
Risk Management—Lack of Tools	2
Safety Planning—Lack of Tools	25
Total	121

Appendix E: Coding Frequency Chart – Breakdown by Sector

	Victim Services	Shelter	Police	Crown
Global Theme 1: Manifestations of Neo-Liberalism and Risk Discourse	426	388	617	353

	Victim Services	Shelter	Police	Crown
Organizing Theme 1: Responsibilization	123	150	158	91
Prudent and Rational Citizen	44	46	36	11
Responsibilization—Victim	27	26	27	6
Responsibilization—Children Exposed to Violence	4	6	2	1
Responsibilization—Perpetrator	2	0	0	0
Risk Assessment and Safety Planning—Children	11	14	7	4
Paternalism	51	67	78	43
Appropriation - Victim	9	3	7	8
Condescension	21	40	36	20
Devaluation of Experiential Knowledge	4	8	11	1
Privilege of Professional Knowledge	16	14	19	11
Superficial Attempts to Consider Victim Perceptions	1	2	5	3
Pathologizing Narratives	24	36	42	30
Victim Blaming	5	5	4	3
Regarding Victimhood as an Inherent Capacity	7	8	13	15
Criminalizing Victims	2	2	3	2
De-Personalization	2	0	3	0
Clinical Intervention and Clinicalization	8	21	19	10

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	Victim Services	Shelter	Police	Crown
Organizing Theme 2: Professionalization	69	52	104	46
Professional Initiatives Toward Intimate Partner Violence	4	5	3	4
Academic Research	3	5	2	1
Risk Assessment—Development of New Tools	1	0	1	1
Evidence-Based Best Practices	0	0	0	2
Training	24	20	26	11
Privilege of Academic/Professional Training	8	5	9	5
Risk Assessment—Training and Education	10	8	8	0
Training—Basics of Intimate Partner Violence	3	0	5	2
Training—Other	3	7	4	4
Managerialism	41	27	75	31
Administrative Approach to Intimate Partner Violence	16	6	35	9
Process and Procedure	22	19	24	21
Oversight	1	2	8	1
Bureaucratic and Jurisdictional Issues	2	0	8	0

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	Victim Services	Shelter	Police	Crown
Organizing Theme 3: Standardization	108	80	180	99
Positivism	47	42	73	21
Deference to Actuarial Tools	16	11	21	6
Quantification	16	14	32	6
Risk Assessment - Tools	13	14	15	9
Scores/Scoring	2	3	5	0
Accountability to Management	54	37	94	76
Credibility and Legitimacy	14	14	31	13
Guidelines/Requirements to Ensure Consistency in Response to Intimate Partner Violence	29	21	42	30
Homogeneity in Service Responses	1	0	6	5
Professional Responsibility—Risk Assessment	4	2	2	10
Professional Responsibility—Risk Management	4	0	4	4
Professional Responsibility—Safety Planning	2	0	9	14
The Problematization of Intimate Partner Violence	4	1	6	2
De-Gendering Intimate Partner Violence	1	0	2	1
Intimate Partner Violence—Terminology	0	1	0	0
Risk Assessment—Terminology	3	0	4	1
Policy Constructions of Intimate Partner Violence	3	0	7	0
Domestic Violence Directives	2	0	5	0
Legislation	1	0	2	0

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	Victim Services	Shelter	Police	Crown
Organizing Theme 4: Risk-Based Approaches to Intimate Partner Violence	126	106	175	117
Risk Classification	81	64	75	41
Categorization	26	18	30	13
Risk Assessment—Frequency	14	19	14	5
Risk Assessment Determining Support Availability	12	5	3	0
Risk Factors	21	16	23	21
Risk-Focussed Approaches	8	6	5	2
Surveillance	13	6	23	17
Collecting Information—Restriction of Personal Liberty	1	0	7	9
Monitoring	10	6	16	7
Security	2	0	0	1
Crime Control Strategies	15	22	60	25
Criminalization and Pro-Arrest	9	11	42	17
Preventative Measures	0	0	1	3
Risk Prediction	6	11	17	5
Risk Assessment Dictates Course of Action	17	14	17	34
Connection between Risk Assessment and Actionable Items	2	2	2	1
Risk Assessment Guiding Criminal Justice System Proceedings	5	1	6	25
Risk Assessment Guiding Risk Management	1	1	1	8
Risk Assessment Guiding Safety Planning	9	10	8	0

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	Victim Services	Shelter	Police	Crown
Global Theme 2: Remnants of the Violence Against Women Movement	267	383	162	142

	Victim Services	Shelter	Police	Crown
Organizing Theme 5: Characteristics of the Violence Against Women Movement	247	359	154	140
Empowerment of Victims	58	93	17	11
Advocacy	11	9	2	0
Autonomy	13	28	7	1
Consciousness-Raising	5	8	1	0
Participatory Approach	2	2	0	0
Privilege of Experiential Knowledge	12	11	4	8
Self-Determination	9	16	3	1
Victim Choice	6	19	0	1
Victim-Centred Approaches	110	173	67	58
Cultural Sensitivity in Service Provision	23	31	15	14
In-Person Meetings and Communication	4	9	5	0
Relationship-Building and Rapport	26	34	20	11
Victim Perceptions of Risk	19	20	5	11
Victim Voice in the Courts	2	0	1	0
Victim-Focussed Initiatives	19	39	3	10
Tailored Service Provision Responses	17	40	18	12
Grassroots Initiatives and Knowledge	35	43	19	32
Crisis Response	5	8	2	0
Professional Approach Based on Experiential Knowledge	3	17	0	5
Service Provider with Intimate Partner Violence Experience	0	4	0	0
Specialized Intimate Partner Violence Services and Programs	6	1	6	11
Unstructured Professional Judgement and Informal Risk Assessment	21	13	11	16
Central Tenets of the Violence Against Women Movement	44	50	51	39
Consideration of Social Context and Intersectionality	2	11	4	13
Education on Intimate Partner Violence	6	8	11	4
Raising Awareness	2	3	5	0

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Silence around Intimate Partner Violence and Breaking the Silence	9	9	7	8
Thoughtful Collaboration	25	19	24	14

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	Victim Services	Shelter	Police	Crown
Organizing Theme 6: Resisting Risk Discourse	20	23	8	2
Disengagement with Risk Discourse	7	13	2	1
De-Professionalization	0	2	0	0
De-Standardization	3	10	2	1
Moving Away from Risk-Focussed Approaches to Intimate Partner Violence	4	1	0	0
Critical Perspectives on Risk Assessment	13	10	6	1
Do Not Use Formal Risk Assessment	3	2	0	0
Risk Assessment—Critique	4	0	3	0
Risk Assessment—Hesitancy to Use	4	4	0	0
Risk Assessment—Need for Improvement	2	4	3	1

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	Victim Services	Shelter	Police	Crown
Global Theme 3: Impact of Neo-Liberalism and Risk Discourse	210	167	207	167

	Victim Services	Shelter	Police	Crown
Organizing Theme 7: Deficiencies in Service Provision	113	87	96	65
Systemic Failures	54	39	28	23
Barriers to Accessing Supports	19	10	4	5
Failure to Protect Victims	8	6	5	4
Lack of Services and Overburdened Programs	27	23	19	14
Inadequate Response to Victims	31	35	45	32
Insensitivity to Victims	2	8	10	8
Isolation	6	6	6	8
Lack of Personal Connection in Service Delivery	1	0	1	0
Mistrust of Authority	20	15	27	15
Racism	2	6	1	1
Lack of Collaboration and Information Sharing	24	12	20	6
Lack of Transparency in Service Delivery	1	0	1	0
Surface-Level Collaboration	18	12	13	4
Working in Silos	5	0	6	2
Incongruencies	4	1	3	4
Disconnect between Risk Assessment and Actionable Items	0	0	1	4
Incongruency between Risk Assessment and Victim Experiences	3	0	2	0
Incongruency between Service Provision and Vulnerable Population	1	1	0	0

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	Victim Services	Shelter	Police	Crown
Organizing Theme 8: Systems Causing Victim Harm	68	43	76	82
Disempowerment	33	37	38	45
Professional Action Contrary to Victim Wishes	12	14	19	18
Professional Pressure for the Victim to Take Action	3	10	5	4
Restriction of Survivor Choice and Autonomy	13	13	11	22
Support Contingent on Victim Action	5	0	3	1
Courts Mistreating Survivors	35	6	38	37
Conflict Between Family and Criminal Court	0	1	1	2
Courts Creating Hardships for Victims	8	0	7	0
Courts Retraumatizing Victims	4	1	1	0
Focus on Court Proceedings at the Expense of Victims	14	0	12	20
Victims—Mechanism in the Court Process	2	0	5	2
Victim Barriers to Participating in the Courts	1	0	2	7
Victim Hesitancy to Become Involve in the Courts	6	4	10	6

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	Victim Services	Shelter	Police	Crown
Organizing Theme 9: Gaps Related to Risk Management and Safety Planning	29	37	35	20
Lack of Resources/Tools	11	7	8	1
Risk Management—Lack of Tools	1	0	0	1
Safety Planning—Lack of Tools	10	7	8	0
Lack of Policy	7	13	13	13
Lack of Policy around Risk Management	4	6	7	9
Lack of Policy around Safety Planning	3	7	6	4
Lack of Training	11	17	14	6
Lack of Training—General	1	1	0	0
Lack of Training—Risk Management	5	5	7	5
Lack of Training—Safety Planning	5	11	7	1

Appendix F: Coding Frequency Chart – Breakdown by Participant

Global Theme 1: Manifestations of Neo-Liberalism and Risk Discourse

	Victim Services	Shelter	Police	Crown
Organizing Theme 1: Responsibilization	12	12	13	8
Prudent and Rational Citizen	12	12	13	6
Responsibilization—Victim	9	11	9	4
Responsibilization—Children Exposed to Violence	4	7	2	1
Responsibilization—Perpetrator	0	0	0	2
Risk Assessment and Safety Planning—Children	7	9	5	4
Paternalism	11	12	13	8
Appropriation—Victim	6	2	6	6
Condescension	12	10	11	7
Devaluation of Experiential Knowledge	3	5	7	1
Privilege of Professional Knowledge	10	9	10	6
Superficial Attempts to Consider Victim Perceptions	1	2	4	2
Pathologizing Narratives	10	11	12	8
Victim Blaming	3	3	3	2
Regarding Victimhood as an Inherent Capacity	6	5	7	7
Criminalizing Victims	2	1	2	1
De-Personalization	1	0	2	0
Clinical Intervention and Clinicalization	7	12	10	5

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	Victim Services	Shelter	Police	Crown
Organizing Theme 2: Professionalization	12	12	13	8
Professional Initiatives Toward Intimate Partner Violence	2	4	2	3
Academic Research	2	3	1	1
Risk Assessment—Development of New Tools	1	0	1	1
Evidence-Based Best Practices	0	0	0	2
Training	11	8	9	6
Privilege of Academic/Professional Training	4	3	4	4
Risk Assessment—Training and Education	8	7	8	0
Training—Basics of Intimate Partner Violence	3	0	4	1
Training—Other	2	4	3	3
Managerialism	9	8	12	8
Administrative Approach to Intimate Partner Violence	8	3	11	5
Bureaucratic and Jurisdictional Issues	1	0	1	0
Oversight	1	1	3	1
Process and Procedure	7	7	7	7

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	Victim Services	Shelter	Police	Crown
Organizing Theme 3: Standardization	12	12	12	8
Positivism	11	11	11	6
Deference to Actuarial Tools	7	6	7	4
Quantification	9	8	10	3
Risk Assessment - Tools	10	10	10	5
Scores/Scoring	2	3	4	0
Accountability to Management	11	10	12	8
Credibility and Legitimacy	4	8	9	6
Guidelines/Requirements to Ensure Consistency in Response to Intimate Partner Violence	10	10	10	7
Homogeneity in Service Responses	1	0	4	3
Professional Responsibility—Risk Assessment	4	2	2	6
Professional Responsibility—Risk Management	2	0	4	3
Professional Responsibility—Safety Planning	4	2	2	6
The Problematization of Intimate Partner Violence	4	1	5	2
De-Gendering Intimate Partner Violence	1	0	2	1
Intimate Partner Violence—Terminology	0	1	0	0
Risk Assessment—Terminology	3	0	4	1
Policy Constructions of Intimate Partner Violence	0	2	7	0
Domestic Violence Directives	1	0	5	0
Legislation	1	0	2	0

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	Victim Services	Shelter	Police	Crown
Organizing Theme 4: Risk-Based Approaches to Intimate Partner Violence	12	12	13	8
Risk Classification	12	12	13	8
Categorization	11	9	11	6
Risk Assessment—Frequency	11	11	11	4
Risk Assessment Determining Support Availability	4	4	3	0
Risk Factors	11	8	11	7
Risk-Focussed Approaches	5	5	4	2
Surveillance	7	4	9	6
Collecting Information—Restriction of Personal Liberty	1	0	4	6
Monitoring	7	4	7	5
Security	2	0	0	1
Crime Control Strategies	9	10	11	8
Criminalization and Pro-Arrest	6	8	10	8
Preventative Measures	0	0	1	3
Risk Prediction	6	5	8	3
Risk Assessment Dictates Course of Action	9	8	10	8
Connection between Risk Assessment and Actionable Items	2	2	2	1
Risk Assessment Guiding Criminal Justice System Proceedings	3	1	4	7
Risk Assessment Guiding Risk Management	1	1	1	5
Risk Assessment Guiding Safety Planning	7	5	4	0

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Global Theme 2: Remnants of the Violence Against Women Movement

	Victim Services	Shelter	Police	Crown
Organizing Theme 5: Characteristics of the Violence Against Women Movement	12	12	13	8
Empowerment of Victims	12	11	8	6
Advocacy	5	4	1	0
Autonomy	8	10	4	1
Consciousness-Raising	3	6	1	0
Participatory Approach	2	2	0	0
Privilege of Experiential Knowledge	8	5	4	6
Self-Determination	6	6	2	1
Survivor Choice	5	10	0	1
Victim-Centred Approaches	12	12	13	8
Cultural Sensitivity in Service Provision	8	9	9	6
In-Person Meetings and Communication	3	4	3	0
Relationship-Building and Rapport	11	11	10	5
Victim Perceptions of Risk	12	10	5	7
Victim Voice in the Courts	2	0	1	0
Victim-Focussed Initiatives	9	10	2	6
Tailored Service Provision Responses	9	12	11	6
Grassroots Initiatives and Knowledge	12	10	9	8
Crisis Response	3	5	1	0
Professional Approach Based on Experiential Knowledge	3	6	0	3
Service Provider with Intimate Partner Violence Experience	0	3	0	0
Specialized Intimate Partner Violence Services and Programs	2	1	5	6
Unstructured Professional Judgement and Informal Risk Assessment	11	8	6	7
Central Tenets of the Violence Against Women Movement	12	12	12	8
Consideration of Social Context and Intersectionality	2	7	3	7
Education on Intimate Partner Violence	5	4	3	3
Raising Awareness	2	1	3	0
Silence around Intimate Partner Violence and Breaking the Silence	6	5	5	4
Thoughtful Collaboration	12	11	10	6

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	Victim Services	Shelter	Police	Crown
Organizing Theme 6: Resisting Risk Discourse	5	10	5	2
Disengagement with Risk Discourse	2	9	2	1
De-Professionalization	0	2	0	0
De-Standardization	3	7	2	1
Moving Away from Risk-Focussed Approaches to Intimate Partner Violence	1	1	0	0
Critical Perspectives on Risk Assessment	4	6	4	1
Do Not Use Formal Risk Assessment	2	2	0	0
Risk Assessment—Critique	2	0	1	0
Risk Assessment—Hesitancy to Use	2	3	0	0
Risk Assessment—Need for Improvement	1	3	3	1

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Global Theme 3: Impact of Neo-Liberalism and Risk Discourse

	Victim Services	Shelter	Police	Crown
Organizing Theme 7: Deficiencies in Service Provision	12	11	13	8
Systemic Failures	12	10	8	7
Barriers to Accessing Supports	8	7	3	5
Failure to Protect Victims	5	3	2	3
Lack of Services and Overburdened Programs	12	8	8	4
Inadequate Response to Victims	12	8	13	8
Insensitivity to Victims	2	2	6	6
Isolation	5	4	5	6
Lack of Personal Connection in Service Delivery	1	0	1	0
Mistrust of Authority	9	9	9	6
Racism	1	1	1	1
Lack of Collaboration and Information Sharing	12	6	9	5
Lack of Transparency in Service Delivery	1	0	1	0
Surface-Level Collaboration	8	6	7	3
Working in Silos	4	0	4	2
Incongruencies	2	1	2	3
Disconnect between Risk Assessment and Actionable Items	0	0	1	3
Incongruency between Risk Assessment and Victim Experiences	1	0	1	0
Incongruency between Service Provision and Vulnerable Population	1	1	0	0

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	Victim Services	Shelter	Police	Crown
Organizing Theme 8: Systems Causing Victim Harm	11	10	9	8
Disempowerment	10	10	8	8
Professional Action Contrary to Victim Wishes	5	7	6	7
Professional Pressure for the Victim to Take Action	3	6	4	3
Restriction of Victim Choice and Autonomy	7	5	6	8
Support Contingent on Victim Action	4	0	2	1
Courts Mistreating Victims	8	4	9	8
Conflict Between Family and Criminal Court	0	1	1	2
Courts Creating Hardships for Victims	4	0	3	0
Courts Retraumatizing Victims	2	1	1	0
Focus on Court Proceedings at the Expense of Victims	6	0	6	8
Victim—Mechanism in the Court Process	1	0	2	1
Victim Barriers to Participating in the Courts	1	0	1	4
Victim Hesitancy to Become Involve in the Courts	3	2	6	2

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	Victim Services	Shelter	Police	Crown
Organizing Theme 9: Gaps Related to Risk Management and Safety Planning	12	11	11	8
Lack of Resources/Tools	8	4	5	1
Risk Management—Lack of Tools	1	0	0	1
Safety Planning—Lack of Tools	8	5	5	0
Lack of Policy	6	6	9	8
Lack of Policy around Risk Management	4	6	7	8
Lack of Policy around Safety Planning	3	6	6	3
Lack of Training	9	9	9	3
Lack of Training—General	1	1	0	0
Lack of Training—Risk Management	5	4	6	5
Lack of Training—Safety Planning	5	10	7	1