LEST WE FORGET
This edition of the Information Forum is in honour of the 14 women who were murdered for being women in Montreal in 1989. The painful lesson that we as a society must learn from this horrific massacre is that violence against women affects everyone in our society – neither the problem nor the solutions are private matters.

THE MINISTER’S ADVISORY COUNCIL – VIOLENCE AGAINST WOMEN INITIATIVES
The Minister’s Advisory Council on Women’s Health (MAC) selected violence against women as one of its priority areas for the 1998/99 fiscal year. This project will include an examination of how the BC health care system currently responds to violence and a review of “best practices” in British Columbia and other jurisdictions. Once the review is complete, the Council will make recommendations to the Minister of Health and Minister Responsible for Seniors, Honourable Penny Priddy, on ways that the BC health care system could be changed to address more effectively violence against women.

CONFERENCE ON VIOLENCE AGAINST WOMEN
On October 3, 1998, the MAC held a conference in Kamloops entitled – Towards an Agenda for Change: Strengthening the Response of the Health System to Violence Against Women in British Columbia. Local women working for organizations which address this issue were invited to attend and to present “best practices” from the Kamloops community.

Keynote Speakers
Marcia Hills, the chair of the MAC, opened the conference by naming violence against women as a health care issue. Ms Hills explained that the effects of violence go beyond the immediate physical effects of assault. For example:
- women who are sexually assaulted are approximately five times more likely than other to have a nervous break down, six times more likely to attempt suicide, and eight times more likely to commit suicide or to die prematurely;
- battered women suffer depression, isolation, physical injury, reduced life options, and sometime death by homicide or suicide; and,
- in families where women experience violence, there is evidence of prescription overuse, alcohol misuse, and child abuse.

Ms Hills pointed out that this is a health system issue and that “in the chain of resources for women who experience violence, the health care system is the weakest link”.

The Minister of Health and Minister Responsible for Seniors, Honourable Penny Priddy, then shared her views on the health care system’s response to
violence. Although Minister Priddy acknowledged that some important changes have already occurred, she identified some underlying changes that the health care system has yet to make. She emphasised that we as a society “must accept that violence is wrong” and acknowledge violence as a cause of injury and disease and illness... to make the health care system put women ahead of medicine, to label the violence and the pain and suffering it causes, to give health care providers the tools they need to identify and respond to violence and to provide women with the services that will suit them best.” Ms Priddy’s vision is for our health care system to be compassionate and responsive to women who have experienced violence. However, we all have a responsibility to offer help and support and to ensure that we promote non-violence in both ourselves and our children.

Valerie Mitchell, Deputy Minister of the Ministry of Women’s Equality (MWE), speaking on behalf of the Honourable Sue Hammell, identified a number of initiatives that the Ministry has undertaken to address the issue of violence against women. This Ministry has been instrumental in furthering the understanding of this issue through research and education as well as by advocating for services to women who have experienced violence. For example, MWE funded a ground-breaking project which examined the cost of violence to the taxpayers of BC. It was conservatively estimated at $385 million annually (not including health, legal costs, and the cost of intergenerational effects). The Ministry has also been focusing on preventing violence against women by addressing attitudes, beliefs, and systems that allow violence to continue. The Safer Future for BC Women program is the foundation of the Ministry’s prevention framework.

**Morning Working Sessions**

After the keynote speakers, the participants broke into working groups on three different themes: prevention, early intervention, and treatment and support. Each group was asked to answer the same two questions:

- What is working well in your community?
- What more could be done on a local, regional, or provincial level to improve the response of the health system to violence against women?

Box 1 summarises the key issues raised in each group.

**Afternoon Workshops**

The afternoon consisted of four small-group workshops. Participants had the option of attending two. The purposes of the workshops were to provide a networking opportunity for participants, to deepen the understanding of the issues around violence against women, and to gather information about “best practices”. The four workshop topics were:

- Violence from the Perspective of Diverse Women
- From Crisis to Healing in a Violent Society
- How Health Care Systems Are Addressing the Epidemic
- Mental Health System Response

**EXAMPLES OF ‘BEST PRACTICES’**

**BC Women’s Capital Health Centre programs**

The Sexual Assault Service and Domestic Abuse Response Program at BC Women’s Hospital and Health Centre are two programs which have the goal of supporting the development of sustainable health system-based health responses for assaulted women. The programs are designed to ensure that any woman who is physically and/or sexually assaulted can access sensitive and informed health care in her own community. Program staff are currently working with several communities to develop services and are providing training to health care workers. This organization is also conducting a survey of medical facilities across BC to determine the current status of hospital-based domestic violence programs.

**WomanKind**

WomanKind is a hospital-based, non-profit program in Minneapolis. It is staffed primarily by volunteers who provide immediate, on-going support and
referrals to women who come in to the hospital and have been abused. The program also provides education, training, and support to emergency department staff as well as a network of health professionals, social workers, and advocates working in the area of violence against women. The program has been implemented in three emergency rooms in the Minneapolis area and has received much positive feedback.

Prevention
A Canadian Red Cross program in Kamloops and Invermere provides training to volunteers to speak to high school students about healthy and unhealthy relationships. A proposal has been submitted to expand the program to elementary students. More services, however, are needed to support and counsel students who disclose violence after such presentations.

The Capital Health Region has formed a Violence Committee to address women’s violence-related health issues.

Early Intervention
The Capital Health Region has a new program where women in emergency rooms are screened for violence. Other communities are considering adopting this approach. Training and continuing education for health care providers and police were identified as areas which could be improved.

It was felt that such programs should use a common approach and should aim to dispel myths about women and abuse.

Treatment and Support
Participants mentioned many programs and initiatives in communities throughout the Thompson region which were working well (e.g. Kamloops Mental Health After Hours Response Team, Crisis Line, Transition House, Nicola Family Therapy, Vernon Perinatal Program, and Elle, an employability program for women who have experienced violence). Several provincial BC Women’s Hospital and Health Centre programs were also commended (e.g. Sexual Assault Program, Sexual Assault Nurse Examiner Training, the BC Women’s assessment tool). Most of the needs that participants identified focused on continuing education and health care providers’ need for access to resources.

News and Events
The BC Women’s Hospital and Health Centre is offering a Sexual Assault Nurse Examiner training session in January. Program staff have organized a three-day provincial conference on sexual assault, child abuse, and domestic violence for March 1999.

New Bubble Zone Legislation
On October 27, 1998, a “bubble zone” under the Access to Abortion Services Act was set up around two areas of Vancouver General Hospital to prevent violence before it occurs. Access to emergency services is not affected by the zone.