2017/18 ESTIMATES NOTE Restorative Justice

Suggested Response:

- This government is committed to increasing the use of restorative justice programs.

- Restorative justice approaches help victims with closure, ensuring they are heard and have greater opportunities for participation in the justice system. Restorative justice also makes offenders more accountable for their actions and helps them take responsibility and make amends.

- The province currently supports 50 community-based restorative justice programs. Jointly with the federal government, the province also funds indigenous justice programs, which may include restorative approaches, in 34 communities.

s.13

Background:

Community Accountability Programs

- Since 1998, the ministry has supported community-based, volunteer-driven restorative justice programs through the Community Accountability Program (CAP). There are currently 50 CAP programs which accept approximately 1,700 referrals annually, primarily police referred less serious crime such as mischief and theft.

- Some CAP programs take on offences referred by Crown counsel. The BC Prosecution Service supports the use of restorative justice programs in appropriate cases. This includes the use of restorative justice programs in alternative measures or extrajudicial sanctions and sentencing.

- CAP groups are eligible for annual funding of $2,500 to support volunteer training and administrative expenses. CAPs have various capacity levels with some programs using municipal funding to provide more complex and extensive RJ services. In addition, since 2008 over $900,000 in Civil Forfeiture Grant funding has been provided to support specialized victim-sensitive restorative justice training and development projects.

Indigenous Justice Programs

- In partnership with the federal government and Aboriginal communities and organizations, the Province funds the Indigenous Justice Programs (IJP) in 34 communities. IJPs are community-driven and use traditional Indigenous justice approaches that are holistic and restorative.

- IJPs offer a range of services including court diversion, community support and supervision, substance abuse management and respectful relationships programs, and supporting re-integration after a custodial sentence.

- The IJP is funded with s.16 and $1.7 million from the province and is delivered by contracted Aboriginal service providers.

Youth restorative justice

- The Ministry of Children and Family Development has eight conferencing specialist positions across the province to conduct community conferences involving victims and offenders. When a conference is not an option, conferencing specialists may also engage young offenders in restorative justice projects in order to facilitate an understanding of the impacts of their offending behaviour. Many youth probation officers have received training in victim-offender mediation and every area of the province has restorative justice champions who will use restorative approaches in their work with youth.

Referrals to Restorative Justice from the RCMP

- The RCMP supports restorative justice in B.C. as the largest source of referrals to community restorative justice programs in the province. They have recently released policy requiring every RCMP detachment to have a designated Restorative Justice Liaison Officer.

Other

- While not mandated to deal with victim-offender issues, the Dispute Resolution Office in the Ministry of Attorney General uses mediation and other alternative dispute resolution opportunities on family law (e.g. Child Protection Mediation Program) and civil law (e.g. mediation in Small Claims Court and the Civil Resolution Tribunal).

- The Conservation Officer Service has developed a Community Environmental Justice Forum model which utilizes restorative justice practices for addressing environmental offences. The process invites the individuals or communities harmed by the offence to be directly involved in determining appropriate resolution.

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5 Years of Restorative Justice in the Ministry of PSSG

Guiding theme: "Restorative Justice as a service for victims"

Key Initiatives toward making restorative Justice an accessible, viable and appealing service for victims In BC

2016/17

- Recent ongoing community-government projects that are receiving national and international attention:
  - ***"Recommended Principles and Standards for Restorative Justice in Criminal Matters"***.
  - ***"RJ-VS Collaboration Guide".***
  - ***The Zehr Institute Project*** *(BC is only Canadian partner)*
  - ***Initial steering committee for a Provincial Restorative Justice Organization.***

2014/15

- A provincial symposium brought together key stakeholders in RJ and PBVS to explore stronger collaboration.
- CFO Streams focused on enhancing Victim-Sensitive Practice in Restorative Justice for 2014, 2015, 2016

Scattered grassroots enthusiasm for restorative justice is resulting in strategic action and better service for victims through strong community-government collaboration

2012/13

- A provincial training offered in 5 geographic areas to train restorative justice groups in better service delivery for victims through restorative justice processes;

More bridges built between the sectors

Policy Changes:

CAP Contracts amended to allow for more complex cases

2012

- A joint 1-day workshop for RJ and PBVS focusing on working with trauma;

Barriers for collaboration revealed

Resources Developed

- **Walking the Talk: Developing Ethics Frameworks for the Practice of RJ**

2011

- A symposium bringing together Lower Mainland Victim Services Organizations and Restorative Justice Agencies;

More mutual training opportunities desired

Resources Developed

- **Help Starts Here**
- **"Crime Prevention Series"**

Related government Mandate Papers

Blue Ribbon Crime Reduction

Recommendation: Make greater use of restorative justice.

White Paper on Justice Reform, Part Two

Commitment: The RJ Committee is exploring opportunities for restorative justice within existing resources, and government intends to expand the use of restorative justice as additional funding becomes available. (p.15)

Cowper Report

Recommendation:

A province-wide plan for diversion, including restorative justice, should be developed to include education, quality assurance and control, performance measures, reporting, and evaluation. (pg. 94 and repeated on p. 157)

Cliff: 512302
Date Prepared: September 2, 2015
Date Decision Required: October 2, 2015

MINISTRY OF JUSTICE
COMMUNITY SAFETY AND CRIME PREVENTION
BRIEFING NOTE

PURPOSE: For DECISION by Suzanne Anton, Attorney General and Minister of Justice

ISSUE: Request for proclamation of Restorative Justice Week 2015

DECISION REQUIRED/ RECOMMENDATION:

That the Province issues the proclamation of Restorative Justice Week, 2015 (see Appendix).

SUMMARY:

- The Ministry supports the delivery of community-based restorative justice approaches to crime through the Community Accountability Program (CAP) and by providing information, support and resources to community programs; there are currently over 50 CAP programs in operation across the province.
- The proclamation of Restorative Justice Week provides provincial recognition of restorative justice and is well-received by CAP groups and communities.
- The proclamation will be made on or around November 15, 2015.
- Victim Services and Crime Prevention will distribute the proclamation and a calendar of events occurring during the week electronically to stakeholders and also post this information on the Ministry website.

BACKGROUND:

- Restorative Justice Week has been held annually since 1996 and is hosted federally by Correctional Service Canada. This year it falls on November 15-22, 2015 with the theme "Inspiring Innovation".
- Restorative Justice Week reflects on the value that restorative justice supports our country and provinces in their efforts to build safer communities. Agencies and individuals in British Columbia have been recognized nationally for their pioneering efforts in restorative justice during this week.
- British Columbia proclaimed Restorative Justice Week for the first time in 2009.
- Restorative justice continues to advance in our province. A number of activities have been supported to improve relationships between restorative justice and victim service programs, provide restorative justice programs with further training, and enhance services to victims through restorative justice approaches/processes.

DECISION APPROVED / NOT APPROVED **DATE:**

_____ _____

Suzanne Anton
Attorney General and Minister of Justice

Prepared by:
Steve Lauer
Coordinator, Stakeholder Relations
Community Safety and Crime Prevention
604-660-5690

Approved by:
Taryn Walsh
A/Assistant Deputy Minister
Community Safety and Crime Prevention
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Appendix:
Draft Proclamation of Restorative Justice Week

APPENDIX

Draft Proclamation of Restorative Justice Week (suggested wording)

WHEREAS, in the face of crime or conflict, restorative justice offers a philosophy and approach that views these matters principally as harm done to people and relationships, and

WHEREAS restorative justice approaches strive to provide support and opportunities for the voluntary participation and communication between those affected by crime and conflict (victims, offenders, community) to encourage accountability, reparation and a movement towards understanding, feelings of satisfaction, healing and closure, and

WHEREAS the government recognizes the value that restorative justice provides our province in building safer communities, and

WHEREAS many communities in British Columbia have embraced restorative justice approaches to address the harm caused by crime, violence and victimization, and

WHEREAS this year's theme for Restorative Justice Week is "Inspiring Innovation", it is an opportunity to learn, educate and celebrate along with other communities across the country about restorative justice during the week.

NOW KNOW YE THAT We do by these presents proclaim and declare that November 15 to 22, 2015, inclusive, shall be known as

"Restorative Justice Week"

in the Province of British Columbia.

IN TESTIMONY WHEREOF We have caused these Our Letters to be made Patent and the Great Seal of Our Province to be hereunto affixed.

WITNESS The Honourable Judith Guichon, Lieutenant Governor of Our Province of British Columbia, in Our City of Victoria, in Our Province, this _____day of _____, two thousand ___ and in the _____ year of Our Reign.

BY COMMAND.

Bullets for Minister's Office
Branch: Community Safety and Crime Prevention
Cliff 518818
Drafter: Catherine Bargen

- Efforts are actively underway by restorative justice community groups to form a provincial restorative justice body in British Columbia. This group currently refers to itself as a steering committee. Thirteen community representatives from across the province, including a representative from the North Okanagan Restorative Justice Society (based in Vernon), are part of this steering committee.

s.13

- The steering committee met for the first time in person in September 2016. Their mission, mandate and structure is still being determined, but this group is aware of the recent BC-based document released by Fraser Region Community Justice Initiatives "Recommended Principles and Standards for Restorative Justice in Criminal Matters" (September 2016). These recommended principles are being promoted amongst the restorative justice sector.

- The Ministry is aware of recommendations from the Blue Ribbon Panel (2014) including recommendation #3: *Make Greater Use of Restorative Justice*. The Ministry provides support for the Community Accountability Program including funding to community-based restorative justice groups across the province. In addition, since the release of the Blue Ribbon Panel Report, the Ministry has allocated over $460,000 in civil forfeiture grant funding to build the capacity of restorative justice programs in British Columbia.

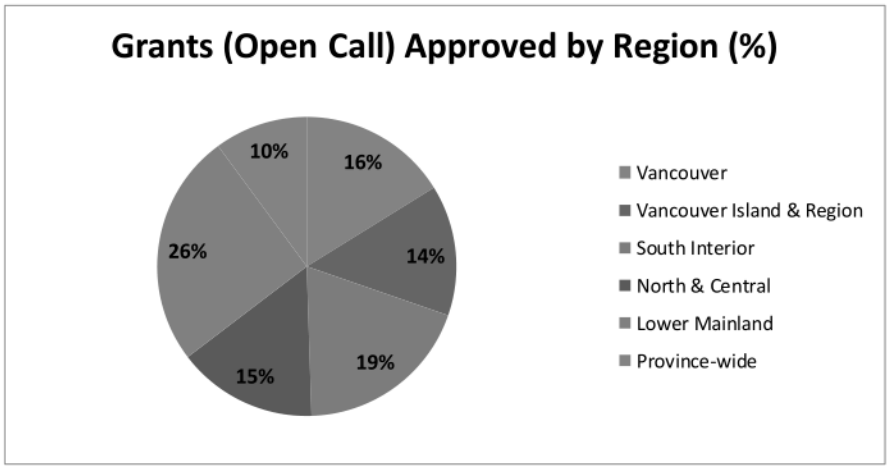
- This year, the current call for CFO grant proposals, due December 16, 2016, is focused on further strengthening program accountability for restorative justice programs in BC. The Vernon Restorative Justice Program is eligible to apply for grant funding to strengthen program standards and accountability measures.

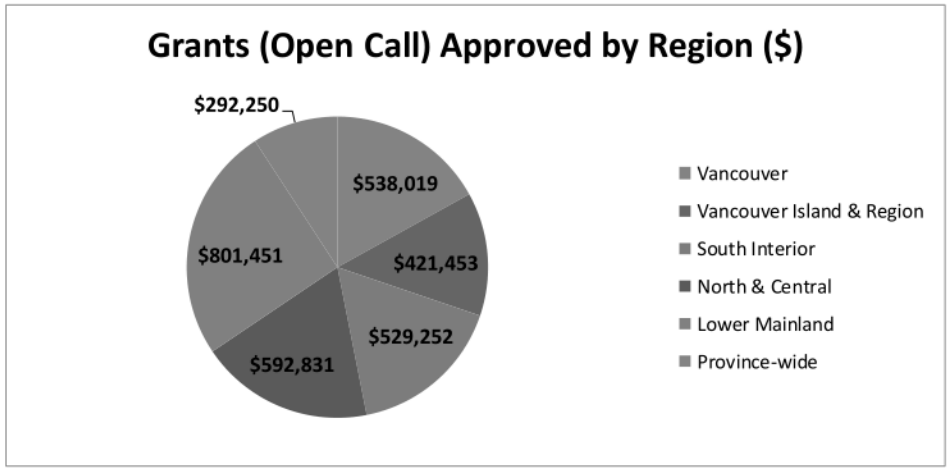
Civil Forfeiture and Criminal Asset Management Fund Grants 2016-17, Summary by Category

Grant Stream	# of Grants	CFO - In-year	CFO - Accumulated Surplus	TOTAL CFO	# of Criminal Asset Management Fund Grants	Criminal Asset Management Fund	Total CFO + CAMF Grants	Total CFO + CAMF
Crime Reduction	s.13,s.17							
Child & Youth Advocacy Centres								
Domestic Violence Units								
Healing and Rebuilding for Ind. Communities								
Restorative Justice								
Sexual Violence & Human Trafficking								
Training								
Other - Violence Free BC								
Guns & Gangs Stategy - Other								
Police Training and Equipment								
Enhancing Community Safety								
TOTAL	**161**	**$2,993,261**	**$1,450,000**	**$4,443,261**	**10**	**$466,795**	**171**	**$4,910,056**

Notes:

- There are s. projects that focus on Aboriginal women and girls for a total of s.13,s.17
- There are s. projects that have a general focus on supporting Aboriginal communities for a total of s.13,s.17





Civil Forfeiture and CAMF Grants 2016-17 by Community

Stream	Recipient	Project Description	Grant Amount	Community
Domestic Violence Units	Abbotsford Community Services	**Abbotsford Domestic Violence Unit:** This project will ensure the continued provision of a Community-Based Victim's Assistance Program that provides high-quality advocacy and support services to high-risk victims of domestic violence.	$70,000	Abbotsford
Restorative Justice	Abbotsford Restorative Justice and Advocacy Association	**Project Victim Care Through Program Accountability:** This project will build greater program accountability through the enhancing of existing policies and developing new policies and procedures. This project will address the need for increased staff time required to develop these formalized written policies and ensure implementation of the recommended standards for RJ Programs.	$7,500	Abbotsford
Sexual Violence & Human Trafficking	Abbotsford Community Services	**SEY Project:** This project builds upon existing services for sexually exploited youth (SEY) by enhancing the programs capacity to respond to the increasing need in the community and collaborate with a broader range of partners to increase impact in other communities. The SEY program funds one youth outreach worker with 31 hours per week who provides support to youth 12 to 18 years old, who are being exploited or are at risk of exploitation.	$28,203	Abbotsford
Crime Reduction	Seabird Island Band	**Seabird Island Youth Land-based Resiliency Program "Contented Spirit – Sthalethi seywelh":** The proposed Seabird Island Youth Land-based Resiliency Program offers guided "Outdoor Adventures" through an Aboriginal traditional lens and community driven approach. This project will serve 45 high risk youth and youth involved in the criminal justice system.	$35,000	Agassiz
Healing & Rebuilding	Seabird Island Band	**Healing the Spirit, Building the Strength - An Indigenous Women's Symposium:** The Seabird Island Band will offer a series of three wilderness-based symposiums grounded in traditional cultural practices for First Nations women who have experienced complex trauma due to domestic violence, abuse or persistent unsafe	$19,995	Agassiz
Sexual Violence & Human Trafficking	Lake Babine Nation	**Raising Our Children: Culturally Appropriate Responses to Violence Against Women:** This project will research, design and implement programming to provide healthy gender identity and relationship support for young families, to build community resilience and end sexual violence by working with Indigenous women and young boys and girls in Fort Babine.	$29,993	Burns Lake

Crime Reduction	Chilliwack Community Services	**A.C.E.S. - Accountable, Connected, Empowered & Supported:** The Project will support at-risk youth involved in or at-risk of becoming involved in the justice system by empowering them to take accountability and responsibility for their actions. The project will support youth ages 12-18 through structured skill building recreational activities and education that address alternative life styles, engages imagination, as well as building self-esteem and confidence.	$35,000	Chilliwack
Violence Free BC - Other	Children of the Street Society	**Taking Care of Ourselves & Taking Care of Others (TCO2) Prevention Workshop** TC02 workshops are designed to give young people the information and practical tools they need to learn how to keep safe from all forms of sexual exploitation. Presented in schools and to community groups, they are delivered by young adults who use monologues, role-plays and other engaging activities to interact with children aged 10-18.	$50,000	Coquitlam
Healing & Rebuilding	Comox Valley Transition Society	**Aboriginal Outreach Worker:** In this project, 30 Indigenous women who have experienced violence will receive one-on-one support services from an Aboriginal Outreach Worker and have opportunities to participate in cultural activities such as cedar brushing, a sweat lodge, talking circles, traditional crafts and will have the opportunity to learn about Indigenous value of respect, love, kindness and generosity.	$20,000	Courtenay/Comox
Restorative Justice	Community Justice Centre of the Comox Valley Society	**Piloting the "Recommended Principles and Standards for Restorative Justice Providers in Criminal Matters":** This pilot project will see the implementation of the recent community-developed Recommended Principles and Standards for Restorative Justice in a large, rural, volunteer-run, Community Accountability Program by applying the proposed principles and standards in the context of the agency's program operations. Activities will also include identifying barriers and developing potential ways to address these barriers.	$7,500	Courtenay/Comox
Sexual Violence & Human Trafficking	Evidence-Based Education	**Preventing Sexual Harm: Sexual Ethics Education:** This project will educate grade 8 and 9 students in the Comox Valley School District (SD71) about Canadian sexual consent/sexual assault law and ethical sexual behaviour in a nonthreatening, interactive 80-minute workshop with the goal of educating students about sexual violence against women, including sexual coercion, sexual pressure, sexual exploitation and sexual assault.	$14,775	Courtenay/Comox

Crime Reduction	Ktunaxa Nation Council	**Aboriginal Community Based Justice Strategy:** This project will work with the RCMP to develop effective precharge diversion options. They will facilitate an Aboriginal Justice Council/Court, Healing Circles, Healing Plans and a formalized Aboriginal Restorative Justice System. Additional supports will include Re-integration from incarceration Plans that facilitate healthy relationships within communities and family groups.	$35,000	Cranbrook
Restorative Justice	Cranbrook and District Restorative Justice Society	**Building Program Accountability for Cranbrook and District Restorative Justice:** Cranbrook and District Restorative Justice Society will revise thier current Operation Manual and Practices using the community-developed document: "Recommended Principles and Standards for Restorative Justice Providers in Criminal Matters".	$7,500	Cranbrook
Sexual Violence & Human Trafficking	Canadian Mental Health Association Kootenays	**Sexual Assault Response Team Project:** This project will will create a coordinated sexual assault response team (SART) that will will work in tandem with, and provide support to the Cranbrook Community Coordination for Safety in Relationship Committee (CCSR). The project will ensure that Cranbrook has Sexual Assault Services tailored to meet the specific needs of our community through increased formalization and coordination of existing community services response team.	$30,000	Cranbrook
Crime Reduction	Cowichan Women Against Violence Society	**Men Choose Respect:** Men Choose Respect is a nine session group that is combined with individual sessions for the participants and is intended to promote conversations with participants to promote responsibility and improved capacity for safe, quality personal relationships.	$35,000	Duncan
Crime Reduction	Social Planning Cowichan	**Enhancing Resilience and Reducing Risk for Youth in the Cowichan Valley:** The project will engage and train 5-7 youth mentors/facilitators from Safe Youth Cowichan to mentor, engage and deliver workshops/consultations with support from Safer Futures coordinators to three inner city schools that have high representation of youth considered at risk.	$34,533	Duncan
Healing & Rebuilding	Upper Skeena Development Centre Society	**Senden Summer Holistic & Healing Youth Program:** This 22-week program that will help increase the mental and health well-being of at-risk youth and their family members through land-based traditional practices in the Upper Skeena region, including involvement in wild food harvesting, spending time on their traditional territories and growing local food.	$20,000	Hazelton
Child Advocacy Centres	Central Okanagan Elizabeth Fry Society	**Willow Child and Youth Advocacy Centre (CYAC)** will bring together a multi-disciplinary team of caring professionals to offer support and stability to children and non-offending family members under one roof. Funding will be used to support completion of a feasibility study, implementation of best practices and procedures, training for team members and hiring an advocate for the Centre.	$49,960	Kelowna

Crime Reduction	Karis Support Society	**Karis Support Society Aftercare Program:** The Aftercare program aids clients with addictions and mental health issues in transitioning into the community, building connection within the wider community, while maintaining consistent support through a Karis Aftercare worker.	$35,000	Kelowna
Domestic Violence Units	Central Okanagan Elizabeth Fry Society	**Kelowna Highest Risk Domestic Violence Unit:** This DVU is comprised of two RCMP DV Officers, one Community Based Victim Service Worker and one Child Protection Worker from the Ministry of Child and Family Development. Funding will support a full-time community-based victim service worker that will ensure attention to safety for the highest risk files, provide inter-sectorial training and continue to work on Unit	$70,000	Kelowna
Healing & Rebuilding	Circle of Indigenous Nations Society	**Wookiye Maka - Aboriginal Women's Healing Conference**: This project will bring together 30 Aboriginal women in the West Kootenay and Boundary region to gather for three days to experience land based healing using traditional ways and ceremonies, to educate participants about the local land and medicines.	$19,865	Krestova
Violence Free BC - Other	Victims' Advisory Council	**Support for Annual forum**	$5,000	Langley
Healing & Rebuilding	Lower Fraser Valley Aboriginal Society	**Women's Healing Circle:** This project will hold a weekly Women's Healing Circle for Langley-based Indigenous Women, using the Medicine Wheel and the Seven Sacred Teachings as foundation for teachings. The group's focus will be for women who self-identify as Aboriginal, Metis or Inuit, and resident in the City of Langley, the Township of Langley, and surrounding neighbourhoods and First Nations communities of Kwantlen, Katzie, Matsqui and Semiahmoo.	$20,000	Langley
Restorative Justice	FRASER REGION COMMUNITY JUSTICE INITIATIVES	**Walking the Talk: Victim-Sensitive Standards at Community Justice Initiatives:** Fraser Region Community Justice Initiatives (CJI) will translate many of its practical protocols into the concrete policies specifically in accordance with the new community-developed Recommended RJ Standards. CJI will designate specific staff time to the consultation, research and writing required to compose quality program policies.	$7,500	Langley
Healing & Rebuilding	Lillooet Friendship Centre Society	**The Finding the Right Path to Healing project:** This project will convene a three day cultural healing retreat that will involve up to 75 victims of violence, abuse and the residential school experience. It is designed to encourage the victim's families to participate and support individual victims. Participants will learn about resources, coping strategies and techniques while continuing on their healing journey after the retreat has ended.	$20,000	Lillooet

Child Advocacy Centres	Maple Ridge Pitt Meadows Community Services	**Alisa's Wish Child & Youth Centre Capacity Enhancement 2017-2018:** This project builds upon the collaborative practices of the Centre and seeks to expand the capacity of the multidisciplinary team. Funding will be used to streamline services and coordination; expand and refine the Child Youth Advocate role; implement training; upgrade to the Centre; and develop child abuse prevention public education	$41,248	Maple Ridge
Restorative Justice	Maple Ridge/Pitt Meadows Community Services	**Restorative Justice Program Accountability Project:** This project focuses on developing and documenting a comprehensive set of principles, standards and guidelines in accordance with the community-developed document: "Recommended Principles and Standards for Restorative Justice Providers in Criminal Matters". Resources that are developed will be shared with victims and clients, and stakeholders/funders and community partners.	$7,500	Maple Ridge
Domestic Violence Units	Haven Society	**Nanaimo Region Domestic Violence Unit:** Funding will be used to enhance DVU services within a coordinated cross-sector delivery model, which includes the co-location of a dedicated RCMP Investigator, Haven Society Community Victim Services Workers, and an MCFD Social Worker.	$69,564	Nanaimo
Child Advocacy Centres	Kootenay Boundary Community Services Co-operative	**Safe Kids & Youth Coordinated Response**: SKY is a unique rural model that provides a seamless multi-disciplinary team response to young victims of physical and sexual abuse and their non-offending parents/caregivers in order to reduce the potential for re-traumatization. Funds will support regional team meetings, wages for local coordinators and ongoing operations.	$50,000	Nelson
Crime Reduction	Nelson Community Services Society	**Downtown Nelson Street Outreach Project:** The Nelson Street Outreach Project includes a team of two part-time, community-based street outreach workers, three student nurses, and one peer outreach worker. They work closely with the 'beat cop', mental health and substance use outreach workers, housing outreach workers, and other service providers in the community to interact with members of the 'street culture' population.	$35,000	Nelson
Crime Reduction	RCMP - Nelson	**Fitness for youth at risk:** This project will engage youth involved in crime who have been identfied by RCMP, Probation, Salmo High School and the Salmo Youth Center in a recreational fitness program. Youth will receive physical fitness memberships, a training schedule for six months at the Satmo Recreation Center, and support and leadership from the RCMP.	$2,147	Nelson

Sexual Violence & Human Trafficking	Nelson Community Services	**Nelson Coordinated Sexual Assault Response Team:** This pilot project will run over a three year period and will employ a parti time Nelson Sexual Assault Coordinated Response Team Coordinator to facilitate coordination among victim service organizations, anti-violence services, healthcare providers, and law enforcement agencies in response to disclosures of sexual assault.	$29,000	Nelson
Violence Free BC - Other	Hollyburn Family Services Society	**North Shore DVU-Aboriginal Victim Service Worker pilot**	$70,000	North Vancouver
Domestic Violence Units	Hollyburn Family Services Society	**North Shore Integrated Domestic Violence Unit:** The Unit provides expertise in high-risk domestic violence investigations, working in partnership with other community partners to maximize enforcement and minimize risk to victims in North and West Vancouver. Funds will be used for a Victim Services Worker who will provide direct support to victims identified by the DVU and play a key role in facilitating collaboration, inclusivity and victim safety.	$70,000	North Vancouver
Restorative Justice	North Shore Restorative Justice Society	**Restorative Response Practice Standards Project:** This project will build program accountability for North Shore Restorative Justice Society (NSRJ) both internally and externally by educating and deepening key stakeholders' knowledge and use of victim-sensitive standards. Educating volunteers on practice standards will be a key focus. Furthermore, NSRJ will use the standards to evaluate program capacity, delivery and facilitator training.	$7,500	North Vancouver
Crime Reduction	Board of Education of School District No. 69 Qualicum	**Growing Connections** will use a wraparound approach to support youth identified as being at high-risk of becoming, or already being, involved in crime as a result of addiction and housing issues. The program connects vulnerable youth with resources related to stable housing and other basic necessities; school and employment; and mental health, addictions and family counselling combined often with developmental trauma.	$35,000	Parksville/Qualicum
Violence Free BC - Other	Sea to Sky Women's Centre	**Victim Service pilot project, Stl'atl'imx Tribal Police**	$25,000	Pemberton
Crime Reduction	Pathways Addictions and Resource Centre	**D.E.W.Y Program (Daily Empowerment With Youth):** This program will provide a structured individual and group treatment services that will aim to enhance mental wellness and the youths' motivation toward healthier decision-making, including reducing their involvement in crime. It will also allow young persons to continue to live and practice new skills which will provide a smoother integration and reconnection back into school and community.	$34,971	Penticton

Crime Reduction	Alberni Valley Drug and Alcohol Prevention Service	**"BRAVE (Building Resiliency Action Values and Engagement) Youth Outreach Project":** This project will focus on delivering support services to youth who are at high risk of involvement in crime. Recreational activities, skill enhancing group opportunities and one on one outreach/crisis support will address detriments and support asset development in "at risk youth".	$19,716	Port Alberni
Crime Reduction	Pacheedaht First Nation	**Pacheedaht Youth Crime Prevention Project:** The project will enbark on the construction of the first phase of a skate park for at-risk youth ages 13 – 18 and will increase the hours of a part time Aboriginal Outreach Worker to connect with, support, and engage with the youth at risk and bring them to participate in cultural	$35,000	Port Renfrew
Child Advocacy Centres	Carrier Sekani Family Services	**First Nation's Child and Youth Advocacy Centre:** This project aims to develop a culturally competent, seamless, coordinated and collaborative approach to addressing the needs of child victims. Funding will also be used to support Multi-disciplinary team and a part-time youth advocate.	$50,000	Prince George
Crime Reduction	Canadian Mental Health Association Prince George Branch	**After Release Peer Support:** This project is designed to provide peer support services both individual and in a group setting to individuals who have been newly released back into their community from the provincial prison system but who often lack the supports necessary to implement the healthy steps required to achieve their best level of functioning.	$35,000	Prince George
Crime Reduction	Tsay Keh Dene Nation	**Sulla Din Jih (Set Me Free) Healing Camp:** This project will provide a four week Aboriginal healing cultural camp in the wilderness for offenders in the wilderness at Fishing Lakes Lodge with Elders and counselling staff. Traditional Aboriginal cultural activities along with counselling support will be provided to attendees.	$35,000	Prince George
Crime Reduction	Phoenix Transition Society	**Working with Women with mental health and addictions issues:** This project will provide services to women and their children, women in prison, women struggling with addictions and mental health issues. The project will work with incarcerated women who have committed crimes to obtain drugs/alcohol to "self medicate" through intensive case managemnt support.	$33,535	Prince George
Domestic Violence Units	Prince George and District Elizabeth Fry Society	**The Prince George Embedded Domestic Violence Unit:** Funding will support a community-based victim services worker that will address victim safety, ensure ongoing engagement of victims in the criminal justice process, and provide case coordination, risk assessment, offender management, safety planning and support.	$70,000	Prince George

Healing & Rebuilding	Nusdeh Yoh Aboriginal Choice Community School	**Nusdeh Yoh (House of Future) Eagle Nest Camps:** This project will run a three week First Nations culturally focused summer day camp that will work to incorporate cultural sensitivity, traditional teachings and land based learning through a very specific lens of addressing issues related to violence against indigenous women and girls, as well as developing a strong self -identity rooted in First Nations culture.	$20,000	Prince George
Guns and Gangs	Metro Vancouver Crime Stoppers	**Anti-Gang and Cash for Guns Program**	$200,000	Province-wide
Crime Reduction	The Salvation Army	**Living Hope: Refresh Barista Employment Program For Gang Involved Female Youth:** This 52 week early intervention and rehabilitation project for gang involved female youth will focus on providing accessible multi-session education, volunteer opportunities, and employable skills for up to 20 high risk female (and transgender presenting female) youth aged 16-25 who have engaged in gang activity and	$35,000	Province-wide
Crime Reduction	The John Howard Society of the Lower Mainland	**Reintegration Worker**: The Reintegration Project will work with federally incarcerated individuals who are transitioning back into the community with the support of a reintegration worker. The reintegration worker will work with individuals who are higher risk of recidivism and continued involvement in crime by bridging the gap that exists between their needs and their ability to access services prior to and following their release.	$35,000	Province-wide
Crime Reduction	Metro Vancouver Crime Stoppers	**First Nations Crime Stoppers Program, Building a Healthy and Safe Community:** This project will strengthen inter-agency collaboration and information-sharing to address existing crime and safety issues within First Nations Communities ("FNCs"). It will also increase the capacity to identify priority/critical crime issues and is designed to identify, contain and reduce any unreported existing crime problems in the FNCs.	$30,000	Province-wide
Violence Free BC - MWCI	BC Bereavement Helpline	**Strong Women Moving Forward:** Coordination of a healing retreat for bereaved Indigenous Women impacted by violence. The goal is to listen to and promote the wellness of families whose loved ones were the focus of the Missing and Murdered Women's Inquiry.	$20,000	Province-wide
Violence Free BC - Other	BC Women's Hospital	**Freezer for sexual assault kit storage**	$8,000	Province-wide

Restorative Justice	Fraser Region Community Justice Initiatives	**"Building Safe Bridges – Capacity Building for the Implementation of Victim Sensitive Standards in Restorative Justice:** This project will support quality and consistency in experience for victims of crime who engage with restorative justice (RJ) programs through the implementation of standards guiding RJ service delivery. The project is provincial in scope and will work directly with restorative justice programs to implement standards in an effective and flexible manner.	$35,000	Province-wide
Sexual Violence & Human Trafficking	Research Universities Council of BC	**Coordinated sexual violence education and prevention programming for BC research university students from point of admission to end of first semester:** The Research Universities' Council of British Columbia (RUCBC) will develop a program for sexual violence education and prevention for post secondary students, from point of admission until the end of the first semester, which will include an online education platform, in-person outreach, and workshops.	$30,000	Province-wide
Sexual Violence & Human Trafficking	The Salvation Army	**New Hope Outreach Services for Trafficked & Exploited Women and Girls:** This project will focus on providing psychosocial outreach services for up to 150 high risk female youth and women (including transgender women) throughout B.C. who are engaged in the sex trade, at risk of entering, or who have experienced exploitation/human trafficking/violence.	$30,000	Province-wide
Training	Ending Violence Association of BC	**Building a Violence Free BC:** This project will hold a two-day provincial training event that will bring together B.C.'s front-line workers connected to community-based victim-services, STV counselling, STV outreach, multi-cultural outreach, and sexual assault/woman assault organizations working with victims/survivors of domestic violence, sexual violence, childhood abuse, and/or criminal harassment to advance front-line anti-violence workers' capacity to develop and deliver trauma informed and culturally safe services.	$50,000	Province-wide
Training	BC Society of Transition Houses	**Honouring 25 Years of CWWA:** This project will provide an annual training forum for Children Who Witness Abuse Counselliing (CWWA) Counsellors that includes in-person training through workshops, focused keynote addresses and networking opportunities. Also, the forum will be used to train CWWA workers on the newly updated CWWA Toolkit, *Best Practices for the Children Who Witness Abuse Program*	$34,250	Province-wide

Training	Police Victim Services of BC	**PVSBC Annual Provincial Training Symposium:** This project is a training symposium designed to provide learning opportunities that strengthen capacity and enhance services performed by victim service workers and front-line criminal justice system professionals. Delegates will participate in workshops that offer information and training on how to better support victims of crime, violence, trauma and those with physical and mental challenges.	$20,000	Province-wide
Crime Reduction	School District No. 19 (Revelstoke)	**Working toward a positive future:** This project will develop a community roundtable to identify youth at risk and plan individualized multilateral interventions, intervene with youth who have been in contact with the criminal justice system through an individualized 13 week program with a youth care worker, and provide school and community resource people professional development opportunities to learn about working with vulnerable youth.	$32,500	Revelstoke
Crime Reduction	Richmond Addiction Services Society (RASS)	**The RASS Day Program: A Continuum of Services:** The Continuum of RASS Day Programs includes the short term program called the Constructive Alternative to Teen Suspension (CATS) Program and the longer more intensive Recovery Day Program (RDP). These programs offer day programming for youth who are struggling in Richmond with substance use/misuse or substance use disorders and mental health issues.	$35,000	Richmond
Crime Reduction	Shuswap Area Family Emergency Society	**Strengthening Interagency Co-ordination:** This project will hire a Crime Reduction Co-ordinator to help strengthen interagency collaboration, identify systemic challenges and increase information sharing between the stakeholders that are directly involved in working with cases of domestic violence, sexual assault and child abuse.	$9,300	Salmon Arm
Sexual Violence & Human Trafficking	Victim Services RCMP Sea to Sky Detachment	**Sexual Assault from Investigation to Prosecution: Best Practices for Supporting Victims of Sexual Violence through the Criminal Justice System:** The proposed project is a one-day, eight hour conference for service providers based in the Sea to Sky Corridor, including RCMP members, members from The Squamish Nation, victim service providers, health care providers, front line workers, and Crown Prosecutors. The purpose is to educate these individuals about culturally sensitive, evidence-informed, and trauma-informed best practices for supporting victims of sexual assault through the criminal justice system.	$12,005	Squamish
Enhancing Community Safety	City of Surrey	**Gang Exiting Pilot**	$500,000	Surrey

Child Advocacy Centres	Sophie's Place	**Sophie's Place:** Funding will be used for salary and benefits for the position of the Coordinator of Sophie's Place Child and Youth Advocacy Centre. The Coordinator is an integral part of the Sophie's Place CYAC team and significantly enhances the services provided.	$50,000	Surrey
Crime Reduction	SOS Children's Village BC Society	**The SOS Youth Inclusion Project:** The project focuses on high-risk youth or youth currently in the criminal justice system. The project will identify priority crime issues in Surrey, focus on mental health and addiction issues and their intersection with crime, address prolific and priority offenders and gang activities, as well strengthen inter-agency collaboration and information sharing to address existing crime.	$35,000	Surrey
Crime Reduction	Society of Semiamhoo Animal League	**WRAParound Animal Therapy:** The C.A.R.E. Program will work with high at-risk vulnerable teenage girls currently involved in the Surrey School District's wrap program. C.A.R.E. will work to break the cycle of violence by fostering empathy and helping them heal from their trauma through horticultural and animal-assisted-activities. Through two 10 week sessions and one 5-week session SALI's Farm will bring small groups of girls from the Surrey School District's WRAParound program to take part in animal assisted activities.	$20,000	Surrey
Guns and Gangs Strategy	Combined Forces Special Enforcement Unit of BC	**END GANG LIFE:** The Combined Forces Special Enforcement Unit of British Columbia (CFSEU-BC)will create two new video series on women/girls and gangs and current and former gang members. The series will be used to create, advance, and encourage discussions about the impacts of gang and gun violence, create resiliency in youth and those at risk of becoming involved in gang/violent activity, and strengthen both community's and police's ability to be empowered against gang/gun activity in BC.	$10,000	Surrey
Domestic Violence Units	Surrey Women's Centre Society	**Surrey Domestic Violence Unit:** Funding will be used to extend the current contract of the community-based victim service worker co-located in the Surrey Domestic Violence Unit (DVU). The role of the community-based victim service worker is to respond to files designated as highest risk as per the provincial Violence Against Women in Relationships Policy in collaboration with the police and child protective	$70,000	Surrey
Crime Reduction	Tahltan Band Council	**Land-Based Crime Reduction:** This project will enhance programs already in place in Dease Lake and Telegraph Creek and will expand to include four land-based retreats focusing on trauma, mental health, coping techniques, relationship building, conflict resolution and stress management. Participants include male and female offenders who are being integrated back into the community and will provide an opportunity for offenders to reconnect with their heritage and develop healthy long-term care plans.	$35,000	Telegraph Creek

Healing & Rebuilding	Tahltan Band Council	**Land Based Healing Camps**: This project will host two land-based retreats available for community members on working with youth to teach them the Mehodihi (well known) ways of Tahlton culture, governance and the rites of passage and ceremony for a Tahlton youth. The retreats will continue broader community cultural restoration to address the continuing inter-generational trauma families continue to	$20,000	Telegraph Creek
Child Advocacy Centres	Child and Youth Advocacy Centre Society	**Vancouver CYAC**: This project will promote the continued development of the Vancouver CYAC space, including a community stakeholder open house in spring 2017. Funding will also support the development of an Intake Administrator that will assist with coordination, document infrastructure, communication materials, financial planning and procedure development.	$50,000	Vancouver
Crime Reduction	Providing Alternatives Counselling & Education (PACE) Society Vancouver	**A link & support model for addiction treatment for sex workers:** The project will provide funding for a support worker to link sex workers in Vancouver's Downtown Eastside with addictions to treatment with the aim of reducing their involvement in criminal activity. Program staff will work in connection with our community partners to provide direct referrals to addiction care programs, provide support to assist sex workers in accessing addiction treatment as well as provide peer support through weekly focus groups.	$35,000	Vancouver
Crime Reduction	Canadian International Dragon Boat Festival Society	**Dragon Zone Youth Crime Reduction Program:** This project will engage youth at high-risk of involvement in crime in twice weekly dragon boat paddling war canoe building sessions. The project will help youth build self esteem, create cultural connections between participants and observers, connect participants with peers and mentors, and provide meaningful life skills and valuable work experience to participants.	$35,000	Vancouver
Crime Reduction	Yo Bro Youth Initiative Society	**One-to-One Outreach Program Expansion Initiative:** The One-to-One Outreach Program delivers solutions-focused support to youth and families and increases the capacity schools and community service agencies to respond more effectively to the needs of a severely at-risk young person. To address this demand and increase our capacity to support the needs of more at-risk youth, a dedicated Outreach Worker will be hired to manage and grow the program on a one-year pilot basis.	$35,000	Vancouver
Crime Reduction	BC Borstal Association	**STRONG: Stay True Real Original and No Gangs:** The STRONG program will provide youth access to clinical counselors who will apply trauma informed practices and concepts such as attachment theory, self-esteem, accountability, emotional regulation and mentorship in tackling criminal behaviour. STRONG will be a resource to those high risk youth who want to get back on track, but who do not know how.	$35,000	Vancouver

Crime Reduction	Vancouver School Board (Windermere Secondary)	**Windermere Boys Group and Girls Group Programs:** This 40 week program will support 40 at risk youth through a weekly after school "Boys Group" and "Girls Group" program, which will include workshops, recreational activities, leadership development, community service and develop a legacy project. The youth will be selected in response to serious problems with gang involvement, recruitment and criminal activity including violence and drug dealing.	$35,000	Vancouver
Crime Reduction	Frog Hollow Neighbourhood House	**Frames Film Program:** The Frames Film Program is an innovative, arts engagement approach to providing training, support and a voice to at-risk youth ages 16-24. Using film as an artistic medium, youth receive life, employment, and technical skill building workshops leading to the creation of film pieces expressing their ideas for crime prevention.	$20,000	Vancouver
Crime Reduction	Vancouver Police Department - Diversity and Aboriginal Policing Section	**ARC Program:** The ARC program seeks to establish and/or increase the number of positive relationships between high-risk Aboriginal youth and law enforcement officers. Program participants will be provided with one-to-one leadership and mentorship from police officers, which in turn will help to decrease the likelihood of criminal involvement.	$20,567	Vancouver
Crime Reduction	Grandview-Woodland Community Police Office Society	**RestART:** The project will serve 11 youth (ages 14-18) at high-risk of involvement in crime or youth that may already have been engaged in criminal activity in their communities with the goal of decreasing the number of youth that are or who may become involved in criminal activity. The project will involve partipants in artwork activities and a restorative justice workshop.	$7,500	Vancouver
Domestic Violence Units	Family Services of Greater Vancouver	**Vancouver Domestic Violence Unit:** This project will address staffing shortages and related activities within the DVU, ensuring continued service is available to victims. Specifically, funds will address the challenges of the high level of support needed for victims in high profile cases or those with extensive court involvement.	$140,000	Vancouver
Healing & Rebuilding	Pacific Association of First Nation Women	**Restoring Right Relationship Toolkit Pilot:** This project is a Train-the-Trainer, hands-on, community initiative with the goal to bring the Circle process and Indigenous restorative relationship skills and practices to the front-line Urban Aboriginal community, families, and communities. The project will pilot the toolkit with 20 coaches at Indigenous-focused agencies, provide healing circles in six sites in the inner city, and provide monthly cultural activities.	$20,000	Vancouver

Healing & Rebuilding	Warriors Against Violence Society	**Warriors Against Violence Family Healing Project:** The project will help reduce domestic/family violence and abuse in the Aboriginal community by addressing the issues of family violence, anger, trauma, poor communication skills, isolation and shame, and the ongoing impacts of colonialization. Aboriginal elders and facilitators work as strong role models providing safe, ongoing education and support circles that incorporate traditional teachings and cultural practices.	$20,000	Vancouver
Healing & Rebuilding	Providing Alternatives Counselling & Education Society	**Indigenous Sharing Circle:** This weekly Indigenous-led restorative justice program will facilitate healing and justice among Indigenous women involved in sex work through healing circles, which aim to develop consensus on how to repair the damage caused by actions or offences, and supports available through PACE's Support Services	$20,000	Vancouver
Healing & Rebuilding	Downtown Eastside Women's Centre Association	**Culturally-based interventions for healing and recovery:** This project will focus on traditional Indigenous healing, arts, and celebrations for Indigenous women who have been victims of violence. The project will include peer counselling supports, talking circles, sweat lodge visits and healing circles.	$20,000	Vancouver
Healing & Rebuilding	Women Against Violence Against Women Rape Crisis Centre (WAVAW)	**Aboriginal Women's Program:** This project provides trauma-informed one-to-one counselling and support groups to Aboriginal women and girls who have experienced sexualized violence. These services are delivered using culturally appropriate and holistic approaches that attend to the mental, emotional, physical, and spiritual health of women.	$20,000	Vancouver
Sexual Violence & Human Trafficking	Providing Alternatives Counselling & Education (PACE) Society Vancouver	**Indigenous Peer-Led Outreach for Sex Trade Workers:** The proposed project will provide Indigenous-led and peer-driven outreach services to Sex Workers in Vancouver's Downtown Eastside with the aim of reducing and preventing sexual exploitation.	$30,000	Vancouver
Sexual Violence & Human Trafficking	BC's Women's Hospital	**Building a Culture of Safety: Improving the Healthcare Response to Indigenous Women who are Survivors of Sexual Assault:** This project will bring together health and community partners to develop a culturally-safe Facilitator workshop guide and video to train health care workers to recognize and respond appropriately to Indigenous women who have experienced sexual assault.	$29,952	Vancouver

Child Advocacy Centres	Vernon Women's Transition House Society	**Oak Child and Youth Advocacy Centre:** Funds will be used to continue the role of the Child and Youth Advocate who works with the child or youth and their non-offending caregiver from the point of intake, through any criminal justice system or child protection processes, and into long-term support services. The advocate also coordinates information sharing between the involved partners, acts as a conduit between agencies and the family, and offers emotional and practical support.	$50,000	Vernon
Sexual Violence & Human Trafficking	Interior Health	**Vernon Sexual Assault Service** . The project seeks to enhance the response understanding and awareness of sexual assault violence in Vernon. A sexual assault coordinator will work with the Sexual Assault Advisory Committee to provide education, outreach, and coordination of services in the region.	$19,009	Vernon
Child Advocacy Centres	Child Abuse Prevention and Counselling Society of Greater Victoria	**Victoria Child and Youth Advocacy Centre:** Funding will ensure the continued development of the CYAC's capacity to support child and youth victims of abuse, maltreatment and neglect in a child friendly, noninstitutionalized environment. The project will further implement standards as outlined by the National Children's Alliance in a trauma-informed environment. These standards promote consistent, evidence based interventions facilitating the healing of child victims from abuse.	$50,000	Victoria
Domestic Violence Units	Victoria Women's Transition House Society	**RDVU and Spousal Assault Victim Support Program:** The Regional Domestic Violence Unit (RDVU) addresses the highest risk cases of domestic violence across Greater Victoria. Funding will enhance the RDVU team by providing continuous education and training for the staff as well as increased staff hours to better support victims of	$70,000	Victoria
Healing & Rebuilding	Bridges for Women Society	**W'SANEC Bridging & Outreach Program:** This project will provide trauma counselling to isolated Aboriginal women impacted by violence, abuse and trauma and train reserve frontline workers on the impacts of trauma, violence and abuse, and supporting traumatized community members.	$20,000	Victoria
Restorative Justice	Victoria Restorative Justice Society	**Implementing Victim-Sensitive Standards Through Policy and Introductory Training:** The Victoria Restorative Justice Society will focus on interpreting the newly-researched and community-developed "Recommended Principles and Standards" and creating a user-friendly manual of policies and procedures that outline how their agency will implement the principles and standards with clients. The project will also include publishing the manual online such that other restorative justice agencies may understand and implement the recommended principles and standards.	$7,500	Victoria

Restorative Justice	Victoria Restorative Justice Society	**Victim-Sensitive Practices: Advanced Training and Evaluation Upgrades:** This project will help Restorative Justice Victoria (RJV) iimprove thier overall service delivery and evaluation system. This project will also support other restorative justice (RJ) agencies to become more accountable. Funding will be used to improve the current evaluation system and produce a recommendation manual. RJV will make revised evaluation forms available for other RJ agencies to download free of charge.	$2,865	Victoria
Guns and Gangs	Anaham	**Youth4Leaders**	$70,000	Williams Lake
Guns and Gangs	All Nations Consulting and Coaching	**Anaham Youth Forum**	$25,000	Williams Lake
Enhancing Community Safety	Punky Lake Wilderness Camp Society	**ICSI - Chilcotin Cariboo**	$500,000	Williams Lake
Crime Reduction	Williams Lake Indian Band	**T'exelc providing Youth the Opportunity to Persevere and Succeed (T.O.P.S):** This project engages gang involved youth in a part time a life skills/work skills program on a ranch owned by the Williams Lake Indian Band (T'exelc). Youth will participate in the program 3 to 4 days a week for 4 to 5 hours per day, during which a youth worker will facilitate life skills development, as well as working alongside the youth to learn about ranch work and caring for animals.	$35,000	Williams Lake
Crime Reduction	Punky Lake Wilderness Camp Society	**Youth at Risk: Culturally-based Entrepreneurial Diversion Project:** This project will provide opportunities for training, support and employment for 10-12 at-risk youth or those involved in the criminal justice system in the remote First Nations community of Tl'etinqox. In addition, cultural supports will be in place to support youth and maintain or rebuild connections to traditional cultural practices.	$34,946	Williams Lake
Crime Reduction	Boys and Girls Club of Williams Lake	**Future Forward:** In collaboration with Punky Lake Wilderness Camp Society, Changing Directions, Restorative Justice and the RCMP, the Boys and Girls Club of Williams Lake plan to reduce crime by providing protective factors to youth who are at-high risk of involvement in crime and recidivism. This will be accomplished primarily by addressing the criminogenic needs of participants through personalized mental health supports, training, skill building, and work experiences.	$29,920	Williams Lake

Healing & Rebuilding	Carrier Chilcotin Tribal council	**Ulkatchot'en Winter Wellness and Culture Camp:** This four day culture camp that will support 200 participants in learning more about traditional Dãkelh Dené land based, healing and cultural activities led by Elders and knowledge keepers. This project is a collaboration between School district school and Band school and will be held at the original village site.	$20,000	Williams Lake
Sexual Violence & Human Trafficking	Boys and Girls Club of Williams Lake	**It Matters: Ending Human Trafficking:** This project uses a multi-tiered approach in addressing human trafficking, sexual exploitation, and related violence against women, with special attention given to Aboriginal girls and is a collaboration between the RCMP, the Williams Lake Indian Band, Alkali Lake Indian Band, School District #27 and the Boys and Girls Club of	$29,437	Williams Lake
Police Training & Equipment				
Police Training & Equipment	Police Agencies	**Crime Prevention:**Funding to support police in their crime prevention activities including the Fugitive Return Program, enhanced training and the purchase of technical equipment.	$534,800	Province-wide
TOTAL FUNDING			**$4,910,056**	

Cliff: 520401
Date: March 10, 2017

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
COMMUNITY SAFETY AND CRIME PREVENTION BRANCH
BRIEFING NOTE

PURPOSE: **FOR INFORMATION** for the Honourable Mike Morris, Minister of Public Safety and Solicitor General

ISSUES:

- Distribution of up to $4.45M in civil forfeiture grant (CFO) funding:
    - $1.45M from accumulated surplus; and
    - Up to $3M from in-year recoveries

- Distribution of $468,000 in grant funding from the Criminal Asset Management Fund (CAMF).

SUMMARY:

- The Ministry has assessed the allocation of civil forfeiture and criminal asset grant funding for the 2016/17 fiscal year.

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- Of the up to $4.45M in CFO grant funding, Treasury Board approved expenditures of $2.450 million from the Civil Forfeiture Account in fiscal 2016/17 for the following commitments:
    - $1.45M from the CFO accumulated surplus for grant expenditures relating to the Guns and Gangs Strategy.
    - $1 million from CFO in-year recoveries for the Integrated Community Safety Initiative and the Surrey Gang Exiting pilot.
- An additional $468,000 was approved by Treasury Board from the CAMF to expand the community grant program and further support significant government priorities. See Appendix A for a detailed funding breakdown.

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- $534,000 of the $3.468M available from CFO in-year recoveries and CAMF funding will go to fund approximately 68 police training and equipment grants.

- The Civil Forfeiture Special Account is now forecast to recognize up to an additional $1.0 million in recoveries from forfeiture proceeds in 2016/17 as compared to the Q3 forecast. A Treasury Board submission has been prepared requesting approval of up to $1.0 million in additional CFO grants in 2016/17 and is scheduled to go forward to the March 23, 2017 Treasury Board minor meeting.

- In anticipation of additional funding, ministry staff have identified strong grant proposals that could be funded from the up to $1.0 million in incremental recoveries now forecast from forfeiture proceeds.

- These additional grants will support government priorities in the area of violence against women, healing in Indigenous communities, youth crime prevention and police training and equipment.

BACKGROUND:

- Since 2006, B.C.'s Civil Forfeiture Office has operated under the authority of the *Civil Forfeiture Act*. The Act and Regulation allows the Director of Civil Forfeiture (the Director) to initiate civil court proceedings against property believed to be the instruments or proceeds of unlawful activity.

- The CAMF has operated under the authority of the *Criminal Asset Management Act* since 2012. The Act allows the Director to manage and dispose of assets restrained, seized or forfeited under the *Criminal Code* and other criminal law statutes.

- In partnership with the Civil Forfeiture Office, the Community Safety and Crime Prevention Branch administers the Crime Prevention and Remediation Grant Program, which provides one-time funds through proceeds from civil forfeiture.

- From year to year, priority areas for grants made available through civil forfeiture are established through consideration of government's current strategic initiatives, crime trends, and consultation with stakeholders.

- The recipients of this year's CFO grants were primarily selected through an open call for applications announced in November 2016.

- This year the grant funding streams were:

  (1) Crime Reduction
  (2) Violence Free BC
    - Domestic Violence Units
    - Child/Youth Advocacy Centres
    - Sexual Violence (focused on sexual assault, human trafficking, sexual exploitation and vulnerable women in the sex trade)
  (3) Healing and Rebuilding in Indigenous Communities
  (4) Restorative Justice
  (5) Police Training and Equipment

- A small number of direct award grants will be issued to meet government priorities. These include supporting training for front line victim services and violence against women programs and to support other initiatives related primarily to violence against women.

- A formalized review and assessment process is in place for the evaluation of all CFO grant applications. See Appendix C for details on review process.

- A chart of recommended grants organized by community is attached as Appendix D.

OTHER MINISTRIES IMPACTED:

N/A

Prepared by:
Rosalind Currie
Director Community Programs
Community Safety and Crime Prevention
604-660-4891

Approved by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604-660-5272

Attachments

Appendix A – Summary Chart – Grant Breakdown (CFO and CAMF)
Appendix B – Grant Examples
Appendix C - CFO Adjudication Process
Appendix D - Chart of proposed grant recipients by community

Cliff: 522785
Date Prepared: September 5, 2017
Date Decision Required: October 20, 2017

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
Community Safety and Crime Prevention Branch
BRIEFING NOTE

PURPOSE: For DECISION for the Honourable Mike Farnworth, Minister of Public Safety and Solicitor General

ISSUE:
Request for proclamation of Restorative Justice Week (November 19 – 26, 2017)

DECISION REQUIRED / RECOMMENDATION:
That the Province issues the proclamation for Restorative Justice Week 2017 (see Appendix 1).

SUMMARY:

- The Ministry supports the delivery of community-based restorative justice approaches to crime through the Community Accountability Program (CAP), and by providing information, support and resources to community programs. There are currently over 40 CAP groups in operation across the province.

- The proclamation of Restorative Justice Week provides provincial recognition of restorative justice and has historically been well-received by CAP groups and communities.

- If approved, Victim Services and Crime Prevention will distribute the proclamation and a calendar of events occurring during the week to stakeholders, and also post this information on Ministry website.

BACKGROUND:

- Restorative Justice Week has been held annually since 1996 and is hosted federally by Correctional Service Canada. This year it falls on November 19-26, with the theme "Inspiring Innovation."

- Restorative Justice Week reflects on the value of restorative justice in building safer communities. Agencies and individuals in British Columbia have been recognized nationally for their pioneering efforts in restorative justice during this week.

- British Columbia proclaimed Restorative Justice Week for the first time in 2009.

- Restorative justice continues to advance in our province. A number of activities have been supported to enhance capacity for CAPs to take on more complex cases, collaborate with victim serving agencies and to provide victim sensitive services.

OPTIONS:

- Option 1: Proceed with proclamation **(Recommended)**
  - Pros: Consistent with previous years; aligns with federal proclamation; and supports events taking place throughout the week.
  - Cons: None

s.13

DECISION APPROVED / NOT APPROVED **DATE:**

_____ _____

Honourable Mike Farnworth
Minister of Public Safety and Solicitor General

Prepared by:
Steve Lauer
Coordinator, Stakeholder Relations
Community Safety and Crime Prevention
604-660-5690

Approved by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604-660-5272

Attachment
Draft Proclamation of Restorative Justice Week

APPENDIX 1

Draft Proclamation of Restorative Justice Week (suggested wording)

WHEREAS, in the face of crime or conflict, restorative justice offers a philosophy and approach that views these matters principally as harm done to people and relationships; and

WHEREAS restorative justice approaches strive to provide support and opportunities for the voluntary participation and communication between those affected by crime and conflict (victims, offenders, community) to encourage accountability, reparation and a movement towards understanding, feelings of satisfaction, healing and closure; and

WHEREAS the government recognizes the value that restorative justice provides our province in building safer communities; and

WHEREAS many communities in British Columbia have embraced restorative justice approaches to address the harm caused by crime, violence and victimization; and

WHEREAS this year's theme for Restorative Justice Week is "Inspiring Innovation", it is an opportunity to learn, educate and celebrate along with other communities across the country about restorative justice during the week.

NOW KNOW YE THAT we do by these presents proclaim and declare that November 19 to 26, 2017, inclusive, shall be known as

"Restorative Justice Week"

in the Province of British Columbia.

IN TESTIMONY WHEREOF We have caused these Our Letters to be made Patent and the Great Seal of Our Province to be hereunto affixed.

WITNESS The Honourable _____, Lieutenant Governor of Our Province of British Columbia, in Our City of Victoria, in Our Province, this _____day of _____, two thousand ___ and in the _____ year of Our Reign.

BY COMMAND,

Cliff: 522785
Date Prepared: September 5, 2017
Date Decision Required: October 20, 2017

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
Community Safety and Crime Prevention Branch
BRIEFING NOTE

PURPOSE: For DECISION for the Honourable Mike Farnworth, Minister of Public Safety and Solicitor General

ISSUE:
Request for proclamation of Restorative Justice Week (November 19 – 26, 2017)

DECISION REQUIRED / RECOMMENDATION:
That the Province issues the proclamation for Restorative Justice Week 2017 (see Appendix 1).

SUMMARY:

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- The proclamation of Restorative Justice Week provides provincial recognition of restorative justice and has historically been well-received by CAP groups and communities.
- If approved, Victim Services and Crime Prevention will distribute the proclamation and a calendar of events occurring during the week to stakeholders, and also post this information on Ministry website.

BACKGROUND:

- Restorative Justice Week has been held annually since 1996 and is hosted federally by Correctional Service Canada. This year it falls on November 19-26, with the theme "Inspiring Innovation."
- Restorative Justice Week reflects on the value of restorative justice in building safer communities. Agencies and individuals in British Columbia have been recognized nationally for their pioneering efforts in restorative justice during this week.
- British Columbia proclaimed Restorative Justice Week for the first time in 2009.
- Restorative justice continues to advance in our province. A number of activities have been supported to enhance capacity for CAPs to take on more complex cases, collaborate with victim serving agencies and to provide victim sensitive services.

OPTIONS:

- Option 1: Proceed with proclamation **(Recommended)**
  - Pros: Consistent with previous years; aligns with federal proclamation; and supports events taking place throughout the week.
  - Cons: None

s.13

DECISION APPROVED / NOT APPROVED **DATE:**

14/09/2017

Honourable Mike Farnworth
Minister of Public Safety and Solicitor General

Prepared by:
Steve Lauer
Coordinator, Stakeholder Relations
Community Safety and Crime Prevention
604-660-5690

Approved by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604-660-5272

Attachment
Draft Proclamation of Restorative Justice Week

APPENDIX 1

Draft Proclamation of Restorative Justice Week (suggested wording)

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WHEREAS restorative justice approaches strive to provide support and opportunities for the voluntary participation and communication between those affected by crime and conflict (victims, offenders, community) to encourage accountability, reparation and a movement towards understanding, feelings of satisfaction, healing and closure; and

WHEREAS the government recognizes the value that restorative justice provides our province in building safer communities; and

WHEREAS many communities in British Columbia have embraced restorative justice approaches to address the harm caused by crime, violence and victimization; and

WHEREAS this year's theme for Restorative Justice Week is "Inspiring Innovation", it is an opportunity to learn, educate and celebrate along with other communities across the country about restorative justice during the week.

NOW KNOW YE THAT we do by these presents proclaim and declare that November 19 to 26, 2017, inclusive, shall be known as

"Restorative Justice Week"

in the Province of British Columbia.

IN TESTIMONY WHEREOF We have caused these Our Letters to be made Patent and the Great Seal of Our Province to be hereunto affixed.

WITNESS The Honourable _____, Lieutenant Governor of Our Province of British Columbia, in Our City of Victoria, in Our Province, this _____day of _____, two thousand ___ and in the _____ year of Our Reign.

BY COMMAND,

Cliff: 539152
Date Prepared: October 23, 2017
Date Decision Required: October 27, 2017

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
Community Safety and Crime Prevention
BRIEFING NOTE

PURPOSE: For DECISION for Mike Farnworth,
Minister of Public Safety and Solicitor General

ISSUE: Priority funding areas for the 2017/18 Crime Prevention and Remediation Grant Program (Civil Forfeiture Grants).

DECISION REQUIRED/ RECOMMENDATION:

Proceed with plan for 2017/18 Civil Forfeiture grants.

SUMMARY:

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- The Community Safety and Crime Prevention Branch (CSCP) has identified 5 priority areas for funding based on the Ministry's current strategic priorities:
    1. Crime Reduction and Prevention
    2. Violence Against Women
        - Sexual Assault and Domestic Violence
        - Human Trafficking and Sexual Exploitation
        - Domestic Violence Units and Child Advocacy Centres
    3. Healing and Rebuilding in Indigenous Communities
    4. Restorative Justice
    5. Police Responses, Specialized Equipment and Training Initiatives

BACKGROUND:

- CFO is self-funding with in-year recoveries covering the office's operating costs. The balance remaining from in-year recoveries is allotted to the funding of proposals under the Crime Prevention and Remediation Grant Program.

- CFO has TB approval to spend up to $3M in crime prevention and remediation grants, subject to the recoveries for operating costs and revenue requirements being met.

- While it is anticipated that $1.5M in in-year recoveries will be available for grants this year, it is difficult to forecast the exact amount of grant funding that will be available

by year-end. The Branch has a scalable plan in place in the event that additional grant funding is available.

- CSCP will also be submitting a Treasury Board submission to request a $1M draw down from the $2.4M balance of the Criminal Asset Management Fund Special Account to support the grant call.

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DISCUSSION:

- Grant applications will be posted on the Ministry website during the week of **November 6-10, 2017.** The call for proposals will close on **Friday, December 15, 2017** and final decisions will be communicated to all applicants by **March 30, 2018**.

- CSCP is working with GCPE to explore options for an announcement related to this year's call for grant proposals.

- Grants will be evaluated based on the strength of the project proposals, level of need in the community, budget and value for money of the project. Preferred criteria will be provided for some streams to focus projects on Ministry priorities.

- The CFO funding program has a thorough grant review process that includes adjudication teams of two or three internal Branch/Ministry staff to review proposals and a final review by the Branch CFO Oversight Committee and ADM. Unsuccessful applicants are provided with an opportunity to receive feedback on their proposals with suggestions for ways to strengthen them for the following year.

- MLA's will be provided the opportunity to contact successful CFO Grant recipients at the end of March 2018.

OPTIONS:

Option One (Recommended): Proceed with plan for 2017/08 Civil Forfeiture grants.

s.13

Prepared by:
Brett Banks
Senior Policy Analyst
Community Safety and Crime Prevention
604 660 1872

Approved by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604 660 5272

Cliff: 539152
Date Prepared: October 23, 2017
Date Decision Required: October 27, 2017

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
Community Safety and Crime Prevention
BRIEFING NOTE

PURPOSE: For DECISION for Mike Farnworth,
Minister of Public Safety and Solicitor General

ISSUE: Priority funding areas for the 2017/18 Crime Prevention and Remediation Grant Program (Civil Forfeiture Grants).

DECISION REQUIRED/ RECOMMENDATION:

Proceed with plan for 2017/18 Civil Forfeiture grants.

SUMMARY:

s.13

- The Community Safety and Crime Prevention Branch (CSCP) has identified 5 priority areas for funding based on the Ministry's current strategic priorities:
    1. Crime Reduction and Prevention
    2. Violence Against Women
        - Sexual Assault and Domestic Violence
        - Human Trafficking and Sexual Exploitation
        - Domestic Violence Units and Child Advocacy Centres
    3. Healing and Rebuilding in Indigenous Communities
    4. Restorative Justice
    5. Police Responses, Specialized Equipment and Training Initiatives

BACKGROUND:

- CFO is self-funding with in-year recoveries covering the office's operating costs. The balance remaining from in-year recoveries is allotted to the funding of proposals under the Crime Prevention and Remediation Grant Program.

- CFO has TB approval to spend up to $3M in crime prevention and remediation grants, subject to the recoveries for operating costs and revenue requirements being met.

- While it is anticipated that $1.5M in in-year recoveries will be available for grants this year, it is difficult to forecast the exact amount of grant funding that will be available

by year-end. The Branch has a scalable plan in place in the event that additional grant funding is available.

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DISCUSSION:

- Grant applications will be posted on the Ministry website during the week of **November 6-10, 2017.** The call for proposals will close on **Friday, December 15, 2017** and final decisions will be communicated to all applicants by **March 30, 2018**.

- CSCP is working with GCPE to explore options for an announcement related to this year's call for grant proposals.

- Grants will be evaluated based on the strength of the project proposals, level of need in the community, budget and value for money of the project. Preferred criteria will be provided for some streams to focus projects on Ministry priorities.

- The CFO funding program has a thorough grant review process that includes adjudication teams of two or three internal Branch/Ministry staff to review proposals and a final review by the Branch CFO Oversight Committee and ADM. Unsuccessful applicants are provided with an opportunity to receive feedback on their proposals with suggestions for ways to strengthen them for the following year.

- MLA's will be provided the opportunity to contact successful CFO Grant recipients at the end of March 2018.

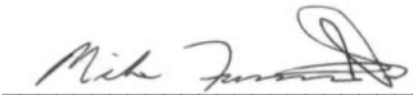
OPTIONS:

Option One (Recommended): Proceed with plan for 2017/08 Civil Forfeiture grants.

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Cliff: 539152
Date Prepared: October 23, 2017
Date Decision Required: October 27, 2017

RECOMMENDED OPTION APPROVED: **DATE:**



October 31, 2018

Honourable Mike Farnworth
Minister of Public Safety
and Solicitor General

Prepared by:
Brett Banks
Senior Policy Analyst
Community Safety and Crime Prevention
604 660 1872

Approved by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604 660 5272

Page 055 to/à Page 065

Withheld pursuant to/removed as

s.13

Cliff: 518337
Date: October 26, 2016

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
Community Safety and Crime Prevention Branch
BRIEFING NOTE

PREPARED FOR: Mike Morris, Minister of Public Safety and Solicitor General
FOR DECISION

ISSUE:

Civil forfeiture grants plan – fiscal 2016-17

BACKGROUND:

- The Civil Forfeiture Office (CFO) is self-funding, with recoveries covering CFO's operating costs.

- This year CFO has TB approval to spend up to $3M in crime prevention and remediation grants, subject to the recoveries for operating costs and revenue requirements being met.

- At this time, it is anticipated that CFO will reach its targeted projection for available grant funds this year (funds from in-year recoveries). However, it is difficult to predict exactly how much grant funding will be available by year-end. The branch has a contingency plan in place in the event of additional grant funding being available.

- It is proposed that the following five priority areas be established for this year's grants from in-year recoveries (see below). The specific grant categories under each priority area are listed in Appendix A.

Grant Priority Areas:

1. **BC Crime Reduction**
   - Grants to support community-led crime reduction initiatives in BC communities.

   - This will support commitments in the province's *Guns and Gangs Strategy*, and recommendations in the *Blue Ribbon Panel on Crime Reduction.* These grants are linked to the work of the new Office of Crime Reduction and Gang Outreach.

2. **Violence Free BC**
   - Grants to support projects that prevent and respond to violence against women, with a focus on domestic violence, sexual assault, human trafficking and vulnerable women in the sex trade.

- This will continue to support the priorities within the *Violence Free BC Strategy,* including funding for domestic violence units.

3. **Healing and Rebuilding in Indigenous Communities**
   - Grants to support healing and rebuilding from trauma, crime or victimization in Indigenous communities.

   - This aligns with initiatives related to the Missing Women Commission of Inquiry in their final report *Forsaken,* the *National Inquiry into Missing and Murdered Indigenous Women and Girls* and the recommendations and calls for action by the Truth and Reconciliation Commission of Canada in their report*: Honouring the Truth, Reconciling for the Future - Summary of the Final Report of the Truth and Reconciliation Commission of Canada.*

4. **Restorative Justice**
   - Grants to increase restorative justice program capacity, including the enhancement of program standards, policies and evaluation tools.

   - This aligns with recommendations in *Getting Serious about Crime Reduction – Report of the Blue Ribbon Panel on Crime Reduction.*

5. **Police Responses**
   - Grants for training and equipment for police to prevent crime and remediate the effects of it, as part of the broader policing response.

   - CFO also funds the Fugitive Return Program on an annual basis at up to $40,000.

DISCUSSION:

- Grant applications will be posted on-line **Monday, November 7, 2016** and will close on **Friday, December 16, 2016**. An Information Bulletin about the availability of the grants will be posted on the Ministry website with links to the application forms. Final decisions are communicated to all applicants by March 31, 2017.

- Grants are assessed on the strength of the project proposal, level of need in the community, budget and value for money of the project. Preferred criteria are listed for some streams to focus projects on branch priority groups and issues.

- A thorough review process of the grants is proposed including adjudication teams of two or three internal Branch/Ministry staff to review proposals in each grant stream, and a final review by the Branch CFO Oversight Committee and ADM. Unsuccessful applicants are provided with an opportunity for feedback on their proposal with suggestions for ways to strengthen them for the following year.

- MLA's are provided with the opportunity to contact successful CFO Grant recipients at the end of March 2017.

OPTIONS:

Option One (Recommended option): Minister approves the five grant priority areas and streams within those areas.

s.13

RECOMMENDATION:

Option One

APPROVED / NOT APPROVED **DATE:**

October 28, 2016

The Honourable Mike Morris
Minister of Public Safety and Solicitor General

Approved by:
Rosalind Currie
Director
Community Safety and Crime Prevention
604-660-4891

Prepared by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604-660-5272

Appendix A: List of CFO Grant Categories 2016-17

APPENDIX A: List of CFO Grant Categories 2016-17

BC Crime Reduction
- Stream: BC Crime Reduction

Violence Free BC
- Stream: Domestic Violence Units
- Stream: Child and Youth Advocacy Centres
- Stream: Priorities in the Violence Free BC Strategy

Healing and Rebuilding in Indigenous Communities
- Stream: Healing and rebuilding from trauma, crime or victimization

Restorative Justice
- Stream: Restorative Justice – Program, Policy and Evaluation enhancements

Police Responses
- Stream: Police Training and Equipment Grants (are adjudicated by the CFO Office in a separate process)

BRITISH COLUMBIA | Ministry of Justice

Final Reporting Form

Crime Prevention & Remediation Grant Program
(Civil Forfeiture)

All grant recipients are required to submit this Reporting Form after completing their project activities.

Please complete and return the following form by April 30, 2016. The completed Reporting Form can be done in Microsoft Word and emailed. It is **for the reporting period of April 1, 2015 to March 31, 2016.**

Project and Contact Information

Project Name:	**Addressing Mental Health & Addictions in Restorative Justice**			
Organization Name:	**Community Justice Centre of the Comox Valley Society**			
Mailing Address:	**450 Eighth Street**			
Suite Number:	**C-2**	City/Town:	**Courtenay**	
Province:	British Columbia		Postal Code:	**V9N 1N5**
Project Duration:	**mm/yy 03/18 to mm/yy 03/17**			
Organization Contact:	**Bruce Curtis**			
Telephone:	**250-334-8101**		Fax Number:	**250-334-8102**
Email:	**bruce.curtis@shawbiz.ca**			
Position Title:	**Chief Administrator**			
Date:	**dd/mm/yy31/03/17**			

1. Under which of the following funding categories does your project fall?

   ☐ School-based Violence Against Women Prevention
   ☐ Prevention of Sexual Exploitation and Human Trafficking of Vulnerable Girls and Women
   ☐ Innovative Partnerships for Responding to Violence Against Women
   ☐ Healing and Rebuilding after Violence Against Aboriginal Women
   ☐ Training and Education for Front-line Service Providers Responding to Violence Against Women
   ☐ Serving Victims Through Restorative Justice
   ☐ Community and/or Youth Crime Prevention
   ☐ Other, please specify: **Complex Cases and Restorative Justice**

PART A - PEOPLE BENEFITTING FROM THE GRANT

The first set of questions focuses on the measureable results achieved by your project.

2. How many people directly benefited from this grant? 105 People

   Important Note on Counting
   Include information such as the number of people using your project-related services, participating in your project, attending a project-related event, etc. Avoid counting people more than once. For example, if you offer a project in which groups of people participate on a regular basis, only count members of those groups once.

   Do not include people who indirectly benefit from your grant. For example, number of visitors to your web site, number of people in your community that were contacted through outreach but did not become directly involved in your grant.

3. How many meetings, workshops, events, classes, or gatherings were held for the benefit of 'clients' during the grant period? 9

4. How many new programs, activities, or events were you able to offer as a result of this grant? 4

5. Thinking about the scope of the project, which of the following general objectives did your program seek to achieve? Please check only those that apply.

   x☐ Serve clients
   x☐ Build knowledge
   x☐ Reach agreement with partners
   x☐ Build community plans
   ☐ Activate a community plan
   x☐ Establish or enhance an existing program
   ☐ Educate the public
   x☐ Train volunteers or staff
   x☐ Create communication materials
   x☐ Develop a manual or new policy for assisting people in the community
   ☐ Purchase equipment
   ☐ Other, please specify:

6. Which of the following activities did you engage in during the course of the project? Please check only those that apply.

   x☐ Engaged new stakeholders
   x☐ Held planning meetings
   x☐ Conducted education classes
   x☐ Hired staff
   ☐ Assembled or created public education materials
   x☐ Held a community workshop
   x☐ Held training sessions
   x☐ Completed research
   x☐ Gathered information from other agencies
   x☐ Drafted documents

☐ Conducted social marketing campaigns
x☐ Skill-building for participants
x☐ Worked directly with clients
x☐ Worked with youth
☐ Completed artistic work
☐ Created recreational opportunities
☐ Created multi-media (videos, etc.)
☐ Held public education meetings
x☐ Data collection or evaluation
☐ Train the Trainer activities

7. In terms of achieving positive outcomes, which of the following positive social outcomes did your grant seek to promote, or develop? Please check only those that apply.

☐ Created social development activities for youth
x☐ Decreased negative client interaction with police
x☐ Assisted community to build capacity
☐ Developed an integrated community response to crime
x☐ Prevented substance abuse (drug or alcohol)
☐ Prevented people being victimized by sexual exploitation
x☐ Addressed the impacts stemming from violence
x☐ Increased the safety of those impacted by violence
☐ Educated vulnerable people about dangers or risks involved with criminal activity
x☐ Created awareness about a social issue
x☐ Built a community partnership or collaboration
☐ Created recreational opportunities for vulnerable people
x☐ Built empathy and connectedness amongst community members
x☐ Engaged citizens in crime prevention activities

8. Please provide a brief summary of what your project accomplished. (1-2 paragraphs)
Over 45 restorative justice volunteers from the CJC and other RJ programmes on Vancovuer Island (and three from the mainland!) attended the two day training programme. The programme included information for the volunteers on a variety of the most common mental health disorders and issues which our clients face. The volunteers also were trained in the ways in which the RJ process can be modified to accommodate the client's mental health issues so that the RJ encounter meets the needs of both victim and offender. Skills in effective communication with these clients were presented and practiced. Importantly (for the CJC volunteers) there were discussions about the services which are available to serve and support victims and offenders in the Comox Valley and how to access them.

Importantly, there was training in making a preliminary assessment of the client's capacity to engage effectively in the RJ process, including seeking the advice of the client's social worker, mental health worker, or other support persons. Feedback from the participants reported both enhanced understanding and increased confidence in dealing with the factors underlying the criminal behaviour which gave rise to the referral to restorative justice.

9. Please provide a brief description of how your community, or the people you served, benefited from this grant. (1-2 paragraphs)
Due to the reduction in service and funding across all sectors of the government service sector, individuals with mental health issues are increasingly unable to proceed through the courts and

police have taken to more frequent referrals to restorative justice. These individuals (both victims and offenders) require extra levels of support in order to move through restorative justice and the RJ process itself often needs to be modified to effectively support the clients' capacities to engage.

More broadly, the community is witnessing increased minor conflicts with individuals having mental health issues and is frustrated that there is too little support for them to live safely in the community. This workshop has provided initial volunteer training and support to meet the enhanced levels of difficulty with these files and will therefore be able to guide these files to a more successful outcome and redress the harms that have been caused.

10. In your opinion, did you achieve all, some or none of your expected results?

x☐ All results achieved
☐ Some results achieved
☐ Did not achieve desired results

11. If you were not able to achieve all of your expected results, indicate why by checking all the reasons that apply. Please check only those that apply.

☐ Delays in getting started
☐ Organizational/staffing changes
☐ Under-estimated time to complete work
☐ Under-estimated resources needed for the work
☐ Loss of funding/revenue from other sources
☐ Lack of community support
☐ Lack of knowledge required to develop/deliver project
☐ External factors beyond your control
☐ Other, please explain:

PART B - MEDIA

12. What types of media coverage did your project receive? Please check only those that apply.

☐ None
☐ Television
☐ Major Newspaper i.e. The Province, The Vancouver Sun.
x☐ Radio
x☐ Community Newspaper
x☐ Internet
☐ Coverage on a blog
☐ Magazine story
x☐ Organizational e-mail
☐ Organizational newsletter
☐ Other media:

PART C - IMPACTS

13. Did you observe any behaviour or attitude changes among the participants directly involved in the funded project? Please check only those that apply.

☐ Improved sense of cultural identity
x☐ Improved sense of community belonging and connection
x☐ Increased awareness of community or provincial resources
x☐ Enhanced communication skills
x☐ Enhanced problem solving skills
☐ Enhanced self-esteem
x☐ Enhanced success for students or learners
x☐ Increased sense of community safety
x☐ Improved understanding of impact or consequences of behavior
x☐ Increased sense of community responsibility
☐ Other, please specify:

14. How did your organization benefit from this grant? Please check only those that apply.

x☐ Enhanced capacity to deliver services or programs
x☐ Increased number of partnerships or service networks
x☐ Improved staff training and development
☐ Improved youth engagement in organization's activities
x☐ Enhanced understanding of community needs
x☐ Raised profile of organization
x☐ Improved knowledge of evidence-based practices in crime prevention
☐ Other, please specify:

15. How did this grant benefit your community, clients or participants? Please check those that apply.

x☐ Increased community participation in prevention initiatives by removing barriers to participation
x☐ Enhanced community awareness of local crime or violence or victimization issues
x☐ Enhanced organizational responsiveness to community needs
x☐ Increased opportunities for vulnerable populations to participate in community programming
☐ Other, please specify:

16. Please describe any unexpected results from your work, positive or negative. (1 paragraph)
- deepened levels of collaboration with other RJ programmes on the Island and enhanced confidence in those programmes to which we may need to refer files in the future (where the offender is resident elsewhere on the Island)
- **Stronger cooperation from agencies providing mental health services due to their enhanced understanding of the role that RJ can play**

PART D - INTERACTION WITH VICTIM SERVICES AND CRIME PREVENTION STAFF

17. How often did you speak with the program manager, or staff member, at the Victim Services and Crime Prevention Division (VSCPD) regarding the grant or your project?

☐ I did not speak with anyone at the Division
☐ I spoke to Division staff only when they called me
x☐ I called the Division on my own and received calls from Division staff
☐ I called the Division but did not receive any calls from Division staff

18. Did you receive a phone call or email from a VSCPD staff member upon receiving the grant?

x☐ Yes
☐ No
☐ I do not remember

19. Did you receive a follow-up phone call or email from a VSCPD staff member in December 2015?

x☐ Yes
☐ No
☐ I do not remember

20. How helpful was the VSCPD staff member in their conversations with you?

x☐ Very helpful
☐ Somewhat helpful
☐ Not very helpful
☐ Not at all helpful
☐ Not applicable

21. Thinking back to your discussions with the VSCPD staff, do you recall any topics discussed? **we discussed several administrative matters related to the requirements of the grant, progress being made on developing the workshop, and I received several very helpful suggestions from Catharine Bargen on the workshop format and possible resources that could be accessed.**

22. Thinking about your communications with VSCPD, how would you rate the Division in the following areas.

	Very Good	*Good*	*Okay*	*Unhelpful*	*N/A*
a. *Creating a clear grant application form*	x☐	☐	☐	☐	☐
b. *Being responsive to my needs*	☐	x☐	☐	☐	☐
c. *Answering questions*	x☐	☐	☐	☐	☐
d. *Providing support*	x☐	☐	☐	☐	☐
e. *Keeping in contact*	☐	x☐	☐	☐	☐
f. *Providing valuable information*	☐	x☐	☐	☐	☐
g. *Being respectful in their communications*	x☐	☐	☐	☐	☐
h. *Clearly outlining the*	x☐	☐	☐	☐	☐

roles and conditions of the grant					
i. Being a positive partner	x☐	☐	☐	☐	☐

PART E – PROJECT BUDGET REPORT

Project Budget Report			
Instructions: 1. Fill out the form to the best of your ability, true to your records 2. The 'Requested Amount' column does not need to equal the 'Actual Amount Spent'. A program can move funds between categories.			
Item	**Amount as per Grant Application Budget**	**Actual Amount Spent**	**Comments**
Staff	s.13,s.21		
Transportation			
Materials			
Equipment			
Rent or Utilities			
Evaluation			
Other Expenses **Description:**			
Total	$19,950	$19,155	Balance of grant to be added to CJC volunteer trainings budget

Please e-mail the completed form to the Victim Services and Crime Prevention Division, including any evaluations or other materials to:

Attn: Final Report CFO Grant 2015
Email: crimeprevention@gov.bc.ca

Please submit reports by April 30, 2016

Need help preparing your report? Give us a call! Contact staff at the Victim Services and Crime Prevention Division of the Ministry of Justice or call 604 660 5199 or crimeprevention@gov.bc.ca and leave a message.

Cliff: 505209
Date: October 22, 2014

MINISTRY OF JUSTICE
COMMUNITY SAFETY AND CRIME PREVENTION BRANCH
BRIEFING NOTE

PURPOSE: **FOR DECISION by Suzanne Anton, Attorney General and Minister of Justice**

ISSUE: Civil forfeiture grants plan – fiscal 2014-15

DECISION REQUIRED/RECOMMENDATION: Approval of the civil forfeiture grants plan for fiscal 2014-15.

SUMMARY:

- The Civil Forfeiture Office (CFO) is self-funding, with recoveries covering CFO's operating costs. The Treasury Board delegated revenue requirement for CFO is $1.033 million. CFO has TB approval to spend up to $1.282M in crime prevention and remediation grants, subject to the recoveries for operating costs and revenue requirements being met.

- CFO recoveries will exceed $1.28M in 14/15. It is anticipated that CFO will have up to $4M in additional grant funding available this year (above the $1.28M). A Treasury Board submission to seek approval to spend the additional grant funding on initiatives related to the Violence-Free BC Strategy is being prepared.

- It is proposed that the following four priority areas be established for this year's grants:

1. **Youth Crime Prevention**
    - Grants to prevent youth from becoming involved in crime by addressing risk factors that place them at increased risk and enhancing protective factors.
    - This aligns with BC's *Strategic Plan for the Justice and Public Safety Sector April 2014-2017*, which includes a focus on "early, appropriate and effective" interventions (Goal 2 of the Plan).

2. **Police Responses**
    - Grants for training and equipment for police to prevent crime and remediate the effects of it, as part of the broader policing response.
    - CFO also funds the Fugitive Return Program on an annual basis at up to $40,000.

3. **Community Crime Prevention**
    - Grants to support partnerships to respond to locally driven community crime prevention initiatives.
    - This is consistent with the recommendation from the draft report* of the Blue Ribbon Panel on Crime Reduction's recommendation to support local partnerships to reduce crime.

    * The Blue Ribbon Panel's Report entitled "Getting Serious About Crime Prevention" is currently in draft form and will be finalized this fall.

4. **Violence-Free BC**
    - Grants to support projects that prevent and respond to violence against women.
    - This will coincide with the priorities within the Violence Free BC Strategy.

OPTIONS:

- The timing for announcements related to CFO grant availability needs to be determined.

s.13

Option Two:

- Announcement of grant availability for all grants (including crime prevention) on or before Sept December 5, to coincide with the release of the Violence Free BC Strategy.

s.13

RECOMMENDATION:

- Option s.13 Two Sept.

DECISION APPROVED / NOT APPROVED **DATE:**

Suzanne Anton
Attorney General and Minister of Justice

23 Oct 2014.

Prepared by:	**Approved by:**
Erin Hobday	Lynda Cavanaugh
Senior Policy and Legislation Analyst	Assistant Deputy Minister
Community Safety and Crime Prevention	Community Safety and Crime Prevention
604-660-4895	604-660-5272

Cliff: 512818
Date: October 28, 2015

MINISTRY OF JUSTICE
COMMUNITY SAFETY AND CRIME PREVENTION BRANCH
BRIEFING NOTE

PURPOSE: For Information to Suzanne Anton, Attorney General and Minister of Justice

ISSUE: Civil forfeiture grants plan – fiscal 2015-16

RECOMMENDATION: Approval of the civil forfeiture grants plan for fiscal 2015-16.

SUMMARY:

- The Civil Forfeiture Office (CFO) is self-funding, with recoveries covering CFO's operating costs. The Treasury Board delegated revenue requirement for CFO is $1.033 million. CFO has TB approval to spend up to $1.282M in crime prevention and remediation grants, subject to the recoveries for operating costs and revenue requirements being met.

- CFO recoveries will exceed $1.28M in 15/16. At this time, it is anticipated that CFO will have up to $2M in additional grant funding available this year (above the $1.28M). A Treasury Board submission to seek approval to spend the additional grant funding on initiatives outlined below is being prepared.

- It is proposed that the following four priority areas be established for this year's grants (see below). The specific grant categories under each priority area are listed in Appendix A.

  1. **Violence-Free BC**
     - Grants to support projects that prevent and respond to violence against women, with a focus on domestic violence, sexual assault and healing and rebuilding for Aboriginal communities.

     - This will continue to support the priorities within the Violence Free BC Strategy.

  2. **Youth Crime Prevention**
     - Grants to prevent youth from becoming involved in crime by addressing risk factors that place them at increased risk and enhancing protective factors.

     - This aligns with BC's *Strategic Plan for the Justice and Public Safety Sector April 2014-2017*, which includes a focus on "early, appropriate and effective" interventions (Goal 2 of the Plan).

3. **Police Responses**
    - Grants for training and equipment for police to prevent crime and remediate the effects of it, as part of the broader policing response.

    - CFO also funds the Fugitive Return Program on an annual basis at up to $40,000.

4. **Restorative Justice**
    - Grants to increase restorative justice program capacity to address complex criminal cases.

    - This aligns with recommendations in the *Getting Serious About Crime Reduction – Report of the Blue Ribbon Panel on Crime Reduction.*

A public announcement about the availability of the grants is anticipated to be made at the BC Crime Prevention Awards on Saturday November 7, 2015 in Burnaby, BC. Representatives, including youth participants, from last year's CFO funded *Street-to-Peak Project* will be in attendance and available for a photograph with the Minister.

Grant applications will be posted on-line on Monday November 9, 2015 and will close on Thursday December 17, 2015. Final decisions are communicated to all applicants by March 31, 2016.

Grants are assessed on the strength of the project proposal, level of need in the community, budget and value for money of the project. Preferred criteria are listed for some streams to focus projects on Branch priority groups and issues.

A thorough review process of the grants is proposed including teams of three internal Branch/Ministry staff to review proposals in each grant stream, and a final review by the Branch CFO Oversight Committee and ADM. Unsuccessful applicants are provided with an opportunity for feedback on their proposal with suggestions for ways to strengthen them for the following year.

MLA's are provided with the opportunity to contact successful CFO Grant recipients at the end of March 2016.

Prepared by:
Rosalind Currie/Ally Butler
Director/Senior Policy Analyst
Community Safety and Crime Prevention
604 660 4891/604 660 4894

Approved by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604 660 5272

Appendix A: List of CFO Grant Categories 2015-16

APPENDIX A: List of CFO Grant Categories 2015-16

Violence Free BC

Stream 1: Domestic Violence Units
Stream 2: Sexual Assault (enhancing coordinated responses)
Stream 3: On Campus Responses to Sexual Violence
Stream 4: Vulnerable Women in the Sex Trade, Trafficked Women, Women at Risk of Exploitation
Stream 5: Healing and Rebuilding After Violence Against Aboriginal Women

Training

Stream 6: Training for Branch Programs to Enhance Services to Victims of Crime

Restorative Justice

Stream 7: Restorative Justice for Complex Cases

Youth Crime Prevention

Stream 8: Youth Crime Prevention (focus on at risk youth)

Note: Police Response Grants are adjudicated by the CFO Office in a separate process

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Youth Gang Prevention & Intervention	Abbottsford Community Services	**Abbotsford Youth Gang Prevention and Intervention Project:** Wraparound Model targeting high risk South Asian youth. 90 youth will be referred from Abbotsford Police Department and the Abbotsford School District have been served through intensive mentoring and individualized service plans. Ethno-cultural parenting forums with local police and schools as well as recreational activities are part of this program. This project provides a continuum of services including outreach and education to South Asian families and individual client support.	$100,000.00	Abbotsford
Yth Crime Prevention	Abbotsford Restorative Justice and Advocacy Association	**Crime Prevention Through Mentoring:** Funding will support a Mentoring Program for at-risk youth identified through the Abbotsford Police who are getting into conflict with the law and at-risk youth who are identified through the Abbotsford School District who are getting into conflicts at school.	$5,000.00	Abbotsford
Healing & Rebuilding	Esk'etemc	**Education is Power- Esk'etemc Violence Against Women Project:** This 15-week project involves a series of 10 weekly workshops for women, and involves processing pain and anger through traditional sweat lodge ceremonies. Elders, support people and family members are part of the ceremony and spouses are invited to participate in a healing circle. Parties are encouraged to attend support groups and/or the local treatment centre as part of a lifelong healing process. The second project component involves a five-week focus on the local children who witness violence.	$19,925.00	Alkali Lake
Yth Crime Prevention	Saanich Sports Association	**Island Spirit:** Funding will support a canoe journey for at-risk Aboriginal youth. Youth will participate in monthly activities that develop healthy life skills, leadership skills and resiliency through recreation and culture. The Canoe Family will involve youth between the ages of 11 to 18 as well as their family members, elders, youth workers, Aboriginal Mental Health workers, Correction officers and the RCMP.	$18,985.00	Brentwood Bay
Healing & Rebuilding	Denisiqi Services Society	**Pathways to Power:** Pathways to Power is Denisiqi's violence prevention program, one that promotes learning and awareness for the purpose of supporting participants to make healthy life choices, gain healthy insights that promote new cycles of behaviour, and strengthen the current and future generations of families. The project includes a four-day workshop in three Chilcotin communities.	$15,620.00	Chilcotin communities

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Yth Crime Prevention	Stó:lō Nation	**Stó:lō KidStart Program:** Funding will support the implementation of the Stó:lō Nation KidStart Program. This program will provide youth with the opportunity to develop a supportive relationship with a Volunteer Mentor who is a consistent and positive role model. Mentors will plan weekly one-to-one activities in the community that will provide participants with experiences that foster a sense of personal achievement, reinforce their strengths and create new interests.	$20,000.00	Chilliwack
Yth Crime Prevention	Chilliwack Restorative Justice and Youth Advocacy Association	**REACH:** The REACH program will provide service to Chilliwack School District 33 offering an alternative to suspension or discipline. At-risk students will be engaged in structures activities and exercises that focus on social and emotional behaviours, skills development and problem solving, and building healthy relationships with positive peers and adults.	$19,980.00	Chilliwack
Yth Crime Prevention	Ann Davis Transition Society	**Summer Training and Recreation Program (STAR):** This project will provide healthy activities for at risk youth during the summer months and counselling during the school year to assist them to develop life skills, take on leadership opportunities and engage in pro-social activities. The funding will be used to hire a youth counsellor for the summer months, and partially fund a therapist /counsellor for the youth to access during the school year.	$19,940.00	Chilliwack
Healing & Rebuilding	Comox Valley Transition Society	**Aboriginal Outreach Worker:** This will be a continuation of a pilot project funded last year through the CFO, and carried out by the Comox Valley Transition Society (CVTS), to create culturally appropriate circles of support for aboriginal women, including those with children, who have experienced violence in relationships. The project includes an Aboriginal Outreach Worker (AOW) position.	$20,000.00	Comox Valley
Yth Crime Prevention	Mark R. Isfeld School/Lake Trail School	**Boys Club Network:** Funding will support a school-based program for male students between the ages of 12-18. Through the model of HOPE (Hope, Opportunity, Positive Mentorship, and Education) the Boys Club Network will promote engagement and skill development through many pro-social activities.	$6,600.00	Courtenay
Healing & Rebuilding	WISH Drop-In Centre Society	**Aboriginal Culture & Creativity Program** - an initiative that promotes healing and builds sex-working indigenous women and girls' resilience to violence through a unique combination of cultural programming, culturally safe healing workshops and individualized support services.	$20,000.00	Downtown Eastside

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Healing & Rebuilding	The Bloom Group Community Services Society	**Powell Place and Springhouse - Indigenous Healing and Wellness Circle Project:** This project expands existing Women and Children Services at The Bloom Group to increase the capacity for ongoing service delivery by Aboriginal Counsellors and Crisis Intervention Support Workers at both Powell Place and Springhouse shelters. Expanded services will allow Aboriginal Counsellors and other Aboriginal support staff to provide group activities (in addition to the already existing 1-to-1 services) that incorporate cultural and traditional indigenous practices for healing.	$18,600.00	Downtown Eastside
Yth Crime Prevention	Cowichan Tribes	**Youth Strengthening Together - Cultural Camp:** Funding will support a cultural camp where youth can explore their cultural identity and participate in activities that are grounded in land learning, storytelling and other activities to engage youth in culture.	$20,000.00	Duncan
Healing & Rebuilding	Homalco Indian Band	**Xwemalhkwu Families Healing Project:** The project will address violence against women and children in the community by challenging the 'normalization of violence' and drawing on Xwemalhkwu traditions and cultural practices as a path to healing after violence against women and children. The project includes 15 workshops that include Elders, guest speakers and counselling support.	$20,000.00	Homalco
Yth Crime Prevention	The North Shore Restorative Justice Society	**Circles In High Schools:** Funding will support a school-based restorative justice program that will provide at-risk youth the opportunity to engage and reintegrate with their peers, school and community. Through weekly circle youth have the opportunity to discusses issues including identity, conflict resolution, diversity, peer pressure, etc. in a supportive environment. In addition, the project will include a formal mentorship model whereby older students will support younger students to address conflict.	$20,000.00	North Vancouver
Healing & Rebuilding	Nenan Dane zaa Deh Zona Family Services Society	**Heal. Reclaim. Honour. (HRH)** HRH, an extension of the existing Positive, Acceptance, Trust, and Healing (P.A.T.H.) program, creates a safe environment for Aboriginal women and communities within the Northeast region of British Columbia. HRH is designed to facilitate sharing of cultural knowledge through traditionally-based guidance and exposure to traditional medicines and ceremonies to support the healing journey of Aboriginal women. HRH will facilitate a one-day workshop and circle in each community as well as a community feast.	$20,000.00	Northeastern BC
Other Direct Award	Community Justice Initiatives	**Provincial Training on Restorative Justice Approaches:** This project will provide regional training workshops on restorative justice approaches.	$150,000.00	Province-wide

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
VFBC - Other	Stroh Health Care Consulting Corp	**Respectful Relationships in Schools: Resource Development:** This project will develop new resources for BC high schools to promote respectful and healthy relationships among youth. The funding will be used to support the development of new resources for teachers and students, and train teachers to deliver it. An evaluation framework will also be developed. The new resources build on the successful Respectful Relationship Program offered to male offenders.	$100,000.00	Province-wide
Training & Education	THS Society of Transition Houses dba BC Society of Transition Houses	**Regional Training and Education in Legal Issues for Front-Line Victim Service and Violence Against Women Service Providers:** The BC Society of Transition Houses (BCSTH) is applying for funds to expand and deepen the reach of the BCSTH Legal Toolkit via 3 methods: 1) in-person regional training, 2) webinars and 3) an online training tool.	$50,000.00	Province-wide
Training & Education	Multilingual Orientation Service Association for Immigrant Communities	**A Coordinated Response to Supporting Immigrant/Refugee Women Victims of Crime and Trauma:** This funding will develop and deliver three, six hour regional trainings to increase the capacity of victim service and violence against women service providers to support immigrant/refugee women. The training will focus on providing service providers with information on the unique challenges and barriers faced by immigrant/refugee women, and on utilizing a specialized coordinated response, which includes establishing results oriented collaborative referral protocols, to increase the safety of immigrant/refugee women.	$50,000.00	Province-wide
Training & Education	BC Centre for Elder Advocacy and Support	**Understanding, Responding and Supporting Older Women Experiencing Violence:** This funding will provide the creation of an e-guide, including a webinar that will be used as a training tool to educate service providers on the complex and unique issues faced by older women experiencing violence and abuse. An advisory committee of service providers from various regions in BC will be formed to help in the creation of the e-guide. Service providers will be invited to join a webinar upon completion of the e-guide.	$25,000.00	Province-wide
Training & Education	The Centre for Child Development of the Lower Mainland	**Sophie's Place Child Advocacy Centre:** This funding will provide a two day provincial conference for 200 service providers working with women who have experienced violence and child victims of abuse. The conference will increase participants' knowledge in 3 focus areas; Victim assistance programs and the new Victims Bill of Rights, recent evidence based practices, and sustaining collaboration between multiple disciplines that service women and children who are victims of abuse.	$25,000.00	Province-wide

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
VFBC - Other	Canadian Centre for Child Protection	**Cyberbullying Education Modules in BC Schools:** This project will support the purchase and distribution of new curriculum on cyberbullying for students in grades 7 to 10 in BC high schools. The curriculum has been developed by the Canadian Centre for Child Protection.	$25,000.00	Province-wide
Youth Gang Prevention & Intervention	Surrey School District	**Surrey WRAP Program:** The Surrey Wrap is delivered through a partnership between the Surrey School Board, City of Surrey and the Surrey RCMP. The overall goal is to prevent gang-related crime in the Surrey community through the development and application of a wraparound approach for supporting youth at risk of gang involvement, youth displaying gang-associated behaviours, and those currently in gangs	$100,000.00	Surrey
Yth Crime Prevention	City of Surrey	**Newton Youth on the Go!:** This project focuses on engaging at-risk(and disconnected youth in positive, pro-social recreational activities, and promotes relationship development of at-risk youth with positive peers and adults. Funding will support Drop-in basketball-The Newton Recreation Centre offers free drop-in basketball, drop-in dance classes and an Aboriginal youth engagement project.	$19,248.00	Surrey
Sex Assault - Coordinated Response	Musqueam Indian Band	**Musqueam Critical Incident Response Team Development:** This project will improve responses to sexual assault through training for safety patrol and band staff members, as well as enhanced coordination among service providers.	$38,732.00	Vancouver
VFBC - Other	Family Services of Greater Vancouver	**Vancouver Domestic Violence Unit Program:** Funding will support the victim support worker position within the Vancouver Domestic Violence Unit. The Unit promotes a partnership model between victim serve workers and detectives who serve the highest risk victims of domestic violence.	$30,000.00	Vancouver
Training & Education	BWSS Battered Women's Support Services	**Responding to Complex Presentations of Violence against Women Interfacing with the Law:** This Funding will provide four to eight training sessions with five follow up sessions to support front-line victim services workers and violence against women service providers to better understand and respond to complex presentations for women survivors of violence. Training will focus on Issues such as better supporting women who have been incarcerated, who have been arrested for domestic violence related offences, and who are self-representing themselves in Family Court Proceedings.	$25,700.00	Vancouver

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Training & Education	Collingwood Neighbourhood House Society (Living in Community Program)	**Reducing stigma, reducing barriers: Education to transform service provision to sex workers:** This project will serve Ministry of Justice funded victim services, violence-against-women service providers and others who interact with sex workers but need more understanding of how to reduce barriers, so that sex workers feel they can report crimes, and how to create environments that feel safer for sex workers.	$25,000.00	Vancouver
Vulnerable Women	HIM-Health Initiative for Men Society	**HUSTLE Program**: To enhance and continue to support the building of relationships with experiential male youth through traditional on-street outreach. Many youth are in the survival sex trade and are at daily risk of sexual exploitation due to controlling relationships, dependency and/or to provide themselves with basic survival needs such as food, shelter and clothing. HUSTLE outreach supports services will target experiential youth in their natural networks and venues. These may include (but are not limited to) known strolls, tracks, internet cafes and other existing community organizations. HUSTLE will continue to help these youth reduce isolation, reduce the risks of sexual exploitation and increase their overall health and safety.	$24,055.00	Vancouver
Healing & Rebuilding	Providing Alternatives Counselling & Education (PACE) Society	**Sex Work Healing Circle Support Group:** This project, delivered by PACE Society involves a weekly Healing Circle/ support group led by a Peer Indigenous Support Worker to facilitate healing and justice among Indigenous women involved in sex work. Based on a restorative justice approach, the Healing Circle model is designed to foster a sympathetic and supportive environment in which Indigenous women can receive support, build resiliency, and begin healing.	$20,000.00	Vancouver
Yth Crime Prevention	Vancouver Board of Education, Windermere Secondary School	**Windermere Boys and Girls Club:** This project will support 20 identified at-risk males, and another 20 at-risk females, by offering a weekly after school "Boys Club" and "Girls Group" program. The program will include workshops, recreational activities, leadership development, community engagement initiatives, and opportunities to jointly develop a social enterprise.	$20,000.00	Vancouver
Yth Crime Prevention	Pacific Community Resources Society	**Youth Life Skills and Empowerment Program:** Funding will support 8-week workshops and a camp for at-risk youth. During the workshops youth will learn new skills and young people will develop positive relationships with community leaders, including Police Officers, Youth Workers, Counsellors, local business owners, ex-gang members and former at-risk youth.	$20,000.00	Vancouver

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Yth Crime Prevention	Association of Neighbourhood Houses of BC (South Vancouver)	**Boy's Group Program:** This project will bring together boys in grade 8 to 12 to participate in youth-driving workshops the will cover topics related to gang recruitment and violence. Youth will also participate in skill-building sessions, listen to guest speakers and build relationships with adult allies.	$20,000.00	Vancouver
Yth Crime Prevention	Britannia Community Services Centre Society	**Britannia Welcome Pole:** This project will engage at-risk Aboriginal youth In the Grandview Woodlands, Strathcona and Downtown Eastside to create a Welcome Pole for the City of Vancouver. Youth will work with a master carver and elders who will provide traditional teachings.	$20,000.00	Vancouver
Yth Crime Prevention	The KidSafe Project Society	**KidSafe Summer Break Program:** KidSafe's Summer Break Program serves 340 at-risk children and youth in Vancouver. KidSafe's Summer Break Program is a daily summer break program that provides at-risk children and youth with a safe, nurturing, and engaging place to be when school is closed.	$20,000.00	Vancouver
Yth Crime Prevention	Equitas - International Centre for Human Rights Education Society	**Speaking Rights: Building Youth Belonging, Leadership and community Action to Counter Gang and Crime Involvement in BC:** The Speaking Rights project will engage over 550 youth in workshops that are designed to build their leadership skills an knowledge around rights and responsibilities as they relate to involvement tin crime. In addition, funding will support 80 youth community-based action projects (CAPs) to address issues such as gang involvement, exclusion, bullying, violence, discrimination and to identify positive solutions for community change.	$20,000.00	Vancouver
Yth Crime Prevention	Native Education College	**Wellness Warriors Program Enhancement Project:** Wellness Warriors is a community athletics and wellness program that provides health and cultural workshops and structured sport, recreation and leadership opportunities to Native Education College (NEC) students and outside Aboriginal community members. This project will supplement the Native Education College's Wellness Warriors program by expanding and strengthening the program to include more cultural and outdoor recreation programming and renewed leadership opportunities for participants	$20,000.00	Vancouver
Yth Crime Prevention	Association of Neighbourhood Houses of BC (Mount Pleasant)	**Inter-Action Youth Outdoor Leadership Program:** This project will bring at-risk Aboriginal and Newcomer youth together in an engaging outdoor and recreational leadership program that focuses on developing youth mental and physical wellbeing and fostering intercultural relationships and exchanges between Aboriginal and Newcomer youth participants	$20,000.00	Vancouver

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Yth Crime Prevention	MISCELLANEOUS Productions Society	**Monsters:** Monsters is an innovative crime prevention through social development project designed to empower multi-barriered/at-risk youth and give them the skills, tools and experience they need to engage positively and productively with their communities. This program uses creative expression and cultural exploration, public speaking, live performance and free peer-to-peer youth workshops (all mentored by adult professionals) as vehicles to address the root causes of bullying, youth crime and gang involvement, foster healthy personal transformation and drive productive societal change. It also includes a public performance of "Monsters" in which the youth will use theatre as a medium for teaching peers about the dangers of crime and gang involvement.	$20,000.00	Vancouver
Yth Crime Prevention	Vancouver Police Department	**NASKARZ:** The overall goal of this project is to create and enhance positive relationships between the Vancouver Police Department and inner city youth in Vancouver by working together to build a 1935 Ford Police Car. This will engage at risk youth including Aboriginal and first generation youth in social activities which enhance employment skill and opportunities, provide educational advantages and support to reintegrate into the educational and college systems.	$20,000.00	Vancouver
Yth Crime Prevention	The John Howard Society of the Lower Mainland of BC	**Youth Reintegration Project:** The Youth Reintegration project will provide support to federally incarcerated youth who are transitioning back into the community. Funding will support a reintegration worker that will build a release plan with incarcerated youth who are at higher risk of recidivism and continued involvement in crime, and bridge the gap that exists between their needs and their ability to access services prior to and following their release.	$19,981.00	Vancouver
Yth Crime Prevention	College of New Caledonia-Vanderhoof Campus	**Vanderhoof Youth Centre:** The Vanderhoof Youth Centre (YC) serves youth who have extremely high needs and little formal support - both First Nations and non-First Nations youth. The Youth Centre project will build bridges between the communities of Vanderhoof and Saik'uz First Nation by providing a safe and secure place for youth to go to after school during the critical hours between 3:00 p.m. and 6:00 p.m.	$20,000.00	Vanderhoof

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Training & Education	Vernon / North Okanagan RCMP Detachment	**Crime Prevention Through Environmental Design ("CPTED") Training:** This funding will provide a four day training session on Level 1 of the Crime Prevention Through Environmental Design training for 25 service providers in North Okanagan and Vernon who work with victims of domestic violence. The goal of the training is for service providers to develop and enhance their skills through the specialized training of CPTED and will provide official CPTED certification to each participant.	$12,456.00	Vernon
Yth Crime Prevention	Big Brothers Big Sisters of Williams Lake	**In-School and Group Mentoring:** Funding will support community partners to expand mentoring services in William Lake BC with an initial emphasis on the In School Mentoring program. In School Mentoring provides at-risk youth with a friend and role model to talk to and share the experiences of growing up with, within school grounds. For one hour a week during a school year, mentors meet with their mentee and engage in activities such as sports, art, reading, board games, and active play.	$19,500.00	Williams Lake

Criminal Asset Management Fund Grants 2015-16, $1.7M - By Community				
Stream	**Recipient**	**Project Description**	**Grant Amount**	**Community**
Police Education, Training and Specialized Crime Prevention Equipment				
Police Education, Training and Specialized Crime Prevention Equipment	Police Agencies	**Crime Prevention:** Funding to support police in their crime prevention activities including the Fugitive Return Program, enhanced training and the purchase of technical equipment.	$320,000.00	N/A
TOTAL FUNDING			**$1,664,322**	

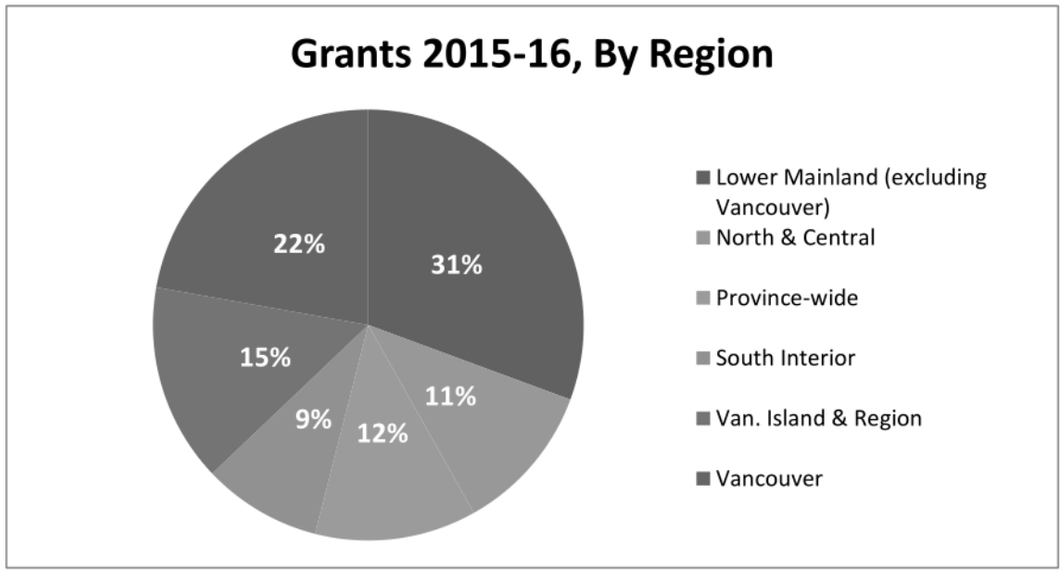
Civil Forfeiture and Criminal Asset Management Fund Grants 2015-16

Summary of Grant Funding, by Category

Grant Stream	# of Grants	CFO - Recommended	CFO - Community Safety	TOTAL CFO	# of Criminal Asset Management Fund Grants	Criminal Asset Management Fund	Total CFO + CAMF Grants	Total CFO + CAMF
Other - Direct Award Restorative Justice	s.13,s.17							
Restorative Justice								
Sexual Assault: Post-secondary								
Other - VFBC Direct Award								
Vulnerable Women								
Healing and Rebuilding for Ab. Women								
Sexual Assault: Coordinated Responses								
Domestic Violence Units								
Training								
Youth Anti-Gang and Crime Prevention								
Police Training and Equipment								
Gang Prevention and Intervention								
TOTAL	**202**	**$3,514,539.00**	**$1,489,280.00**	**$5,003,819.00**	**75**	**$1,664,322.00**	**277**	**$6,668,141.00**

Notes:

- There are s.13,s.17 projects that focus on Aboriginal women and girls for a total of s.13,s.17
- There are s.13,s.17 projects that have a general focus on supporting Aboriginal communities for a total of s.13,s.17



Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Training & Education	100 Mile House & District Women's Centre Society	**Aboriginal Trauma Informed Care:** This funding will provide a two day training on Aboriginal trauma informed care for South Cariboo front line victim service and violence against women service providers. Training participants will learn how to recognize impacts of intergenerational trauma and how best to support those they are serving during short and mid-range crisis intervention.	$17,530.00	100 Mile House
Domestic Violence Unit	Abbotsford Community Services	**Victim Services Program Staffing Enhancement:** Funding will be used to enhance the Domestic Violence Unit in Abbotsford. Funds will go to the provision of frontline victim services within the DVU, training for DVU members and community partners, and clinical supervision and self care for victim service workers. In addition, the funding will help build awareness about domestic violence within the Abbotsford School District and broader community.	$70,000.00	Abbotsford
Vulnerable Women	Abbotsford Community Services	**Sexually Exploited Youth Outreach Project:** This project will fund additional hours for the existing Sexually Exploited Youth Outreach Worker in order to connect vulnerable youth at risk of exploitation with services and supports in the Abbotsford area. The project will focus on outreach to the most vulnerable youth from 12 to 18 years of age, of which 33% are Aboriginal with a high percentage experiencing mental health challenges and barriers to accessing services. The Project is supported by the Abbotsford Police, School District 34 and the Ministry of Children and Family Development.	$23,107.00	Abbotsford
Restorative Justice	Abbotsford Restorative Justice and Advocacy Association	**Restorative Justice for Victims- Enhancing Capacity and Crown Referrals Project:** Abbotsford Restorative Justice and Advocacy Association, in addition to precharge files from Abbotsford Police Department, will work closely with Abbotsford Crown to offer services for more serious and complex cases. Implementation will include enhanced training for working with more serious and complex cases and the development of a structured screening and suitability process.	$20,000	Abbotsford
Yth Crime Prevention	Abbotsford Community Services	**Youth Gang Prevention with Female Youth:** This project will aim to increase the capacity of the South Asian Community Resource Office (SACRO) youth gang prevention and intervention work with South Asian females ages 12 – 18 years old. The South Asian female clients will benefit from having a female youth worker who can be culturally sensitive and meet the needs of referred clients building on their strengths while addressing risk factors related to criminal and gang involvement.	$20,000.00	Abbotsford

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - Coordinated Response	Hope & Area Transition Society	**Fraser-East SANE Pilot Project:** The goal of this collaborative project is to expand Sexual Assault Nurse Examiner (SANE) services throughout the Fraser Canyon, including the communities of Agassiz/Harrison, Hope, Fraser Canyon and Boston Bar in order to better provide services to survivors of sexual assault in this region.	$40,000.00	Aggasiz, Harrison, Hope, Fraser Canyon, Boston Bar
Healing & Rebuilding	Punky Lake Wilderness Camp Society - RCMP Based Victim Services (Alexis Creek)	**Stopping The Violence:** The focus of this project is to incorporate aboriginal holistic approaches to assist victims and communities in healing and rebuilding from the impacts of violence against aboriginal women in the Tsilhqot'in Nation. Key project activities include: a women's group and a one-day workshop.	$19,315.00	Alexis Creek
Youth Gang Prevention & Intervention	Burnaby School District/ St. Leonard's Youth & Family Services Society	**Engaging Youth-Mentoring for Employment and Positive Community Action:** This project will build on the current successes of the anti-gang initiative "Reaching Out to Youth" by supporting youth to become peer mentors. A Youth Outreach worker will provide mentorship support to high-risk youth identified by probation and police.	$100,000.00	Burnaby
Sex Assault - On Campus	Simon Fraser University	**Sexual Violence Prevention and Education Advisor:** This project will focus on the establishment of a new advisor position to support delivery of sexual violence prevention and education outreach to students, staff and faculty at SFU campuses in Burnaby, Vancouver, and Surrey. The project will include recruitment and training of student volunteers to engage the campus community through presentations, face-to-face outreach, social media engagement, and linkages in to new student orientation activites. The advisor will also work with on-campus partners on collaborative initiatives, such as the development of a sexual violence policy and response protocol.	$20,000.00	Burnaby
Sex Assault - Coordinated Response	Cameray Child and Family Services	**Girls Groups: Empowering Sexually Assaulted Girls Through Improving Cross-Sector Collaboration:** This project seeks to enhance services in Burnaby and New Westminster to girls aged 8-20 who have been sexually assaulted through the development and implementation of six, 6-week support/counselling groups. Groups will focus on girls of a similar age range and will provide an emotionally safe space for girls to learn about the justice system and their court process, to create social connections with other girls who have gone through similar experiences, and to provide group counselling support as a means to discuss and worth through their difficult life experiences.	$33,000.00	Burnaby, New Westminster

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - Coordinated Response	Carrier Sekani Family Services	**Preventing and Responding to Sexual Violence Against Women and Girls Through Access to Community Services:** This project aims to enhance and expand a culturally-guided model of response to sexual assault in the Burns Lake area including surrounding First Nation communities. The project includes a toolkit for working with boys and girls who have been sexually assaulted as well as enhancing the design and delivery of community prevention workshops for delivery to youth as well as adult men and women. Uniquely, while the toolkit and workshops will be designed from a perspective of Indigenous knowledge, they will be created to be adaptable and/or applicable to Non-First Nations cultural groups - thereby providing an opportunity for the sharing of best practices across cultures.	$40,000.00	Burns Lake
Sex Assault - On Campus	Selkirk College	**Selkirk College Strengthening Our Response to Sexual Assault:** This project focuses on the development of a robust program at Selkirk College for effectively addressing sexual assault on campus, from prevention activities to improving responses to and management of sexual assault complaints. The program will be evidence-based, aligned with legislative and policy requirements, and tailored to needs of a rural college. This program will also support strengthened partnerships with the RCMP, emergency services and other community resources in the Boundary and Kootenay region. Once completed, the program will be made available to other rural colleges, including College of the Rockies.	$44,500.00	Castlegar
Restorative Justice	Chilliwack Restorative Justice and Youth Advocacy Association	**Community Conversation Series:** The proposed Community Conversation and Speak Out Series will create a robust community engagement process using restorative circles; to identify and address the root causes of criminal or at risk behavior. The process will particularly target youth and aim at enhancing capacity for complex cases.	$19,600	Chilliwack
VFBC - Other	Children of the Street Society	**Children of the Street Society:** Funding will support key projects including the Youth Art Engagement Project, TROO/BRO and It Can Happen to Anyone.	$100,000.00	Coquitlam

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Restorative Justice	Community Justice Centre of the Comox Valley Society	**Addressing Mental Health & Addictions in Restorative Justice:** This project will provide a two-day advanced training on content related to understanding the various mental health issues and their implications for successful restorative justice resolutions, It will also incorporate an advanced understanding of prognosis as well as skills in assessing capacity for engagement in restorative justice processes and possible modifications to accommodate both the victim and the offender.	$19,950	Courtenay
Vulnerable Women	Comox Valley School District #71	**Giving Voice to Young Women – "Coming Home To Who You Really Are":** A 2 day gathering at Denman Island for 30 at-risk vulnerable young women and 10 adult mentors to participate in "Building the Village". These women will have an opportunity to meet with community role models, elders and other mentors as well as engaging the young women in finding their own voices. Women will participate in interactive discussions with Elders, the Transition Society, John Howard, and CASEY. Youth will be supported by Elders, youth workers and other community agencies	$6,700.00	Courtenay
Healing & Rebuilding	Cowichan Women Against Violence Society	**Aboriginal Outreach Worker:** This project provides culturally appropriate outreach to Cowichan Women Against Violence (CWAV) Society's aboriginal clients and people from local First Nations communities (primarily women) who have experienced domestic, sexual, physical, emotional and cultural violence and will utilize traditional healing practices developed in collaboration with the community.	$19,955.00	Cowichan Valley
Yth Crime Prevention	Ktunaxa/Kinbasket Child & Family Service Society	**Healing the Young Spirit:** This project will focus on engaging at risk youth in pro-social activities through structured recreation activities, as well as re-engagement with culture and traditional knowledge through Aboriginal Elders' Lenses and Positive Choice Workshops. Recreational activities will be facilitated once per week, Cultural activities once per week and positive choices workshops twice a month.	$19,943.00	Cranbrook
Training & Education	Kootenai Community Centre Society	**East Kootenay Regional Training & Education Supporting Personal Resilience:** This project will train victim service and violence against women program service providers in the East Kootenay Region on skills that support resilience and teach self-care strategies to prevent vicarious trauma and compassion fatigue. The training will be delivered as a workshop series.	$27,289.00	Creston
Training & Education	Delta Police	**Becoming Trauma Informed Training:** This project will deliver a 2 day training session to 20 Delta Police Victim Services staff and other justice partners called "Becoming Trauma Informed" and a half day focus group on applying trauma informed practice.	$6,885.00	Delta

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Stream	Recipient	Project Description	Grant Amount	Community
Healing & Rebuilding	Downtown Eastside Women's Centre Association	**Circle of Healing: Cultural Recovery and Resiliency in the Downtown Eastside:** This project will provide support to women who have been victims of violence or are living at risk of violence and will focus on traditional Indigenous healing, arts, and celebrations and includes involvement in important community events.	$20,000.00	Downtown Eastside
Healing & Rebuilding	Young Women's Christian Association	**YWCA Crabtree Corner Women's Healing Circle:** The project will assist Aboriginal women and young girls who have been victims of violence to heal and rebuild their lives. Following a holistic approach, the project involves two 10-week long groups facilitated by an Aboriginal group facilitator with a focus on culturally specific avenues for processing and healing from abuse and connecting to healthier communities.	$18,226.00	Downtown Eastside
Yth Crime Prevention	Cowichan Woman Against Violence Society	**Preventing Youth Crime Through Belonging and Connection:** This project will address the prevention of youth criminality in the Cowichan Valley through engaging at risk youth in a community project designed to increase attachment and belonging. Funding will be used to bring together youth, youth leadership groups, social agencies, the local school district, Vancouver Island University, local governments and First Nations organizations to collaborate on the design and development of youth spaces within parks in the Cowichan Valley.	$19,800.00	Duncan
Yth Crime Prevention	The Municipality of North Cowichan	**Youth for Community:** Funding will support an employment and life skills program for high-risk youth (ages 12-18 years) living in the Crofton and Chemainus communities. Youth will gain employment experience and training through a series of workshops, job placements, and mentorships while working with seniors (age 55 plus) in the community.	$10,077.00	Duncan
Training & Education	Fernie Women's Resource Centre	**Workshops around Healthy Relationships and Sexuality:** This funding will provide four workshops for front line victim service and violence against women service providers in Fernie on healthy relationships and healthy sexuality with the aim to reduce the incidence of domestic and sexual violence. The training will assist workers with safety planning, particularly with youth.	$5,000.00	Fernie
Training & Education	Fraser Valley Conference	**Helping Survivors of Homicide (Investigation, Trauma and Death Protocols):** The Fraser Valley Conference committee is a police based victim service group of 10 programs that organizes an annual symposium to address the training needs identified by its members. This year the symposium will address the needs of those impacted by homicide using a trauma-informed perspective, and explore the various cultural perspectives and needs with respect to dealing with a death.	$5,200.00	Hope

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Stream	Recipient	Project Description	Grant Amount	Community
Healing & Rebuilding	District of Hope - (Hope/Boston Bar RCMP Victim Services)	**"Lights of Hope"- A healing project for Indigenous women and the community:** This collaborative project between Hope/Boston Bar RCMP Victim Services and Chawathil First Nation will support outreach and community engagement in working to help women regain their power and voice when trying to rebuild their life.	$20,000.00	Hope/Boston Bar
Healing & Rebuilding	Carrier Sekani Family Services	**Victim Family Support/Healing:** This project will focus on supporting the families of missing and murdered persons linked or associated to Highway 16, also known as the Highway of Tears through the continuation of the Carrier Sekani Family Services' Highway of Tears (HOT) Coordinator position. The HOT coordinator is a holistic advocate to families and a bridge between service providers.	$20,000.00	Hwy 16 communities
Training & Education	Kamloops Sexual Assault Counselling Centre Society	**Increasing Crisis Response and Sensitivity in the Kamloops Anti-Violence Sector:** This project will increase the capacity of the Kamloops Sexual Assault Counselling Centre (KSACC) and Police-Based Victim Services (PBVS) to provide trauma-informed and crisis services by offering four two-day trainings on key trauma and crisis related topics including Indigenous Trauma-Informed Practice; Mental Health First Aid; Applied Suicide Intervention Skills and Sexual and Gender Diversity.	$29,900.00	Kamloops
Yth Crime Prevention	Kamloops and District Elizabeth Fry Society	**The Youth Mentorship Corrections Transition Unit (YMCTU):** This pilot project will provide a supportive housing placement for youth between the ages of 19-24 upon release from Kamloops Regional Correctional Center (KRCC). Youth accepted into the project will live in a two bedroom apartment, provided by the Kamloops and District Elizabeth Fry Society, with a roommate-mentor who has lived experience. For a 6 month period the mentor will model positive life skills and pro-social behavior and focus on providing the youth with the basic skills he will need to be successful on his own, for example, cooking, cleaning, healthy communication, conflict resolution.	$20,000.00	Kamloops
Yth Crime Prevention	Kamloops - Drugs and Organized Crime Awareness Service	**Merritt - Yes2Know Youth Summit:** Funding will support a two-day Youth Summit in Merritt, BC. The summit will provide at-risk youth with the opportunity to enage with peers, develop mentoring relationships, learn new strategies for making healthy life choices and navigate community resources.	$5,795.00	Kamloops

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Stream	Recipient	Project Description	Grant Amount	Community
Restorative Justice	Kootenay Restorative Justice Society	**Building Restorative Justice Capacity:** The focus of this project is to enhance the capacity of Kootenay Restorative Justice Society (KRJS) to take on complex cases in order to better serve victims and increase the use of restorative justice in the West Kootenay region. The goal of the project is to enable more of our volunteers to handle complex cases to better serve victims, increase referrals to KRJS from our justice partners, and to update our protocols and evaluation process. This will be achieved through a series workshops and training	$20,000	Kaslo
Youth Gang Prevention & Intervention	Okanagan Boys and Girls Clubs	**Elevate: Skills Building for At-Risk Youth:** This project will provide at risk youth with safe and welcoming spaces; facilitate access to education (reintegration into the school system), offer pre-employment training and assistance to secure appropriate employment; assist youth to develop life and leadership skills; and provide recreational activities. Youth will be offered mentoring from positive peer and adult role models in the local community.	$100,000.00	Kelowna
Domestic Violence Unit	Central Okanagan Elizabeth Fry Society	**Kelowna Highest Risk Domestic Violence Unit:** The Kelowna Highest Risk Domestic Violence Embedded Unit is comprised of a RCMP DV Officer, Community Based Victim Services and a Child Protection Worker from the Ministry of Child and Family Development. The embedded unit opened at the local RCMP Detachment in June of 2014 and staff have now been working together for over a year. Funding will be used to enhance the capacity of the community-based victim service worker to meet increased demand for service. Funds will also be used to support Cross-sector training between the DVU and ICAT in Kelowna.	$70,000.00	Kelowna
Sex Assault - Coordinated Response	Central Okanagan Elizabeth Fry Society	**Okanagan Child and Youth Advocacy Centre:** This project seeks to support the development of the Okanagan Child and Youth Advocacy Centre, a safe, accessible, collaborative service that offers respectful and compassionate care for Okanagan children and youth who have experienced abuse as well as their caregivers. The project will provide direct service to victims and their families in the Kelowna area and also support accompaniment of families to the Suspected Child Abuse and Neglect (SCAN) clinic in Kamloops. The project will also support the ongoing work of the Okanagan Child and Youth Advocacy Centre to integrate health, justice, and social services in a central location in Kelowna serving the southern Okanagan, from Lake Country to the U.S. Border.	$40,000.00	Kelowna

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Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - On Campus	Okanagan College	**Safety Awareness Project:** This project builds upon a recent awareness campaign on Okanagan College's newly developed sexual violence policy and protocol. Funding will support targeted activities identified by the Student Associations, including bystander awareness training for students, faculty and employess, the development of a student-run public awareness campaign on sexual consent, and the piloting and evaluation of self-defense workshops. The project activities will take place on all four Okanagan College campuses, in Kelowna, Penticton, Salmon Arm and Vernon.	$19,234.00	Kelowna
Training & Education	Gitxaala Health Centre	**Informed Practice Seminars:** The funding will provide three workshops for 25 frontline workers including victim services on supporting victims who are affected by trauma, FASD, intergenerational trauma and residential school experiences. Some of the workshops will be filmed and edited for future use.	$40,250.00	Kitkatla
Healing & Rebuilding	Circle of Indigenous Nations Society	**Maskawisîw – Aboriginal Women's Healing Conference:** This project will invite 30 Aboriginal women in the West Kootenay and Boundary region to gather for 3 days to address and heal from past trauma and grief. The project will include using the medicine wheel to explore the impact of trauma, as well as experiential opportunities and traditional ceremonies that support healing from trauma.	$19,460.00	Krestova
Healing & Rebuilding	Stz'uminus First Nation	**Safer Relationships, Safer Community:** This project will be implemented by the mental health team of the Stz'uminus First Nation and is designed to address violence against Aboriginal women and to heal the community. Activities include (1) workshops; (2) therapeutic group sessions; and (3) a community dinner to honor the work with a blanketing ceremony.	$20,000.00	Ladysmith
Training & Education	Ladysmith RCMP Victim Services c/o Ladysmith Resources Centre Association	**Caring on Empty- Creative Tools for Compassion Fatigue Transformation & Resilience:** The project will deliver a one day workshop on compassion fatigue in Ladysmith, BC for front-line Victim Service & Violence Against Women service providers on Vancouver Island (approx. 60 participants). The workshop will give participants an opportunity to heal, learn new skills, and explore how to make life changes that can build resilience to traumatic stress.	$18,260.00	Ladysmith

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Stream	Recipient	Project Description	Grant Amount	Community
Restorative Justice	Fraser Region Community Justice Initiatives Association	**Restorative Justice for Victims in Crown-Referred Cases:** Between April 2016 and April 2017, Fraser Region Community Justice Initiatives (CJI) will provide restorative justice services to crime victims, accused persons, and impacted others in complex cases referred by Surrey Crown Prosecutors. CJI's professional facilitation services will be available in a minimum of eight case referrals, based on the voluntary participation of victims and accused persons, as well as other case selection and screening factors. Accepted referrals will include Assault, Break and Enter, Threats and other offences (excluding power-based crimes)	$20,000	Langley
Yth Crime Prevention	Big Brothers Big Sisters of Langley	**In School Mentoring:** This project will expand the in-school mentoring program over the upcoming school year by enhancing partnerships with existing schools, establishing new partnerships with schools and community organizations, and recruiting more volunteers willing to serve as volunteer mentors. This multi-sector project will bring support to more than 100 at-risk children and youth in the Langley community	$15,000.00	Langley
Sex Assault - Coordinated Response	Howe Sound Women's Centre Society	**Sea to Sky Regional Sexual Assault Response:** This project seeks to engage in comprehensive cross-sector collaboration and training on sexual assault in the Sea to Sky region to enhance the community's overall response to this issue moving forward. Trainings will focus on providing culturally competent services to Aboriginal survivors of sexual assault as well as Trauma-Informed Practice training for community partners. The project will also seek to develop a regional cross-sector sexual assault response protocol to ensure a strengthened response to survivors of sexual assault.	$39,958.00	Lions Bay, Furry Creek, Brtannia Beach, Squamish, Whistler, Pemberton
Training & Education	CYTHERA TRANSITION HOUSE SOCIETY	**When Love Hurts: Supporting Women Experiencing Abuse:** This project will offer two two-day workshops to front-line violence against women service providers. The first workshop will build capacity and enhance skills of 25 VAW workers to provide appropriate support for women who are impacted by abuse and the workshop will address the impacts on staff providing trauma services. The second workshop will train 10 VAW workers from the first workshop to become facilitators to lead support groups for women experiencing abuse in the relationships.	$10,000.00	Maple Ridge

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Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - Coordinated Response	Cythera Transition House Society	**Ending Violence In Relationships (EVIR} Committee-A Ridge Meadows VAWIR Committee:** This initiative is a multifaceted project to enhance and develop local responses to sexual assault in Maple Ridge and Pitt Meadows that include enhanced safety, engagement, awareness and prevention opportunities through a responsive, collaborative and coordinated community development process. Specific project components include implementation of the Ridge Meadows Risk Assessment Team (RMRAT), a collaborative knowledge exchange with Alisa's Wish Child Youth Advocacy Centre, a prevention campaign based on the UN's UNite campaign to end violence against women and girls, and support for several gender violence prevention opportunities in local high schools based on the 'Be More Than a Bystander' initiative.	$38,710.00	Maple Ridge, Pitt Meadows
Yth Crime Prevention	Old Massett Village Council	**Peer Support, Outreach Training:** The Nights Alive Crime Prevention Outreach Program will bring together local resources and services to train youth to address crime prevention in their communities. Through the creation of "psotive gangs" youth are enaged in cultural activities, and leadership skill development. As a key part fo the project older youth provide mentorship, peer support and educational activities to youth ages 9-12, through schools, events and outreach.	$20,000.00	Massett
Vulnerable Women	Robson Valley Support Society	**RVSS Connections Project:** The RVSS Connections Project will hire an Outreach/Connections Worker to provide outreach services to 100 vulnerable female youth and young women from 16 to 24 years of age in the hospitality industry. The project will assist those who may be at risk of being exploited and trafficked for sexual exploitation in the Valemont/McBride area of southeastern BC. Funding will allow an outreach worker to connect with vulnerable youth and young women by facilitating referrals to Branch programs, including STV counselling and the police based victim assistance program, as well as removing barriers to accessing services. The project will include education and awareness about exploitation and human trafficking for the local community and schools in the area.	$24,978.00	McBride

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Stream	Recipient	Project Description	Grant Amount	Community
Healing & Rebuilding	Mission Friendship Centre Society (MFCS)	**Cultural Healing Initiatives Enabling Family Safety (C.H.I.E.F.S.):** Funding for this project will add a Cultural Family Strengthening Worker (CFSW) to the existing C.H.I.E.F.S. Program. The CFSW will work with female clients and families affected by domestic violence to find holistic ways of healing and building healthier family structures and will offer workshops as a means to connect individuals to their cultural ways.	$20,000.00	Mission
Domestic Violence Unit	Haven Society	**Nanaimo Region Domestic Violence Unit:** The project will enhance specialized and coordinated response to high risk situations of intimate partner violence through the Domestic Violence Unit. Funds will support activities to better integrate the work of the DVU with other community responses to domestic violence, including the local Inter-Agency Case Assessment Team and the Community Coordination for Community Safety table. In addition, the DVU will be exploring an enhanced partnership model with MCFD, with goal of co-locating a child protection worker with the unit. Finally, project funds will also support evaluation and training/education opportunities for DVU members.	$69,280.00	Nanaimo
Sex Assault - Coordinated Response	Nanaimo Family Life Association	**Sexual Assault Response Team:** The overall goal of the project is to develop a victim-sensitive approach to responding to the needs of sexual assault survivors in the community of Nanaimo while also providing direct service enhancements to survivors through the development of a volunteer network. The project will ensure strong linkages between advocates, forensic nurse examiners, the broader health community, the RCMP and local victim services to enhance the response to sexual assault survivors in the community.	$40,000.00	Nanaimo
Yth Crime Prevention	Nanaimo Region John Howard Society	**Expanding the Reach Through Mentorship:** This project will serve at-risk youth ages 13-24 who have been referred to the Restorative Justice Program. Youth will be matched with a peer or adult mentor who will work with the young person to ensure they meaingfully particpate in the restorative justice process and to assist the youth in goal setting, self-esteem building and connecting with community resources.	$20,000.00	Nanaimo

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Stream	Recipient	Project Description	Grant Amount	Community
Vulnerable Women	Nanaimo Women's Resources Society	**Community Action Team- Outreach and Connection for Women in the Sex Trade:** This project focuses on providing outreach services that meet the needs of vulnerable women and girls in Nanaimo and help connect them to services and support to reduce their current risk of exploitation. The main objectives of the project include; reducing women's isolation by providing client centred support and outreach services to women in the sex trade; reducing violence through strengthening reporting; and accessing the justice system. The project will also include providing education to service providers, RCMP and other justice related personal on best practices in supporting women in the sex trade who have been victims of violence.	$20,000.00	Nanaimo
Restorative Justice	Nanaimo Region John Howard Society	**Enriching the Community through Restorative Justice Training:** Twenty community members will undertake advanced training to improve and enhance restorative justice facilitation skills to better serve victims. Topics include Cultural Competency, Victim sensitivity and Mental Health and addiction training.	$20,000	Nanaimo
Restorative Justice	Nelson Police Department Restorative Justice (NPDRJ) Program	**Nelson Police Department Restorative Justice (NPDRJ) Next Step:** This project will address the issues of accessibility of advanced training opportunities for NPDRJ volunteers. Through a combination of speakers and training sessions, NPDRJ will enhance its capacity to take on complex cases in both the community and in the local schools.	$20,000	Nelson
Domestic Violence Unit	Family Services of Greater Vancouver	**New Westminster Domestic Violence Response Team (DVRT) - Enhanced Service and Program Support:** Funding will be used to enhance the domestic violence unit in New Westminster. Funds will go to the provision of frontline victim services and clinical supervision.	$35,000.00	New Westminster
Domestic Violence Unit	Hollyburn Family Services Society	**Integrated Domestic Violence Unit:** The goal of this project is to support the development of a new Domestic Violence Unit on the North Shore. This unit will be a collaborative initiative between Hollyburn Family Services Society (HFSS), West Vancouver Police Department, North Vancouver RCMP and Ministry of Children and Family Development. The Unit will provide expertise in high-risk domestic violence investigations, working in partnership with other community partners to maximize enforcement and minimize risk to victims. Specifically funds will be used towards start-up costs and to hire a community-based victim service worker who will be co-located within the Unit to support to victims.	$100,000.00	North Vancouver

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Stream	Recipient	Project Description	Grant Amount	Community
Restorative Justice	North Shore Restorative Justice Society	**Restorative Response Victim Centered Training Project:** The North Shore Restorative Justice Society (NSRJS) will implement a comprehensive training scheme that will enhance the capacities of our staff, volunteers, police officers and victim services volunteers to better serve victims through our Restorative Response Program. The project will provide training on victim centered Restorative Justice processes to stakeholders across the victim support spectrum.	$20,000	North Vancouver
Healing & Rebuilding	South Okanagan Integrated Community Services Society (SOICSS)	**Healing and Rebuilding in the South Okanagan:** This collaborative project between South Okanagan Integrated Community Services Society (SOICSS) and Osoyoos Indian Band (OIB) will provide education and awareness around violence against Aboriginal women and will improve responses from service providers and community members to ensure that women who have experienced violence can be supported by their loved ones and by service providers within their communities.	$19,600.00	Oliver/Osoyoos
Vulnerable Women	South Okanagan Women in Need Society (SOWINS)	**ROUTESS: Resources, Outreach, Understanding To Effectively Provide Support and Services to Vulnerable Women:** The ROUTESS project will provide a team of two part time outreach workers in a mobile van to connect with vulnerable women in the sex trade and youth at risk of exploitation in the Penticton area. The project will assist those in the sex trade and those at risk of exploitation and trafficking with immediate supports for basic needs and provide connections to services and police for safety needs. One-on-one support linked to SOWINS and other partners' services will enhance safety for participants. Project partners include the Aboriginal Friendship Centre and Osoyoos RCMP victim services program.	$25,000.00	Penticton
Yth Crime Prevention	ACCESS Youth Outreach Services Society	**Project Reach Out – Tri-Cities:** Project Reach Out (PRO) is an after hours mobile drop in centre and outreach program serving youth ages 12 to 23. Using modified shuttle buses, the staff on the buses establish a consistent presence by traveling to areas of the communities where youth congregate.	$20,000.00	Port Coquitlam
Yth Crime Prevention	Camp Jubilee Society	**Project ESCAPe (Experience Summer Camp Adventure Program at Camp Jubilee):** This project will enable high-risk, low-income aboriginal youth between the ages of 8-16 years to experience a customized camp session at Camp Jubilee. Youth participants will enage in a variety of strcutured recreational and social acitivites, including canoeing, team building, leaderships skills, rock climbing and cultural activities.	$20,000.00	Port Moody

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Stream	Recipient	Project Description	Grant Amount	Community
Yth Crime Prevention	Pacheedaht First Nation	**Pacheedaht Youth Engagement Project:** This is a 2- part project that will build internal capacity and leadership skills in at-risk youth. Through Part 1 of the project, at-risk youth will go on an expedition with Outward Bound Canada where they will engage in recreationsal and skills building opportunties. Funding will also support hiring an Aboriginal Outreach Worker to support at-risk youth in the community.	$20,000.00	Port Renfrew
Yth Crime Prevention	Powell River Board of Education (SD #47)	**WildHOPE 2016 (inJade Coast Discovery Program) :** WildHOPE will engage at-risk youth in pro-social development activities through an exciting adventure-based program initiative for Aboriginal and non-Aboriginal students enrolled in our full-time Jade Coast Discovery Program offered at Brooks Secondary School in Powell River.	$20,000.00	Powell River
Domestic Violence Unit	Prince George and District Elizabeth Fry Society	**Prince George High Risk Domestic Violence Unit:** This project will establish a Domestic Violence Unit in Prince George in order to provide enhanced services to victims of domestic violence. This co-located Unit will include a dedicated Domestic Violence Police Officer, a Community-Based Victim Service Worker (CVBS) and an embedded MCFD Child Protection Worker. Specifically funds will be used towards start-up costs, evaluation activities and hiring a community-based victim service worker who will be co-located within the Unit to support to victims.	$100,000.00	Prince George
Youth Gang Prevention & Intervention	Carrier Sekani Family Services	**Walk Tall:** The purpose of the Walk Tall program is to increase protective factors and reduce risk factors for Aboriginal youth who are at high risk of becoming involved in the criminal justice system in the Prince George area. This project will engage high risk Aboriginal youth in cultural camps and individualized case management	$100,000.00	Prince George
Vulnerable Women	Prince George and District Elizabeth Fry Society	**Opening the Doors - Case Consultation and Coordination:** This project will provide coordination of services for vulnerable women in the sex trade, trafficked women and women/youth at risk of exploitation in the Prince George area. The project will enhance access to support systems, safety planning and provide case consultation, coordination and support at court proceedings. Resources for housing and services will be coordinated and barriers and stigma will be reduced for this vulnerable population. Aboriginal court workers will be engaged to ensure sensitive cultural practices are included. A project coordinator will be hired and additional resources for trafficked women/youth will be developed.	$25,000.00	Prince George

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Stream	Recipient	Project Description	Grant Amount	Community
VFBC - Other	Carrier Sekani Family Services	**Highway of Tears Awareness Project:** Funding will support activities of the Highway of Tears Awareness Project.	$25,000.00	Prince George
Yth Crime Prevention	Nusdeh Yoh Aboriginal Choice Community School	**Eagle N.E.S.T (Nature, Environment, Science, Technology) Cultural Camps:** This project will run a culturally focused day camp for youth at Nusdeh Yoh Aboriginal Choice School. The day camp would run six hours a day for a two week period incorporating cultural sensitivity, traditional teachings and land based learning about First Nations culture.	$20,000.00	Prince George
Training & Education	Police Victim Services of BC	**Building Capacity, Critical Incident Stress Management and Essential Leadership Skills:** This project will deliver a province wide training to 75 front-line police based victim service workers to enhance service to victims of crime and Trauma, including one two-day training on both basic and advance critical incident stress management skills and a one-day training on leadership and ethics during a critical incident within the community.	$50,000.00	Province-wide
Training & Education	Women Against Violence Against Women Rape Crisis Centre	**Enhancing Cultural Competency of Front-line Victim Service and Violence Against Women Service Providers:** This funding will enhance the knowledge and cultural competency of front-line Victim Services and Violence Against Women service providers who work with women who have experienced sexual assault and trauma, in particular Aboriginal women. Service providers will be trained to offer culturally relevant, dignified and meaningful services to Aboriginal women who have experienced violence. WAVAW will deliver this training at two provincial conferences as well as 4 separate trainings across BC.	$50,000.00	Province-wide
Training & Education	Ending Violence Association of BC (EVA BC)	**Provincial Emerging Issues Training:** This funding will provide a two day province wide training event with 5 keynote speakers and 12 workshops for up to 350 Frontline workers from anti-violence and community victim service organizations. The training will focus on different provincial emerging issues including the dynamics of domestic and sexual violence, how to identify and offer support to victims of human trafficking, and understanding the current laws related to sex work including how to support the safety of sex workers.	$48,000.00	Province-wide
Training & Education	THS Society of Transition Houses dba BC Society of Transition Houses	**Children Who Witness Abuse In-person Training for Frontline Service Providers:** This project will update and deliver training to 50 Children Who Witness Abuse staff on the most recent research on effective responses to children and young people who have lived with domestic violence. BCSTH will deliver the training through two, two-day in person trainings, one in the Kooteneys and the other in the North East of the province.	$40,516.00	Province-wide

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Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - Coordinated Response	Ending Violence Association of BC (EVA BC)	**Enhancing Third Party Reporting Options for Survivors of Sexual Assault:** Third Party Reporting (TPR) provides a means by which an adult victim of sexual assault can report an incident to police while remaining anonymous. This reporting process is provided as a last resort for victims who would otherwise not report directly to police or otherwise provide information to the police. This project involves training for Coordination Committees across the province to ensure that sexual assault responders from multiple sectors that work in collaboration have a shared understanding of best practices in responding to sexual assault and Third Party Reporting options.	$39,900.00	Province-wide
Training & Education	Legal Services Society of BC and the Ending Violence Association of BC	**Family Law, Child protection and Refugee Law Training for Front-line Domestic Violence Workers:** This funding will provide one day of training related to family law, child protection law, legal aid, and refugee/immigration law. The training will take place in the lower mainland and we train approximately 300 of EVA BC's front line anti violence workers.	$37,000.00	Province-wide
Domestic Violence Unit	Family Services of Greater Vancouver	**Vancouver Provincial Protective Measures Unit- Enhanced Service and Program Support:** The Provincial Protective Measures Unit (PPMU) is a provincial wide resource for victim support workers, police crown and other professionals working with victims of domestic or familial violence where other conventional safety measures have failed or deemed insufficient. Funding will support additional staffing hours for frontline victim services.	$35,000.00	Province-wide
Training & Education	QMUNITY BC's Queer Resource Centre	**Supporting Queer Survivors: Increasing LGBTQ Competency in Frontline Service Provision:** This funding will provide LGBTQ competency training for up to 250 staff from 25 different front line victim service and violence against women service provider organizations. This project will provide ten four hour trainings across BC to increase LGBTQ competency skills and to enhance culturally relevant service to LGBTQ survivors.	$32,650.00	Province-wide
Vulnerable Women	The Salvation Army Deborah's Gate	**New Hope: Outreach Services for Trafficked & Exploited Girls and Women:** Funding will support a 52 week project focused on providing outreach services for up to 150 high risk female youth and women throughout BC who are engaged in the sex trade, at risk of entering, or who have experienced exploitation/human trafficking/violence. Specifically it will provide trauma informed, culturally sensitive, emergent coordination and outreach support for vulnerable women and girls to access help, remove barriers to services, and exit exploitive circumstances	$25,000.00	Province-wide

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Stream	Recipient	Project Description	Grant Amount	Community
Youth Gang Prevention & Intervention	Touchstone Family Association	**StreetSmarts Youth Leadership Program:** Touchstone Family Association utilizes a wraparound approach to services for vulnerable youth at risk of gang involvement. The StreetSmarts Youth Leadership Program provides mentorship/outreach support and intensive one to one services for youth attending the StreetSmarts Youth Leadership group.	$100,000.00	Richmond
Yth Crime Prevention	Richmond Addiction Services Society (RASS)	**The RASS Day Program: A Continuum of Services:** Funding will supprt and expansion of the Constructive Alternative to Teen Suspension (CATS) Program to provide additional tutoring, one to one support, family supprt, and linking high-risk youth to needed services.	$100,000.00	Richmond
Yth Crime Prevention	Mainland Athletics Club	**Mainland Athletics - Youth Mentorship Program:** This project will provide mentorship, leadership and coaching for at-risk South Asian youth through recreational/sporting activities such as soccer, basketball and track & field. Through involvement in structured recreational activities, youth will experience increased connection to school and community, in self-esteem and worth, and a decrease in negative police contacts. This project will also host faciliated workshops on issues of cyber bullying, gang prevention, anger managemnet and substance abuse with community partners like CFSEU/Richmond RCMP to raise awareness to parents and youth in collobration with local sikh temples.	$20,000.00	Richmond
Sex Assault - Coordinated Response	Salt Spring and Southern Gulf Islands Community Services Society	**Defining A Response Strategy for Victims of Sexual Assault on Salt Spring island and the Southern Gulf Islands:** This project will develop and enhance the sexual assault response in the Southern Gulf Islands through both educational workshops and the development of a sexual assault response team on Saltspring Island attached to Lady Minto Hospital. On call nurses will be available to facilitate forensic exams, with strong linkages to appropriate community supports.	$39,754.00	Saltspring Island, Other Southern Gulf Islands
Healing & Rebuilding	Tillicum Lelum Aboriginal Society	**Living The Right Way:** This project, delivered by the Tillicum Lelum Aboriginal Society in cooperation with Haven Transition House includes a series of workshops delivered to Aboriginal women and adolescents experiencing violence in their lives and/or faced with the trans-generational impact of entrenched community violence, trauma and/or emotional distress, and who are experiencing barriers to accessing services.	$18,000.00	South Island

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Domestic Violence Unit	Surrey Women's Centre Society	**Surrey Domestic Violence Unit: Enhancing the Role of Child Protective Services:** Through this project, the Surrey Domestic Violence Unit will conduct a 1-year pilot to increase the capacity of the Unit to respond to highest risk victims of domestic violence identified by the Ministry of Child & Family Development (MCFD). Funding will support an additional community-based victim support worker assigned to work alongside the child protection worker currently co-located with the Surrey DVU. This will enable the DVU to provide early and effective intervention for mothers and their children in highest risk cases of domestic violence with an enhanced focus on child protection as opposed to the past criminal history of the offender.	$70,000.00	Surrey
Training & Education	Royal Canadian Mounted Police - Surrey Detachment	**Surrey Training for Front Line Providers:** This project will provide two workshops to educate front line victim services and violence against women workers, community and system partners in Surrey engaged in the Surrey ICAT. One workshop is on Trauma Informed Practices delivered by Lori Haskell for approximately 150 people. The other workshop will provide training on Risk Assessment for approximately 30 people.	$50,000.00	Surrey
Sex Assault - Coordinated Response	Surrey Women's Centre Society	**Surrey Mobile Assault Response Team (SMART) - Women & Girls Safety Navigator:** This project will pilot the co-location of a Safety Navigator with the Forensics Nursing Services at Surrey Memorial Hospital. The Women & Girls Safety Navigator ("Safety Navigator") will be a member of the Surrey Mobile Assault Response Team (SMART) – a 24-hour mobile response for women and girls who experienced sexual assault or exploitation and require emergency medical treatment in the Fraser region of British Columbia. This position will engage young women aging out of foster care who access emergency and forensic medical services at the hospital as a result of a sexual assault in order to decrease the risk of trafficking for the purposes of sexual exploitation.	$40,000.00	Surrey
Sex Assault - Coordinated Response	The Centre for Child Development of the Lower Mainland	**Sophie's Place Child Advocacy Centre:** This project will support enhancements to Sophie's Place Child Advocacy Centre including (1) the development of print materials to enhance services provided to clients directly, as well as community outreach and education work done by Sophie's Place, and (2) the redevelopment of the Sophie's Place website, which will provide the community with information about Sophie's Place, including how and where to seek help.	$24,486.00	Surrey

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Yth Crime Prevention	Board of Education of School District No. 36 (Surrey)	**REACH:** Funding will be used to deliver REACH (Recreation, Employment readiness, After-school, Citizenship, Healthy lifestyles), a prosocial program for at-risk youth aged 15-18. Through the program at-risk youth will develop sport and recreation, leadership and employment skills. REACH will be delivered by a Surrey School District Community-Schools Outreach Worker at 5 inner city secondary schools after school once/week and on weekends throughout the school year.	$20,000.00	Surrey
Yth Crime Prevention	Kwantlen Park Secondary School, SD36	**Challenge Day:** Challenge Day is an intensive day-long program where 100 participating students f are brought together and where life-changing bonds are intentionally formed. During Challenge Day youth make "commitments of change" that often include mentorship, re-engagement into the school system and renewed relationships between students and teachers.	$11,440.00	Surrey
Healing & Rebuilding	Atira Women's Resource Society	**Aboriginal Women's Outreach (AWO) Program:** This project expands the existing Aboriginal Women's Outreach (AWO) Program provided by Atira Women's Resource Society with an additional part-time staff member. The project will expand AWO's established reach to include Aboriginal women who are experiencing, or have experienced, sexual violence and / or who are street-entrenched sex workers.	$20,000.00	Surrey, Delta, White Rock and Langley
Yth Crime Prevention	Terrace and District Community Services Society Big Brothers Big Sisters of Terrace	**Site-Based Mentoring:** Funding will be sued to expand site-based mentoring programs by recruiting volunteers in the community and increasing partnerships with schools. Site based mentoring includes in-school mentoring (ISM) and afterschool group mentoring (Go Girls! and Game On). Youth will engage in activities include reading, art, music, play, confidence building exercises, information on healthy lifestyle choices and recreational activities.	$20,000.00	Terrace
Youth Gang Prevention & Intervention	PLEA Community Services Society of BC	**Career Path (Maple Ridge & Tri-Cities):** The aim of this project is to support the individual goals of identified high risk youth to: reconnect with family, develop emotional and personal wellbeing, comply with court orders, increase skills, access stable housing, find employment, re-engage with the school system and connect with community resources and supports.	$100,000.00	Vancouver

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Youth Gang Prevention & Intervention	Vancouver Police Board, Vancouver Police Department	**NewKids Vancouver: Vancouver Police Youth Police Academy:** This project will support new immigrant and refugee youth in developing a sense of identity and belonging. The program focuses on educating and creating awareness about law enforcement through peer and police mentorship opportunities. Weekly groups and one-to-one support will be available for 20 high-risk immigrant youth as part of this project.	$100,000.00	Vancouver
Youth Gang Prevention & Intervention	MOSAIC	**Redirecting Youth Through Empowerment (RYTE):** MOSAIC's Redirecting Youth Through Empowerment (RYTE) Program will provide programming to at-risk refugee youth who settle in the Lower Mainland. A structured group program will be offered with support from the Combined Forces Special Enforcement Unit of BC (CFSEU-BC). One to one counselling and group sessions will be offered to high-risk youth.	$100,000.00	Vancouver
Domestic Violence Unit	Family Services of Greater Vancouver	**Vancouver Domestic Violence Unit – Enhanced Service and Program Support:** This project will enhance the Vancouver Domestic Violence Unit (DVU) by providing additional staffing that will increase the capacity of the victim support worker within the unit. The objective of the project is to provide more fulsome service and to increase the number of files where victim serve workers and detectives work in partnership to serve highest risk victims of domestic violence.	$70,000.00	Vancouver
Training & Education	Providing Alternatives Counselling & Education (PACE) Society	**The Sex Work Community Education Project:** This project will provide training to front-line workers of VAW programs and allied organization in the Lower Mainland. A program curricula and toolkit will be developed based on evidence-based practices, and then workshops will then be delivered aimed to increase capacity to provide services to Sex Workers. The program curricula and toolkit will be revised and disseminated in the province and nationally.	$50,000.00	Vancouver

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - On Campus	Ending Violence Association of BC (EVA BC)	**Enhancing the Response to Campus Sexual Assault Across BC:** This project will focus on strengthening campus response to sexual assault at small and mid-sized post-secondary institutions across BC by supporting efforts to identify and adopt best practices for working with sexual assault survivors and holding perpetrators accountable. The project will involve collaborative partnerships between post-secondary institutions, community-based anti-violence programs, and the Ending the Violence Association of BC. Partners in four communities throughout BC will be participating in this project, including Nanaimo (Haven Society and Vancouver Island University), Kamloops (Kamloops Sexual Assault and Counselling Centre and Thompson Rivers University), Prince George (Prince George and District Elizabeth Fry Society, Prince George Sexual Assault Centre and Univesrity of Northern British Columbia), and Terrace and surrounding area (Ksan House Society and Northwest Community College).	$48,600.00	Vancouver
Training & Education	Atira Women's Resource Society	**"Violence Against Women and its Impacts on Mental Wellness:** Atira with the support of Ishtar Transition House will develop and deliver a training module to support women impacted by violence and struggling with their mental illness; in a way that is feminist, women-centered and violence and trauma informed. The goal of the training will be to better support women struggling with mental illness as a result of their experience with violence and abuse. This training module will be presented to up to 250 staff across Vancouver including front-line transition staff, Stopping the Violence counsellors, Aboriginal outreach workers, legal advocacy program staff and Children Who Witness Abuse staff.	$39,270.00	Vancouver
Sex Assault - Coordinated Response	BC Women's Hospital + Health Centre Foundation	**Sexual Assault Forensic Evaluation: A Collaborative Review by Health, Crown and the Police:** This project, led by BC Women's Sexual Assault Services, will look to collaboratively assess the value of current forensic evaluation practices to the criminal justice system. The ultimate goal is to refine forensic evaluations and sample collection through the development of a new process (guidelines) that support greater engagement of victims while also upholding principles of evidence-based practice.	$35,200.00	Vancouver

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Vulnerable Women	Women Against Violence Against Women Rape Crisis Centre	**Enhancing Access to Justice for Vulnerable Aboriginal Women and Girls in the Sex Trade, Trafficked, or at Risk of Exploitation:** Funding will enhance WAVAW's Aboriginal Women's Program which serves Aboriginal women at risk of exploitation or in the sex trade in Vancouver. The Aboriginal Women's Program provides one to one counseling and support groups to Aboriginal women and girls who have experienced sexualized violence and victimization. This project will augment these services and provide direct community outreach and coordination services focusing on removing barriers and stigma to accessing the justice system. The project coordinator will play a supportive role working with vulnerable Aboriginal women.	$25,000.00	Vancouver
Vulnerable Women	SWAN Vancouver Society	**Removing Barriers to Justice for Vulnerable 1m/Migrant Women in the Sex Trade:** To enhance outreach services provided to the immigrant and migrant women working in massage parlours and micro-brothels by identifying those most vulnerable and removing barriers from accessing the criminal justice system and asserting their rights. The project will develop a multimedia tool that will addresses access to the criminal justice system for women with different literacy levels and language barriers. A needs assessment will be developed for each woman and provide SWAN an opportunity to work with key partners that will help remove barriers and provide referrals for services.	$25,000.00	Vancouver
Vulnerable Women	West Coast Domestic Workers' Association	**Outreach to Female Migrant Workers about Labour Trafficking in BC:** This project will address the issue of labour trafficking of female migrant workers in the hospitality, food services, caregivers and farm workers sectors in key areas of BC. The focus is to increase a coordinated response to labour trafficking among those most vulnerable as well as supporting organizations in British Columbia who work with these women. Public legal education workshops and outreach to female migrant workers are planned in Kelowna, Abbotsford and the Lower Mainland as part of this project.	$25,000.00	Vancouver
Vulnerable Women	PLEA Community Services Society of BC	**OnyxWorks:** This project will assist 10 young women, ages 13 to 18, who have expressed a desire to leave sexually exploitive situations and gain work experience. Onyx will combine intensive one-to-one support and supervision, a 10-week job placement with an employer/mentor, and a variety of learning and skills-based training opportunities. Onyx will connect the youth to industries such as horticulture, trades, and digital arts. The project will support outreach and coordination through job placements for vulnerable youth to increase pro-social community connections, resiliency, and support their goals to experience safer lives.	$23,869.00	Vancouver

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Vulnerable Women	Covenant House Vancouver	**Integrated Outreach and Residential Crisis Program for Exploited Female Youth and Vulnerable Women:** Funding will provide support for 2 direct outreach workers to work with female youth between the ages of 16-24 vulnerable to exploitation and human trafficking. The outreach workers will provide access for young women involved in the sex trade or trafficked with referrals to the residential crisis program at Covenant House. The goal is to provide over 250 vulnerable female youth with outreach and support services and approximately 150 female youth with support in their residential crisis program.	$23,000.00	Vancouver
Vulnerable Women	Providing Alternatives, Counselling & Education (PACE) Society	**Indigenous-led Sexual Exploitation Outreach Program:** This project will provide peer-driven outreach services to sex workers of Indigenous ancestry in Vancouver's downtown eastside to reduce and prevent sexual exploitation. Outreach services will include distribution of harm reduction supplies, bad date reporting, referrals to support services, including victim services and violence prevention programs, as well as providing access and referrals to supports and resources to limit further exposure to violence.	$20,200.00	Vancouver
Yth Crime Prevention	Collingwood Neighborhood House Society	**C.R.E.W. Culture, Recreation, Education and Work:** The CREW project will provide Aboriginal youth with opportunities to participate in culturally relevant activities fosuced on skill and leadership development. The program will also create opportunities to lead and share skills together with other youth and adults and the community. For example, youth will also be invited to particpate in the annual Pulling Together Canoe Journey.	$20,000.00	Vancouver
Healing & Rebuilding	Women Against Violence Against Women Rape Crisis Centre	**Aboriginal Women's Program:** This project will enhance the services provided by Women Against Violence Against Women (WAVAW) Rape Crisis Centre known as the Aboriginal Women's Program. These services are delivered using culturally appropriate and holistic approaches that attend to the mental, emotional, physical, and spiritual health of women and focus on both individual and community healing.	$20,000.00	Vancouver

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - On Campus	Women Against Violence Against Women Rape Crisis Centre	**C.A.R.E About Gendered Violence Project, Phase Two:** The C.A.R.E. About Gendered Violence project is a coordinated response by WAVAW, the administration of Vancouver Community College (VCC), the Students' Union of VCC, staff, faculty, and students to the problem of sexual assault on the post-secondary campus. Funding for phase two of this project will support implementation of an operational plan developed based upon a campus-wide consultation as well as established best practices in violence prevention and response. Project activities include train the trainer workshops to enhance responses to sexual assault, professional development activities for VCC employees, and sexual assault awareness and prevention workshops and events for students.	$20,000.00	Vancouver
Yth Crime Prevention	Creativa Cultural Association	**True Voice Theatre Project:** This project will engage at-risk youth from Vancouver's Downtown Eastside in bi-weekly arts-based programming. Through artistic workshops and mentorship from professional artists youth will explore relevant issues, such as violence, homelessness and crime. Youth will also be invited to create and perform a public performance.	$20,000.00	Vancouver
Yth Crime Prevention	Network of Inner City Community Services Society	**Eastside Boxing Outreach (ESB):** ESB provides a safe positive environment for at-risk youth to engage in fitness and recreation. Funding will be used to support outreach and mentorship activites that aim to build positive relationships between mentee and mentor, by providing a safe space for individuals to engage in meaningful conversations and coaching that focuses on both physical and emotional wellness.	$20,000.00	Vancouver
Yth Crime Prevention	The Association of Neighbourhood Houses of BC (Froghollow)	**Frames Film Project:** The Frames Film Project is an innovative, arts engagement approach to providing training, support and a voice to at-risk youth ages 16-24. Using film as an artistic medium, youth will receive life, employment, and technical skill building workshops leading to the creation of film pieces expressing their ideas for crime prevention. Youth will also facilitate a public screening and community dialogue to share their experience developing these films.	$20,000.00	Vancouver
Healing & Rebuilding	Musqueam Indian Band	**səyamtə (Honouring One Another):** This project includes three circle sessions (each 6 weeks in duration), focusing specifically on Musqueam Women, Men and Families. Sessions will include traditional cedar/wool weaving, storytelling, healing circles and celebration.	$19,800.00	Vancouver

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Vulnerable Women	Family Services of Greater Vancouver	**Project Link: Rebuilding the Lives of Survivors of Human Trafficking:** Funding will provide an outreach/ community support worker for direct front line service in the Vancouver Police Department's Counter Exploitation Unit (CEU). This project will serve trafficked women and girls, missing women and those at risk of sexual exploitation in Vancouver. Vulnerable women whose incidents are being investigated by the Vancouver Police Department related to sexual exploitation and human trafficking will also be served. This project builds on work begun last year to create an outreach/community support worker in the CEU unit with civil forfeiture grant funding. Family Services of Greater Vancouver is the project partner with the Vancouver Police Department.	$19,800.00	Vancouver
Healing & Rebuilding	Positive Women's Network	**Strengthening Aboriginal Women Gathering: Maintaining Cultural Identity in the Face of HIV and Violence (Strengthening Aboriginal Women):** The Strengthening Aboriginal Women project will provide an opportunity for 30 Aboriginal women living with HIV and violence to come together for a 2-day gathering to promote further personal and collective healing. All activities will be rooted in cultural and traditional healing methods.	$19,538.00	Vancouver
Sex Assault - On Campus	Ending Violence Association of BC (EVA BC)	**Bystander Training to Enhance the Response to Campus Sexual Assault:** This project will build on an existing partnership between the British Columbia Institute of Technology (BCIT) and the Ending Violence Association of Bc to develop and deliver a bystander training program for students, staff, and facultry at BCIT campuses in Vancouver and Burnaby. Bystander training will strengthen the institution's response to campus sexual assault by raising awareness about the risk of sexxual assault, and by shifting the culture to encourage the campus community to speak up against sexual harassment and sexual violence.	$18,900.00	Vancouver
Yth Crime Prevention	The Salvation Army Deborah's Gate	**Living Hope: life and living Skills Program, Barista Employment Program for Gang Involved Female Youth:** Funding will be used to develop, implement, and evaluate a 52 week early intervention and rehabilitation project. Through this project up to 20 high-risk female (and transgender presenting female) youth who have engaged in gang activity and experienced exploitation will receive multi-session barista training, volunteer opportunities, and employable skills.	$18,892.00	Vancouver

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - On Campus	Alma Mater Society (AMS) of the University of British Columbia	**SASC Support Groups:** Supplementary to existing one-on-one and legal/medical supports on the UBC Vancouver campus, this project will offer four support groups as an alternate method for providing therapy and support and creating a sense of community and healing on campus. The topics of the four support groups were constructed based on research and campus surveys, and will focus on empowerment and wellness for survivors, supporting a survivor, healthier relationships, and self-care to address vicarious trauma.	$16,064.00	Vancouver
Sex Assault - On Campus	Langara College	**Langara College Sexual Assault Policy Development and Education Campaign:** The purpose of this project is to develop a standalone sexual assault response policy for Langara College and to launch the policy with a campus-based public awareness campaign. The policy will educate faculty, students and the college administration on how to sensitively and effectively respond to cases of sexual assault, including proactive referrals to available programs and services for victims on campus and in the community. The project will also include a prevention and awareness campaign directed at students and faculty about consent and sexual assault and to raise awareness about the new policy.	$10,000.00	Vancouver
Sex Assault - On Campus	Langara College	**Student Advocate System : Reporting & Case Management -** This project will support Langara College to implement a case management system to enhance reporting, timely and appropriate intervention, and data collection for incidents for sexualized violence affecting students. The new system will enable online incident reporting for students and support persons,and help to support effective case management approaches by directing reported incidents to appropriate College representatives for planned response and follow-up.	$10,000.00	Vancouver
Sex Assault - Coordinated Response	Vernon Women's Transition House Society	**Oak Child and Youth Advocacy Centre Pilot Project:** This project seeks to enhance the Oak Child and Youth Advocacy Centre in Vernon through a number of collaborative initiatives including (1) multi-disciplinary training in the areas of investigational interviewing, coordinated investigations, and coordinated case management; (2) enhanced clinical supervision and backfill of Oak Centre staff; (3) development of resources to promote the Oak Centre and provide information materials to caregivers and youth and other community service providers; and (4) structural improvements to the soundproofing of the Centre to ensure client confidentiality and comfort.	$40,000.00	Vernon

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Restorative Justice	Restorative Justice Society-North Okanagan	**Serving Victims Through Enhancing Restorative Justice Capacity:** The "Serving Victims Through Enhancing Restorative Justice Capacity" is a project that will increase the capacity of the Restorative Justice Society -North Okanagan (RJS-NO) for up to 30 participants within the Vernon/North Okanagan RCMP Detachment area. The primary issue to address in this project is to increase the RJS-NO skill and ability to support and have a better understanding of the needs of victims that are involved in a restorative justice (RJ) process for incidents that are more complex.	$17,545	Vernon
Youth Gang Prevention & Intervention	PCFSA	**Crime Reduction and Exploitation Diversion (CRED) :** This project builds on the Crime Reduction and Education Diversion (CRED) program, a youth gang intervention and prevention program that supports female and male youth, including Aboriginal youth, in the Capital Region District (CRD). Targeted interventions and strength-based strategies will be used to support high risk youth including: one-on-one support plans and assessment; information, resources and pro-social opportunities for youth participants; and a boys' and girls' group.	$100,000.00	Victoria
Domestic Violence Unit	Victoria Women's Transition House	**RDVU and Spousal Assault Victim Support Program:** Funding will be used to enhance the education and training of Domestic Violence Unit members on topics such as risk assessment, trauma-informed advocacy and working with survivors of domestic violence with mental health and substance abuse issues. Funds will also augment staffing of frontline community-based victim services to strength linkages and referrals between the Capital Region DVU and the Spousal Assault Program.	$70,000.00	Victoria
Training & Education	The Victoria Sexual Assault Centre	**Trans Inclusion and Diversity Training:** This project will develop and deliver workshops and training for frontline service providers, including VAW and VS programs, on the diverse communities (gender/cultural) of Victoria and how to provide support and services to LGBTQ survivors. A resource guide will also be developed. The goal of the training is to increase access to support for recent survivors of sexualized violence.	$50,000.00	Victoria

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Sex Assault - Coordinated Response	The Victoria Sexual Assault Centre	**Enhancing Coordinated Response to Sexual Assault through Victim Services and Crisis Counselling:** The Victoria Sexual Assault Centre (VSAC) has specialized Victim Service and Crisis Counsellor teams that provide much needed services to sexual assault survivors, which helps to promote protective factors for the resilience of survivors in order to mitigate the long term effects of trauma. This initiative will enhance services to sexual assault survivors by supporting increased crisis hours of response while also maintaining victim service hours in the face of growing trial caseloads. These services take place against the backdrop of the recent opening of the Victoria Community Response Centre, a joint venture of VSAC and the Victoria Child Advocacy Centre, which is anticipated to increase referrals to VSAC in the short term.	$40,000.00	Victoria
Sex Assault - Coordinated Response	Child Abuse Prevention & Counselling Society of Greater Victoria	**Victoria Child Advocacy Centre Service Enhancements:** This twofold project will enhance the new Victoria Child Advocacy Centre's cross-sectoral response to the sexual assault of girls. The project will identify and develop programming resources for the Centre and deliver Girls OWN Circle, an evidence-based program which focuses on girls and sexual assault risk reduction through skills development, safety planning and cross-sector collaboration. Girls OWN Circle offers structured support groups integrating relationship theory, resiliency and skills training.	$30,000.00	Victoria
Vulnerable Women	Peers Victoria Resources Society	**Peers Victoria Drop-In:** To expand current outreach services by hiring two part staff to work with women in the sex trade at PEERS Drop-In Center. The outreach workers will assist in removing barriers to social services and provide support services in Victoria for this vulnerable population. Approximately 40% of PEERS clients identify as indigenous. While at the Drop-In Centre, PEERS will be collaborating with police and Crown to break down barriers by teaching the women how to report a crime	$25,000.00	Victoria
Restorative Justice	Victoria Restorative Justice Society	**Increasing Staff and Program Capacity for Complex Cases:** Restorative Justice Victoria will designate a staff member as being the lead manager of complex cases. She will participate in risk assessment training, collaborate actively with referral sources and community agencies, and manage complex referrals in a holistic manner. The project will also collect and analyze data to determine the effectiveness of the project and make recommendations towards best practices of complex cases.	$20,000	Victoria

Civil Forfeiture Grants 2015-16, $5.0M - By Community

Stream	Recipient	Project Description	Grant Amount	Community
Yth Crime Prevention	Threshold Housing Society	**At-Risk Youth Engagement:** Funding will support a set of workshops (called “worthshops") embedded in a long-term transitional housing program for youth ages 16 to 24 at risk of becoming homeless. Workshops will be held 2-3 nights a week and will aim to increase self-esteem, safety, inclusion and conectedness among youth	$20,000.00	Victoria
Sex Assault - On Campus	University of Victoria (Judicial Affairs & Student Life Office)	**Online New Student Orientation – Development of Sexualized Violence Bystander Intervention and Consent Modules:** Building on other campus initiatives to provide students with education and awareness on sexualized violence prevention, this project involves the development of new online orientation modules for first year students. The modules will focus on the six steps of consent, appropriate and inappropropriate sexual behaviour; the connection between drug/alcohol use and sexualized violence, bystander intervention, and identifying/accessing support services on campus and in the community. Upon completion, the modules will also be made available, by request, to other BC post-secondary instituions upon completion.	$19,607.00	Victoria
Restorative Justice	Victoria Restorative Justice Society	**Training Restorative Justice Facilitators and Mentors to Work on Complex Cases:** Restorative Justice Victoria (RJV) staff and volunteer caseworkers will conduct research and a needs assessment in order to create a manual of mentor and facilitator training for complex cases that will be available to other restorative justice groups across the province.	$12,300	Victoria
Sex Assault - Coordinated Response	Contact Women's Group Society (dba Women's Contact Society)	**Sexual Assault Community Response Team:** This project will develop a coordinated cross sector response to sexual assault in Williams Lake and the surrounding region. The initiative will leverage existing partnerships established through the Williams Lake Interagency Case Assessment Team (ICAT) and seek to broaden the partnership with the inclusion of surrounding First Nation communities. Ultimately, the goal is to provide a collaborative model of service to victims of sexual assault that ensure services are client centred and respectful of victims choices regarding reporting, medical care and healing.	$38,005.00	Williams Lake
Yth Crime Prevention	Punky Lake Wilderness Camp Society	**Innovative Interventions:** This project will provide a well-rounded program of pro-social activities, employment training, and educational opportunities to at-risk Aboriginal youth.	$19,000.00	Williams Lake
Vulnerable Women	Boys and Girls Club of Williams Lake	**The Atalanta Project:**	$18,981.00	Williams Lake

Police Education, Training and Specialized Crime Prevention Equipment

Civil Forfeiture Grants 2015-16, $5.0M - By Community				
Stream	**Recipient**	**Project Description**	**Grant Amount**	**Community**
Police Education, Training and Specialized Crime Prevention Equipment	Police Agencies	**Crime Prevention:** Funding to support police in their crime prevention activities includingthe Fugitive Return Program, enhanced training and the purchase oftechnical equipment.	$617,000.00	N/A
TOTAL FUNDING			**$5,003,819**	

Civil Forfeiture Grants 2015-16, $5.0M - By MLA

Stream	Recipient	Project Description	Grant Amount	Community	MLA
Yth Crime Prevention	Collingwood Neighborhood House Society	**C.R.E.W. Culture, Recreation, Education and Work:** The CREW project will provide Aboriginal youth with opportunities to participate in culturally relevant activities fosuced on skill and leadership development. The program will also create opportunities to lead and share skills together with other youth and adults and the community. For example, youth will also be invited to particpate in the annual Pulling Together Canoe Journey.	$20,000.00	Vancouver	Adrian Dix
Sex Assault - On Campus	University of Victoria (Judicial Affairs & Student Life Office)	**Online New Student Orientation – Development of Sexualized Violence Bystander Intervention and Consent Modules:** Building on other campus initiatives to provide students with education and awareness on sexualized violence prevention, this project involves the development of new online orientation modules for first year students. The modules will focus on the six steps of consent, appropriate and inappropropriate sexual behaviour; the connection between drug/alcohol use and sexualized violence, bystander intervention, and identifying/accessing support services on campus and in the community. Upon completion, the modules will also be made available, by request, to other BC post-secondary instituions upon completion.	$19,607.00	Victoria	Andrew Weaver
Healing & Rebuilding	Musqueam Indian Band	**səyamtə (Honouring One Another):** This project includes three circle sessions (each 6 weeks in duration), focusing specifically on Musqueam Women, Men and Families. Sessions will include traditional cedar/wool weaving, storytelling, healing circles and celebration.	$19,800.00	Vancouver	Andrew Wilkinson
Training & Education	Fernie Women's Resource Centre	**Workshops around Healthy Relationships and Sexuality:** This funding will provide four workshops for front line victim service and violence against women service providers in Fernie on healthy relationships and healthy sexuality with the aim to reduce the incidence of domestic and sexual violence. The training will assist workers with safety planning, particularly with youth.	$5,000.00	Fernie	Bill Bennett

Civil Forfeiture Grants 2015-16, $5.0M - By MLA

Stream	Recipient	Project Description	Grant Amount	Community	MLA
Healing & Rebuilding	Cowichan Women Against Violence Society	**Aboriginal Outreach Worker:** This project provides culturally appropriate outreach to Cowichan Women Against Violence (CWAV) Society's aboriginal clients and people from local First Nations communities (primarily women) who have experienced domestic, sexual, physical, emotional and cultural violence and will utilize traditional healing practices developed in collaboration with the community.	$19,955.00	Cowichan Valley	Bill Routley
Yth Crime Prevention	Cowichan Woman Against Violence Society	**Preventing Youth Crime Through Belonging and Connection:** This project will address the prevention of youth criminality in the Cowichan Valley through engaging at risk youth in a community project designed to increase attachment and belonging. Funding will be used to bring together youth, youth leadership groups, social agencies, the local school district, Vancouver Island University, local governments and First Nations organizations to collaborate on the design and development of youth spaces within parks in the Cowichan Valley.	$19,800.00	Duncan	Bill Routley
Yth Crime Prevention	The Municipality of North Cowichan	**Youth for Community:** Funding will support an employment and life skills program for high-risk youth (ages 12-18 years) living in the Crofton and Chemainus communities. Youth will gain employment experience and training through a series of workshops, job placements, and mentorships while working with seniors (age 55 plus) in the community.	$10,077.00	Duncan	Bill Routley
Domestic Violence Unit	Surrey Women's Centre Society	**Surrey Domestic Violence Unit: Enhancing the Role of Child Protective Services:** Through this project, the Surrey Domestic Violence Unit will conduct a 1-year pilot to increase the capacity of the Unit to respond to highest risk victims of domestic violence identified by the Ministry of Child & Family Development (MCFD). Funding will support an additional community-based victim support worker assigned to work alongside the child protection worker currently co-located with the Surrey DVU. This will enable the DVU to provide early and effective intervention for mothers and their children in highest risk cases of domestic violence with an enhanced focus on child protection as opposed to the past criminal history of the offender.	$70,000.00	Surrey	Bruce Ralston

Civil Forfeiture Grants 2015-16, $5.0M - By MLA

Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - Coordinated Response	Surrey Women's Centre Society	**Surrey Mobile Assault Response Team (SMART) - Women & Girls Safety Navigator:** This project will pilot the co-location of a Safety Navigator with the Forensics Nursing Services at Surrey Memorial Hospital. The Women & Girls Safety Navigator ("Safety Navigator") will be a member of the Surrey Mobile Assault Response Team (SMART) – a 24-hour mobile response for women and girls who experienced sexual assault or exploitation and require emergency medical treatment in the Fraser region of British Columbia. This position will engage young women aging out of foster care who access emergency and forensic medical services at the hospital as a result of a sexual assault in order to decrease the risk of trafficking for the purposes of sexual exploitation.	$40,000.00	Surrey	Bruce Ralston
Yth Crime Prevention	Kwantlen Park Secondary School, SD36	**Challenge Day:** Challenge Day is an intensive day-long program where 100 participating students f are brought together and where life-changing bonds are intentionally formed. During Challenge Day youth make "commitments of change" that often include mentorship, re-engagement into the school system and renewed relationships between students and teachers.	$11,440.00	Surrey	Bruce Ralston
Restorative Justice	Victoria Restorative Justice Society	**Training Restorative Justice Facilitators and Mentors to Work on Complex Cases:** Restorative Justice Victoria (RJV) staff and volunteer caseworkers will conduct research and a needs assessment in order to create a manual of mentor and facilitator training for complex cases that will be available to other restorative justice groups across the province.	$12,300	Victoria	Carole James
Restorative Justice	Victoria Restorative Justice Society	**Increasing Staff and Program Capacity for Complex Cases:** Restorative Justice Victoria will designate a staff member as being the lead manager of complex cases. She will participate in risk assessment training, collaborate actively with referral sources and community agencies, and manage complex referrals in a holistic manner. The project will also collect and analyze data to determine the effectiveness of the project and make recommendations towards best practices of complex cases.	$20,000	Victoria	Carole James

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Yth Crime Prevention	Threshold Housing Society	**At-Risk Youth Engagement:** Funding will support a set of workshops (called “worthshops") embedded in a long-term transitional housing program for youth ages 16 to 24 at risk of becoming homeless. Workshops will be held 2-3 nights a week and will aim to increase self-esteem, safety, inclusion and conectedness among youth.	$20,000.00	Victoria	Carole James
Sex Assault - Coordinated Response	Child Abuse Prevention & Counselling Society of Greater Victoria	**Victoria Child Advocacy Centre Service Enhancements:** This twofold project will enhance the new Victoria Child Advocacy Centre's cross-sectoral response to the sexual assault of girls. The project will identify and develop programming resources for the Centre and deliver Girls OWN Circle, an evidence-based program which focuses on girls and sexual assault risk reduction through skills development, safety planning and cross-sector collaboration. Girls OWN Circle offers structured support groups integrating relationship theory, resiliency and skills training.	$30,000.00	Greater Victoria	Carole James
Youth Gang Prevention & Intervention	Okanagan Boys and Girls Clubs	**Elevate: Skills Building for At-Risk Youth:** This project will provide at risk youth with safe and welcoming spaces; facilitate access to education (reintegration into the school system), offer pre-employment training and assistance to secure appropriate employment; assist youth to develop life and leadership skills; and provide recreational activities. Youth will be offered mentoring from positive peer and adult role models in the local community.	$100,000.00	Kelowna	Christy Clark
Vulnerable Women	South Okanagan Women in Need Society (SOWINS)	**ROUTESS: Resources, Outreach, Understanding To Effectively Provide Support and Services to Vulnerable Women:** The ROUTESS project will provide a team of two part time outreach workers in a mobile van to connect with vulnerable women in the sex trade and youth at risk of exploitation in the Penticton area. The project will assist those in the sex trade and those at risk of exploitation and trafficking with immediate supports for basic needs and provide connections to services and police for safety needs. One-on-one support linked to SOWINS and other partners' services will enhance safety for participants. Project partners include the Aboriginal Friendship Centre and Osoyoos RCMP victim services program.	$25,000.00	Penticton	Dan Ashton

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Vulnerable Women	Abbotsford Community Services	**Sexually Exploited Youth Outreach Project:** This project will fund additional hours for the existing Sexually Exploited Youth Outreach Worker in order to connect vulnerable youth at risk of exploitation with services and supports in the Abbotsford area. The project will focus on outreach to the most vulnerable youth from 12 to 18 years of age, of which 33% are Aboriginal with a high percentage experiencing mental health challenges and barriers to accessing services. The Project is supported by the Abbotsford Police, School District 34 and the Ministry of Children and Family Development.	$23,107.00	Abbotsford	Darryl Plecas
Domestic Violence Unit	Abbotsford Community Services	**Victim Services Program Staffing Enhancement:** Funding will be used to enhance the Domestic Violence Unit in Abbotsford. Funds will go to the provision of frontline victim services within the DVU, training for DVU members and community partners, and clinical supervision and self care for victim service workers. In addition, the funding will help build awareness about domestic violence within the Abbotsford School District and broader community.	$70,000.00	Abbotsford	Darryl Plecas
Restorative Justice	Abbotsford Restorative Justice and Advocacy Association	**Restorative Justice for Victims- Enhancing Capacity and Crown Referrals Project:** Abbotsford Restorative Justice and Advocacy Association, in addition to precharge files from Abbotsford Police Department, will work closely with Abbotsford Crown to offer services for more serious and complex cases. Implementation will include enhanced training for working with more serious and complex cases and the development of a structured screening and suitablility process.	$20,000	Abbotsford	Darryl Plecas
Yth Crime Prevention	Abbotsford Community Services	**Youth Gang Prevention with Female Youth:** This project will aim to increase the capacity of the South Asian Community Resource Office (SACRO) youth gang prevention and intervention work with South Asian females ages 12 – 18 years old. The South Asian female clients will benefit from having a female youth worker who can be culturally sensitive and meet the needs of referred clients building on their strengths while addressing risk factors related to criminal and gang involvement.	$20,000.00	Abbotsford	Darryl Plecas

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - On Campus	Alma Mater Society (AMS) of the University of British Columbia	**SASC Support Groups:** Supplementary to existing one-on-one and legal/medical supports on the UBC Vancouver campus, this project will offer four support groups as an alternate method for providing therapy and support and creating a sense of community and healing on campus. The topics of the four support groups were constructed based on research and campus surveys, and will focus on empowerment and wellness for survivors, supporting a survivor, healthier relationships, and self-care to address vicarious trauma.	$16,064.00	Vancouver	David Eby
Vulnerable Women	Comox Valley School District #71	**Giving Voice to Young Women – "Coming Home To Who You Really Are":** A 2 day gathering at Denman Island for 30 at-risk vulnerable young women and 10 adult mentors to participate in "Building the Village". These women will have an opportunity to meet with community role models, elders and other mentors as well as engaging the young women in finding their own voices. Women will participate in interactive discussions with Elders, the Transition Society, John Howard, and CASEY. Youth will be supported by Elders, youth workers and other community agencies.	$6,700.00	Courtenay	Don McRae
Restorative Justice	Community Justice Centre of the Comox Valley Society	**Addressing Mental Health & Addictions in Restorative Justice:** This project will provide a two-day advanced training on content related to understanding the various mental health issues and their implications for successful restorative justice resolutions, It will also incorporate an advanced understanding of prognosis as well as skills in assessing capacity for engagement in restorative justice processes and possible modifications to accommodate both the victim and the offender.	$19,950	Courtenay	Don McRae

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Vulnerable Women	Boys and Girls Club of Williams Lake	**The Atalanta Project:** The Boys and Girls Club of Williams Lake will hold weekly sessions throughout the school year with vulnerable female youth at risk of exploitation (13- 15 yrs) including First Nations youth with funding support for a youth worker. A member of the local RCMP detachment and the youth worker will provide outreach and information to build protective factors for female youth at risk of exploitation and connect them with services and police. Issues to be addressed include social media safety, grooming and luring tactics used by traffickers, resources in the community for assistance and confidence/self esteem. Partners include Women's Contact Society, Williams Lake RCMP, and School District 27 (Williams Lake), including the First Nations Liaison Worker.	$18,981.00	Williams Lake	Donna Barnett
Healing & Rebuilding	Punky Lake Wilderness Camp Society - RCMP Based Victim Services (Alexis Creek)	**Stopping The Violence:** The focus of this project is to incorporate aboriginal holistic approaches to assist victims and communities in healing and rebuilding from the impacts of violence against aboriginal women in the Tsilhqot'in Nation. Key project activities include: a women's group and a one-day workshop.	$19,315.00	Alexis Creek	Donna Barnett
Yth Crime Prevention	Punky Lake Wilderness Camp Society	**Innovative Interventions:** This project will provide a well-rounded program of pro-social activities, employment training, and educational opportunities to at-risk Aboriginal youth.	$19,000.00	Williams Lake	Donna Barnett
Sex Assault - Coordinated Response	Contact Women's Group Society (dba Women's Contact Society)	**Sexual Assault Community Response Team:** This project will develop a coordinated cross sector response to sexual assault in Williams Lake and the surrounding region. The initiative will leverage existing partnerships established through the Williams Lake Interagency Case Assessment Team (ICAT) and seek to broaden the partnership with the inclusion of surrounding First Nation communities. Ultimately, the goal is to provide a collaborative model of service to victims of sexual assault that ensure services are client centred and respectful of victims choices regarding reporting, medical care and healing.	$38,005.00	Williams Lake	Donna Barnett

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Training & Education	100 Mile House & District Women's Centre Society	**Aboriginal Trauma Informed Care:** This funding will provide a two day training on Aboriginal trauma informed care for South Cariboo front line victim service and violence against women service providers. Training participants will learn how to recognize impacts of intergenerational trauma and how best to support those they are serving during short and mid-range crisis intervention.	$17,530.00	100 Mile House	Donna Barnett
Sex Assault - Coordinated Response	Cythera Transition House Society	**Ending Violence In Relationships (EVIR} Committee-A Ridge Meadows VAWIR Committee:** This initiative is a multifaceted project to enhance and develop local responses to sexual assault in Maple Ridge and Pitt Meadows that include enhanced safety, engagement, awareness and prevention opportunities through a responsive, collaborative and coordinated community development process. Specific project components include implementation of the Ridge Meadows Risk Assessment Team (RMRAT), a collaborative knowledge exchange with Alisa's Wish Child Youth Advocacy Centre, a prevention campaign based on the UN's UNite campaign to end violence against women and girls, and support for several gender violence prevention opportunities in local high schools based on the 'Be More Than a Bystander' initiative.	$38,710.00	Maple Ridge, Pitt Meadows	Doug Bing
Training & Education	CYTHERA TRANSITION HOUSE SOCIETY	**When Love Hurts: Supporting Women Experiencing Abuse:** This project will offer two two-day workshops to front-line violence against women service providers. The first workshop will build capacity and enhance skills of 25 VAW workers to provide appropriate support for women who are impacted by abuse and the workshop will address the impacts on staff providing trauma services. The second workshop will train 10 VAW workers from the first workshop to become facilitators to lead support groups for women experiencing abuse in the relationships.	$10,000.00	Maple Ridge	Doug Bing
Healing & Rebuilding	Stz'uminus First Nation	**Safer Relationships, Safer Community:** This project will be implemented by the mental health team of the Stz'uminus First Nation and is designed to address violence against Aboriginal women and to heal the community. Activities include (1) workshops; (2) therapeutic group sessions; and (3) a community dinner to honor the work with a blanketing ceremony.	$20,000.00	Ladysmith	Doug Routley

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Healing & Rebuilding	Tillicum Lelum Aboriginal Society	**Living The Right Way:** This project, delivered by the Tillicum Lelum Aboriginal Society in cooperation with Haven Transition House includes a series of workshops delivered to Aboriginal women and adolescents experiencing violence in their lives and/or faced with the trans-generational impact of entrenched community violence, trauma and/or emotional distress, and who are experiencing barriers to accessing services.	$18,000.00	South Island	Doug Routley
Training & Education	Ladysmith RCMP Victim Services c/o Ladysmith Resources Centre Association	**Caring on Empty- Creative Tools for Compassion Fatigue Transformation & Resilience:** The project will deliver a one day workshop on compassion fatigue in Ladysmith, BC for front-line Victim Service & Violence Against Women service providers on Vancouver Island (approx. 60 participants). The workshop will give participants an opportunity to heal, learn new skills, and explore how to make life changes that can build resilience to traumatic stress.	$18,260.00	Ladysmith	Doug Routley
Sex Assault - Coordinated Response	Vernon Women's Transition House Society	**Oak Child and Youth Advocacy Centre Pilot Project:** This project seeks to enhance the Oak Child and Youth Advocacy Centre in Vernon through a number of collaborative initiatives including (1) multi-disciplinary training in the areas of investigational interviewing, coordinated investigations, and coordinated case management; (2) enhanced clinical supervision and backfill of Oak Centre staff; (3) development of resources to promote the Oak Centre and provide information materials to caregivers and youth and other community service providers; and (4) structural improvements to the soundproofing of the Centre to ensure client confidentiality and comfort.	$40,000.00	Vernon	Eric Foster
Restorative Justice	Restorative Justice Society-North Okanagan	**Serving Victims Through Enhancing Restorative Justice Capacity:** The "Serving Victims Through Enhancing Restorative Justice Capacity" is a project that will increase the capacity of the Restorative Justice Society -North Okanagan (RJS-NO) for up to 30 participants within the Vernon/North Okanagan RCMP Detachment area. The primary issue to address in this project is to increase the RJS-NO skill and ability to support and have a better understanding of the needs of victims that are involved in a restorative justice (RJ) process for incidents that are more complex.	$17,545	Vernon	Eric Foster

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - Coordinated Response	Salt Spring and Southern Gulf Islands Community Services Society	**Defining A Response Strategy for Victims of Sexual Assault on Salt Spring island and the Southern Gulf Islands:** This project will develop and enhance the sexual assault response in the Southern Gulf Islands through both educational workshops and the development of a sexual assault response team on Saltspring Island attached to Lady Minto Hospital. On call nurses will be available to facilitate forensic exams, with strong linkages to appropriate community supports.	$39,754.00	Saltspring Island, Other Southern Gulf Islands	Gary Holman
Vulnerable Women	Women Against Violence Against Women Rape Crisis Centre	**Enhancing Access to Justice for Vulnerable Aboriginal Women and Girls in the Sex Trade, Trafficked, or at Risk of Exploitation:** Funding will enhance WAVAW's Aboriginal Women's Program which serves Aboriginal women at risk of exploitation or in the sex trade in Vancouver. The Aboriginal Women's Program provides one to one counseling and support groups to Aboriginal women and girls who have experienced sexualized violence and victimization. This project will augment these services and provide direct community outreach and coordination services focusing on removing barriers and stigma to accessing the justice system. The project coordinator will play a supportive role working with vulnerable Aboriginal women.	$25,000.00	Vancouver	George Heyman
Healing & Rebuilding	Women Against Violence Against Women Rape Crisis Centre	**Aboriginal Women's Program:** This project will enhance the services provided by Women Against Violence Against Women (WAVAW) Rape Crisis Centre known as the Aboriginal Women's Program. These services are delivered using culturally appropriate and holistic approaches that attend to the mental, emotional, physical, and spiritual health of women and focus on both individual and community healing.	$20,000.00	Vancouver	George Heyman

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Training & Education	Women Against Violence Against Women Rape Crisis Centre	**Enhancing Cultural Competency of Front-line Victim Service and Violence Against Women Service Providers:** This funding will enhance the knowledge and cultural competency of front-line Victim Services and Violence Against Women service providers who work with women who have experienced sexual assault and trauma, in particular Aboriginal women. Service providers will be trained to offer culturally relevant, dignified and meaningful services to Aboriginal women who have experienced violence. WAVAW will deliver this training at two provincial conferences as well as 4 separate trainings across BC.	$50,000.00	Vancouver	George Heyman
Sex Assault - On Campus	Women Against Violence Against Women Rape Crisis Centre	**C.A.R.E About Gendered Violence Project, Phase Two:** The C.A.R.E. About Gendered Violence project is a coordinated response by WAVAW, the administration of Vancouver Community College (VCC), the Students' Union of VCC, staff, faculty, and students to the problem of sexual assault on the post-secondary campus. Funding for phase two of this project will support implementation of an operational plan developed based upon a campus-wide consultation as well as established best practices in violence prevention and response. Project activities include train the trainer workshops to enhance responses to sexual assault, professional development activities for VCC employees, and sexual assault awareness and prevention workshops and events for students.	$20,000.00	Vancouver	George Heyman
Sex Assault - Coordinated Response	BC Women's Hospital + Health Centre Foundation	**Sexual Assault Forensic Evaluation: A Collaborative Review by Health, Crown and the Police:** This project, led by BC Women's Sexual Assault Services, will look to collaboratively assess the value of current forensic evaluation practices to the criminal justice system. The ultimate goal is to refine forensic evaluations and sample collection through the development of a new process (guidelines) that support greater engagement of victims while also upholding principles of evidence-based practice.	$35,200.00	Vancouver	George Heyman

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - On Campus	Simon Fraser University	**Sexual Violence Prevention and Education Advisor:** This project will focus on the establishment of a new advisor position to support delivery of sexual violence prevention and education outreach to students, staff and faculty at SFU campuses in Burnaby, Vancouver, and Surrey. The project will include recruitment and training of student volunteers to engage the campus community through presentations, face-to-face outreach, social media engagement, and linkages in to new student orientation activites. The advisor will also work with on-campus partners on collaborative initiatives, such as the development of a sexual violence policy and response protocol.	$20,000.00	Burnaby	Jane Jae Kyung Shin
Training & Education	Gitxaala Health Centre	**Informed Practice Seminars:** The funding will provide three workshops for 25 frontline workers including victim services on supporting victims who are affected by trauma, FASD, intergenerational trauma and residential school experiences. Some of the workshops will be filmed and edited for future use.	$40,250.00	Kitkatla	Jennifer Rice
Yth Crime Prevention	Old Massett Village Council	**Peer Support, Outreach Training:** The Nights Alive Crime Prevention Outreach Program will bring together local resources and services to train youth to address crime prevention in their communities. Through the creation of "psotive gangs" youth are enaged in cultural activities, and leadership skill development. As a key part fo the project older youth provide mentorship, peer support and educational activities to youth ages 9-12, through schools, events and outreach.	$20,000.00	Massett	Jennifer Rice
Yth Crime Prevention	Pacheedaht First Nation	**Pacheedaht Youth Engagement Project:** This is a 2- part project that will build internal capacity and leadership skills in at-risk youth. Through Part 1 of the project, at-risk youth will go on an expedition with Outward Bound Canada where they will engage in recreationsal and skills building opportunties. Funding will also support hiring an Aboriginal Outreach Worker to support at-risk youth in the community.	$20,000.00	Port Renfrew	John Horgan

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Restorative Justice	Chilliwack Restorative Justice and Youth Advocacy Association	**Community Conversation Series:** The proposed Community Conversation and Speak Out Series will create a robust community engagement process using restorative circles; to identify and address the root causes of criminal or at risk behavior. The process will particularly target youth and aim at enhancing capacity for complex cases.	$19,600	Chilliwack	John Martin
Sex Assault - Coordinated Response	Howe Sound Women's Centre Society	**Sea to Sky Regional Sexual Assault Response:** This project seeks to engage in comprehensive cross-sector collaboration and training on sexual assault in the Sea to Sky region to enhance the community's overall response to this issue moving forward. Trainings will focus on providing culturally competent services to Aboriginal survivors of sexual assault as well as Trauma-Informed Practice training for community partners. The project will also seek to develop a regional cross-sector sexual assault response protocol to ensure a strengthened response to survivors of sexual assault.	$39,958.00	Lions Bay, Furry Creek, Brtannia Beach, Squamish, Whistler, Pemberton	Jordan Sturdy
Sex Assault - Coordinated Response	Cameray Child and Family Services	**Girls Groups: Empowering Sexually Assaulted Girls Through Improving Cross-Sector Collaboration:** This project seeks to enhance services in Burnaby and New Westminster to girls aged 8-20 who have been sexually assaulted through the development and implementation of six, 6-week support/counselling groups. Groups will focus on girls of a similar age range and will provide an emotionally safe space for girls to learn about the justice system and their court process, to create social connections with other girls who have gone through similar experiences, and to provide group counselling support as a means to discuss and worth through their difficult life experiences.	$33,000.00	Burnaby, New Westminster	Kathy Corrigan
Healing & Rebuilding	Circle of Indigenous Nations Society	**Maskawisîw – Aboriginal Women's Healing Conference:** This project will invite 30 Aboriginal women in the West Kootenay and Boundary region to gather for 3 days to address and heal from past trauma and grief. The project will include using the medicine wheel to explore the impact of trauma, as well as experiential opportunities and traditional ceremonies that support healing from trauma.	$19,460.00	Krestova	Katrine Conroy

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - On Campus	Selkirk College	**Selkirk College Strengthening Our Response to Sexual Assault:** This project focuses on the development of a robust program at Selkirk College for effectively addressing sexual assault on campus, from prevention activities to improving responses to and management of sexual assault complaints. The program will be evidence-based, aligned with legislative and policy requirements, and tailored to needs of a rural college. This program will also support strengthened partnerships with the RCMP, emergency services and other community resources in the Boundary and Kootenay region. Once completed, the program will be made available to other rural colleges, including College of the Rockies.	$44,500.00	Castlegar	Katrine Conroy
Healing & Rebuilding	District of Hope - (Hope/Boston Bar RCMP Victim Services)	**"Lights of Hope"- A healing project for Indigenous women and the community:** This collaborative project between Hope/Boston Bar RCMP Victim Services and Chawathil First Nation will support outreach and community engagement in working to help women regain their power and voice when trying to rebuild their life.	$20,000.00	Hope/Boston Bar	Laurie Throness
Training & Education	Fraser Valley Conference	**Helping Survivors of Homicide (Investigation, Trauma and Death Protocols):** The Fraser Valley Conference committee is a police based victim service group of 10 programs that organizes an annual symposium to address the training needs identified by its members. This year the symposium will address the needs of those impacted by homicide using a trauma-informed perspective, and explore the various cultural perspectives and needs with respect to dealing with a death.	$5,200.00	Hope	Laurie Throness
Sex Assault - Coordinated Response	Hope & Area Transition Society	**Fraser-East SANE Pilot Project:** The goal of this collaborative project is to expand Sexual Assault Nurse Examiner (SANE) services throughout the Fraser Canyon, including the communities of Agassiz/Harrison, Hope, Fraser Canyon and Boston Bar in order to better provide services to survivors of sexual assault in this region.	$40,000.00	Aggasiz, Harrison, Hope, Fraser Canyon, Boston Bar	Laurie Throness

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Yth Crime Prevention	Nanaimo Region John Howard Society	**Expanding the Reach Through Mentorship:** This project will serve at-risk youth ages 13-24 who have been referred to the Restorative Justice Program. Youth will be matched with a peer or adult mentor who will work with the young person to ensure they meaingfully particpate in the restorative justice process and to assist the youth in goal setting, self-esteem building and connecting with community resources.	$20,000.00	Nanaimo	Leonard Eugene Krog
Vulnerable Women	Nanaimo Women's Resources Society	**Community Action Team- Outreach and Connection for Women in the Sex Trade:** This project focuses on providing outreach services that meet the needs of vulnerable women and girls in Nanaimo and help connect them to services and support to reduce their current risk of exploitation. The main objectives of the project include; reducing women's isolation by providing client centred support and outreach services to women in the sex trade; reducing violence through strengthening reporting; and accessing the justice system. The project will also include providing education to service providers, RCMP and other justice related personal on best practices in supporting women in the sex trade who have been victims of violence.	$20,000.00	Nanaimo	Leonard Eugene Krog
Domestic Violence Unit	Haven Society	**Nanaimo Region Domestic Violence Unit:** The project will enhance specialized and coordinated response to high risk situations of intimate partner violence through the Domestic Violence Unit. Funds will support activities to better integrate the work of the DVU with other community responses to domestic violence, including the local Inter-Agency Case Assessment Team and the Community Coordination for Community Safety table. In addition, the DVU will be exploring an enhanced partnership model with MCFD, with goal of co-locating a child protection worker with the unit. Finally, project funds will also support evaluation and training/education opportunities for DVU members.	$69,280.00	Nanaimo	Leonard Eugene Krog

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Restorative Justice	Nanaimo Region John Howard Society	**Enriching the Community through Restorative Justice Training:** Twenty community members will undertake advanced training to improve and enhance restorative justice facilitation skills to better serve victims. Topics include Cultural Competency, Victim sensitivity and Mental Health and addiction training.	$20,000	Nanaimo	Leonard Eugene Krog
Sex Assault - Coordinated Response	Nanaimo Family Life Association	**Sexual Assault Response Team:** The overall goal of the project is to develop a victim-sensitive approach to responding to the needs of sexual assault survivors in the community of Nanaimo while also providing direct service enhancements to survivors through the development of a volunteer network. The project will ensure strong linkages between advocates, forensic nurse examiners, the broader health community, the RCMP and local victim services to enhance the response to sexual assault survivors in the community.	$40,000.00	Nanaimo	Leonard Eugene Krog
Healing & Rebuilding	South Okanagan Integrated Community Services Society (SOICSS)	**Healing and Rebuilding in the South Okanagan:** This collaborative project between South Okanagan Integrated Community Services Society (SOICSS) and Osoyoos Indian Band (OIB) will provide education and awareness around violence against Aboriginal women and will improve responses from service providers and community members to ensure that women who have experienced violence can be supported by their loved ones and by service providers within their communities.	$19,600.00	Oliver/Osoyoos	Linda Larson
Yth Crime Prevention	Mainland Athletics Club	**Mainland Athletics - Youth Mentorship Program:** This project will provide mentorship, leadership and coaching for at-risk South Asian youth through recreational/sporting activities such as soccer, basketball and track & field. Through involvement in structured recreational activities, youth will experience increased connection to school and community, in self-esteem and worth, and a decrease in negative police contacts. This project will also host faciliated workshops on issues of cyber bullying, gang prevention, anger managemnet and substance abuse with community partners like CFSEU/Richmond RCMP to raise awareness to parents and youth in collobration with local sikh temples.	$20,000.00	Richmond	Linda Reid

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Yth Crime Prevention	Camp Jubilee Society	**Project ESCAPe (Experience Summer Camp Adventure Program at Camp Jubilee):** This project will enable high-risk, low-income aboriginal youth between the ages of 8-16 years to experience a customized camp session at Camp Jubilee. Youth participants will enage in a variety of strcutured recreational and social acitivites, including canoeing, team building, leaderships skills, rock climbing and cultural activities.	$20,000.00	Port Moody	Linda Reimer
Training & Education	Royal Canadian Mounted Police - Surrey Detachment	**Surrey Training for Front Line Providers:** This project will provide two workshops to educate front line victim services and violence against women workers, community and system partners in Surrey engaged in the Surrey ICAT. One workshop is on Trauma Informed Practices delivered by Lori Haskell for approximately 150 people. The other workshop will provide training on Risk Assessment for approximately 30 people.	$50,000.00	Surrey	Marvin Hunt
Restorative Justice	Fraser Region Community Justice Initiatives Association	**Restorative Justice for Victims in Crown-Referred Cases:** Between April 2016 and April 2017, Fraser Region Community Justice Initiatives (CJI) will provide restorative justice services to crime victims, accused persons, and impacted others in complex cases referred by Surrey Crown Prosecutors. CJI's professional facilitation services will be available in a minimum of eight case referrals, based on the voluntary participation of victims and accused persons, as well as other case selection and screening factors. Accepted referrals will include Assault, Break and Enter, Threats and other offences (excluding power-based crimes).	$20,000	Langley	Mary Polak
Yth Crime Prevention	Big Brothers Big Sisters of Langley	**In School Mentoring:** This project will expand the in-school mentoring program over the upcoming school year by enhancing partnerships with existing schools, establishing new partnerships with schools and community organizations, and recruiting more volunteers willing to serve as volunteer mentors. This multi-sector project will bring support to more than 100 at-risk children and youth in the Langley community	$15,000.00	Langley	Mary Polak

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Vulnerable Women	Peers Victoria Resources Society	**Peers Victoria Drop-In:** To expand current outreach services by hiring two part staff to work with women in the sex trade at PEERS Drop-In Center. The outreach workers will assist in removing barriers to social services and provide support services in Victoria for this vulnerable population. Approximately 40% of PEERS clients identify as indigenous. While at the Drop-In Centre, PEERS will be collaborating with police and Crown to break down barriers by teaching the women how to report a crime.	$25,000.00	Victoria	Maurine Karagianis
Youth Gang Prevention & Intervention	PCFSA	**Crime Reduction and Exploitation Diversion (CRED) :** This project builds on the Crime Reduction and Education Diversion (CRED) program, a youth gang intervention and prevention program that supports female and male youth, including Aboriginal youth, in the Capital Region District (CRD). Targeted interventions and strength-based strategies will be used to support high risk youth including: one-on-one support plans and assessment; information, resources and pro-social opportunities for youth participants; and a boys' and girls' group.	$100,000.00	Victoria	Maurine Karagianis
Vulnerable Women	Providing Alternatives, Counselling & Education (PACE) Society	**Indigenous-led Sexual Exploitation Outreach Program:** This project will provide peer-driven outreach services to sex workers of Indigenous ancestry in Vancouver's downtown eastside to reduce and prevent sexual exploitation. Outreach services will include distribution of harm reduction supplies, bad date reporting, referrals to support services, including victim services and violence prevention programs, as well as providing access and referrals to supports and resources to limit further exposure to violence.	$20,200.00	Vancouver	Melanie Mark
Vulnerable Women	PLEA Community Services Society of BC	**OnyxWorks:** This project will assist 10 young women, ages 13 to 18, who have expressed a desire to leave sexually exploitive situations and gain work experience. Onyx will combine intensive one-to-one support and supervision, a 10-week job placement with an employer/mentor, and a variety of learning and skills-based training opportunities. Onyx will connect the youth to industries such as horticulture, trades, and digital arts. The project will support outreach and coordination through job placements for vulnerable youth to increase pro-social community connections, resiliency, and support their goals to experience safer lives.	$23,869.00	Vancouver	Melanie Mark

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Vulnerable Women	West Coast Domestic Workers' Association	**Outreach to Female Migrant Workers about Labour Trafficking in BC:** This project will address the issue of labour trafficking of female migrant workers in the hospitality, food services, caregivers and farm workers sectors in key areas of BC. The focus is to increase a coordinated response to labour trafficking among those most vulnerable as well as supporting organizations in British Columbia who work with these women. Public legal education workshops and outreach to female migrant workers are planned in Kelowna, Abbotsford and the Lower Mainland as part of this project.	$25,000.00	Vancouver	Melanie Mark
Vulnerable Women	Family Services of Greater Vancouver	**Project Link: Rebuilding the Lives of Survivors of Human Trafficking:** Funding will provide an outreach/ community support worker for direct front line service in the Vancouver Police Department's Counter Exploitation Unit (CEU). This project will serve trafficked women and girls, missing women and those at risk of sexual exploitation in Vancouver. Vulnerable women whose incidents are being investigated by the Vancouver Police Department related to sexual exploitation and human trafficking will also be served. This project builds on work begun last year to create an outreach/community support worker in the CEU unit with civil forfeiture grant funding. Family Services of Greater Vancouver is the project partner with the Vancouver Police Department.	$19,800.00	Vancouver	Melanie Mark
Healing & Rebuilding	Downtown Eastside Women's Centre Association	**Circle of Healing: Cultural Recovery and Resiliency in the Downtown Eastside:** This project will provide support to women who have been victims of violence or are living at risk of violence and will focus on traditional Indigenous healing, arts, and celebrations and includes involvement in important community events.	$20,000.00	Downtown Eastside	Melanie Mark
Healing & Rebuilding	Atira Women's Resource Society	**Aboriginal Women's Outreach (AWO) Program:** This project expands the existing Aboriginal Women's Outreach (AWO) Program provided by Atira Women's Resource Society with an additional part-time staff member. The project will expand AWO's established reach to include Aboriginal women who are experiencing, or have experienced, sexual violence and / or who are street-entrenched sex workers.	$20,000.00	Surrey, Delta, White Rock and Langley	Melanie Mark

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Domestic Violence Unit	Family Services of Greater Vancouver	**Vancouver Domestic Violence Unit – Enhanced Service and Program Support:** This project will enhance the Vancouver Domestic Violence Unit (DVU) by providing additional staffing that will increase the capacity of the victim support worker within the unit. The objective of the project is to provide more fulsome service and to increase the number of files where victim serve workers and detectives work in partnership to serve highest risk victims of domestic violence.	$70,000.00	Vancouver	Melanie Mark
Domestic Violence Unit	Family Services of Greater Vancouver	**New Westminster Domestic Violence Response Team (DVRT) - Enhanced Service and Program Support:** Funding will be used to enhance the domestic violence unit in New Westminster. Funds will go to the provision of frontline victim services and clinical supervision.	$35,000.00	New Westminster	Melanie Mark
Domestic Violence Unit	Family Services of Greater Vancouver	**Vancouver Provincial Protective Measures Unit- Enhanced Service and Program Support:** The Provincial Protective Measures Unit (PPMU) is a provincial wide resource for victim support workers, police crown and other professionals working with victims of domestic or familial violence where other conventional safety measures have failed or deemed insufficient. Funding will support additional staffing hours for frontline victim services.	$35,000.00	Vancouver	Melanie Mark
Training & Education	THS Society of Transition Houses dba BC Society of Transition Houses	**Children Who Witness Abuse In-person Training for Frontline Service Providers:** This project will update and deliver training to 50 Children Who Witness Abuse staff on the most recent research on effective responses to children and young people who have lived with domestic violence. BCSTH will deliver the training through two, two-day in person trainings, one in the Kooteneys and the other in the North East of the province.	$40,516.00	Vancouver	Melanie Mark

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Training & Education	Atira Women's Resource Society	**"Violence Against Women and its Impacts on Mental Wellness:** Atira with the support of Ishtar Transition House will develop and deliver a training module to support women impacted by violence and struggling with their mental illness; in a way that is feminist, women-centered and violence and trauma informed. The goal of the training will be to better support women struggling with mental illness as a result of their experience with violence and abuse. This training module will be presented to up to 250 staff across Vancouver including front-line transition staff, Stopping the Violence counsellors, Aboriginal outreach workers, legal advocacy program staff and Children Who Witness Abuse staff.	$39,270.00	Vancouver	Melanie Mark
Yth Crime Prevention	Creativa Cultural Association	**True Voice Theatre Project:** This project will engage at-risk youth from Vancouver's Downtown Eastside in bi-weekly arts-based programming. Through artistic workshops and mentorship from professional artists youth will explore relevant issues, such as violence, homelessness and crime. Youth will also be invited to create and perform a public performance.	$20,000.00	Vancouver	Melanie Mark
Yth Crime Prevention	Network of Inner City Community Services Society	**Eastside Boxing Outreach (ESB):** ESB provides a safe positive environment for at-risk youth to engage in fitness and recreation. Funding will be used to support outreach and mentorship activites that aim to build positive relationships between mentee and mentor, by providing a safe space for individuals to engage in meaningful conversations and coaching that focuses on both physical and emotional wellness.	$20,000.00	Vancouver	Melanie Mark
Youth Gang Prevention & Intervention	PLEA Community Services Society of BC	**Career Path (Maple Ridge & Tri-Cities):** The aim of this project is to support the individual goals of identified high risk youth to: reconnect with family, develop emotional and personal wellbeing, comply with court orders, increase skills, access stable housing, find employment, re-engage with the school system and connect with community resources and supports.	$100,000.00	Vancouver	Melanie Mark

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Restorative Justice	Kootenay Restorative Justice Society	**Building Restorative Justice Capacity:** The focus of this project is to enhance the capacity of Kootenay Restorative Justice Society (KRJS) to take on complex cases in order to better serve victims and increase the use of restorative justice in the West Kootenay region. The goal of the project is to enable more of our volunteers to handle complex cases to better serve victims, increase referrals to KRJS from our justice partners, and to update our protocols and evaluation process. This will be achieved through a series workshops and training.	$20,000	Kaslo	Michelle Mungall
Restorative Justice	Nelson Police Department Restorative Justice (NPDRJ) Program	**Nelson Police Department Restorative Justice (NPDRJ) Next Step:** This project will address the issues of accessibility of advanced training opportunities for NPDRJ volunteers. Through a combination of speakers and training sessions, NPDRJ will enhance its capacity to take on complex cases in both the community and in the local schools.	$20,000	Nelson	Michelle Mungall
Training & Education	Kootenai Community Centre Society	**East Kootenay Regional Training & Education Supporting Personal Resilience:** This project will train victim service and violence against women program service providers in the East Kootenay Region on skills that support resilience and teach self-care strategies to prevent vicarious trauma and compassion fatigue. The training will be delivered as a workshop series.	$27,289.00	Creston	Michelle Mungall
Yth Crime Prevention	ACCESS Youth Outreach Services Society	**Project Reach Out – Tri-Cities:** Project Reach Out (PRO) is an after hours mobile drop in centre and outreach program serving youth ages 12 to 23. Using modified shuttle buses, the staff on the buses establish a consistent presence by traveling to areas of the communities where youth congregate.	$20,000.00	Port Coquitlam	Mike Farnworth

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - On Campus	Langara College	**Langara College Sexual Assault Policy Development and Education Campaign:** The purpose of this project is to develop a standalone sexual assault response policy for Langara College and to launch the policy with a campus-based public awareness campaign. The policy will educate faculty, students and the college administration on how to sensitively and effectively respond to cases of sexual assault, including proactive referrals to available programs and services for victims on campus and in the community. The project will also include a prevention and awareness campaign directed at students and faculty about consent and sexual assault and to raise awareness about the new policy.	$10,000.00	Vancouver	Moira Stilwell
Sex Assault - On Campus	Langara College	**Student Advocate System : Reporting & Case Management -** This project will support Langara College to implement a case management system to enhance reporting, timely and appropriate intervention, and data collection for incidents for sexualized violence affecting students. The new system will enable online incident reporting for students and support persons,and help to support effective case management approaches by directing reported incidents to appropriate College representatives for planned response and follow-up.	$10,000.00	Vancouver	Moira Stilwell
Domestic Violence Unit	Hollyburn Family Services Society	**Integrated Domestic Violence Unit:** The goal of this project is to support the development of a new Domestic Violence Unit on the North Shore. This unit will be a collaborative initiative between Hollyburn Family Services Society (HFSS), West Vancouver Police Department, North Vancouver RCMP and Ministry of Children and Family Development. The Unit will provide expertise in high-risk domestic violence investigations, working in partnership with other community partners to maximize enforcement and minimize risk to victims. Specifically funds will be used towards start-up costs and to hire a community-based victim service worker who will be co-located within the Unit to support to victims.	$100,000.00	North Vancouver	Naomi Yamamoto

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Restorative Justice	North Shore Restorative Justice Society	**Restorative Response Victim Centered Training Project:** The North Shore Restorative Justice Society (NSRJS) will implement a comprehensive training scheme that will enhance the capacities of our staff, volunteers, police officers and victim services volunteers to better serve victims through our Restorative Response Program. The project will provide training on victim centered Restorative Justice processes to stakeholders across the victim support spectrum.	$20,000	North Vancouver	Naomi Yamamoto
Yth Crime Prevention	Powell River Board of Education (SD #47)	**WildHOPE 2016 (inJade Coast Discovery Program) :** WildHOPE will engage at-risk youth in pro-social development activities through an exciting adventure-based program initiative for Aboriginal and non-Aboriginal students enrolled in our full-time Jade Coast Discovery Program offered at Brooks Secondary School in Powell River.	$20,000.00	Powell River	Nicholas Simons
Yth Crime Prevention	Ktunaxa/Kinbasket Child & Family Service Society	**Healing the Young Spirit:** This project will focus on engaging at risk youth in pro-social activities through structured recreation activities, as well as re-engagement with culture and traditional knowledge through Aboriginal Elders' Lenses and Positive Choice Workshops. Recreational activities will be facilitated once per week, Cultural activities once per week and positive choices workshops twice a month.	$19,943.00	Cranbrook	Norm Macdonald
Youth Gang Prevention & Intervention	Burnaby School District/ St. Leonard's Youth & Family Services Society	**Engaging Youth-Mentoring for Employment and Positive Community Action:** This project will build on the current successes of the anti-gang initiative "Reaching Out to Youth" by supporting youth to become peer mentors. A Youth Outreach worker will provide mentorship support to high-risk youth identified by probation and police.	$100,000.00	Burnaby	Richard T. Lee
Training & Education	The Victoria Sexual Assault Centre	**Trans Inclusion and Diversity Training:** This project will develop and deliver workshops and training for frontline service providers, including VAW and VS programs, on the diverse communities (gender/cultural) of Victoria and how to provide support and services to LGBTQ survivors. A resource guide will also be developed. The goal of the training is to increase access to support for recent survivors of sexualized violence.	$50,000.00	Victoria	Rob Fleming

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Domestic Violence Unit	Victoria Women's Transition House	**RDVU and Spousal Assault Victim Support Program:** Funding will be used to enhance the education and training of Domestic Violence Unit members on topics such as risk assessment, trauma-informed advocacy and working with survivors of domestic violence with mental health and substance abuse issues. Funds will also augment staffing of frontline community-based victim services to strength linkages and referrals between the Capital Region DVU and the Spousal Assault Program.	$70,000.00	Victoria	Rob Fleming
Sex Assault - Coordinated Response	The Victoria Sexual Assault Centre	**Enhancing Coordinated Response to Sexual Assault through Victim Services and Crisis Counselling:** The Victoria Sexual Assault Centre (VSAC) has specialized Victim Service and Crisis Counsellor teams that provide much needed services to sexual assault survivors, which helps to promote protective factors for the resilience of survivors in order to mitigate the long term effects of trauma. This initiative will enhance services to sexual assault survivors by supporting increased crisis hours of response while also maintaining victim service hours in the face of growing trial caseloads. These services take place against the backdrop of the recent opening of the Victoria Community Response Centre, a joint venture of VSAC and the Victoria Child Advocacy Centre, which is anticipated to increase referrals to VSAC in the short term.	$40,000.00	Greater Victoria	Rob Fleming
Yth Crime Prevention	Terrace and District Community Services Society Big Brothers Big Sisters of Terrace	**Site-Based Mentoring:** Funding will be sued to expand site-based mentoring programs by recruiting volunteers in the community and increasing partnerships with schools. Site based mentoring includes in-school mentoring (ISM) and afterschool group mentoring (Go Girls! and Game On). Youth will engage in activities include reading, art, music, play, confidence building exercises, information on healthy lifestyle choices and recreational activities.	$20,000.00	Terrace	Robin Austin

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Vulnerable Women	The Salvation Army Deborah's Gate	**New Hope: Outreach Services for Trafficked & Exploited Girls and Women:** Funding will support a 52 week project focused on providing outreach services for up to 150 high risk female youth and women throughout BC who are engaged in the sex trade, at risk of entering, or who have experienced exploitation/human trafficking/violence. Specifically it will provide trauma informed, culturally sensitive, emergent coordination and outreach support for vulnerable women and girls to access help, remove barriers to services, and exit exploitive circumstances.	$25,000.00	Vancouver	Sam Sullivan
Vulnerable Women	Covenant House Vancouver	**Integrated Outreach and Residential Crisis Program for Exploited Female Youth and Vulnerable Women:** Funding will provide support for 2 direct outreach workers to work with female youth between the ages of 16-24 vulnerable to exploitation and human trafficking. The outreach workers will provide access for young women involved in the sex trade or trafficked with referrals to the residential crisis program at Covenant House. The goal is to provide over 250 vulnerable female youth with outreach and support services and approximately 150 female youth with support in their residential crisis program.	$23,000.00	Vancouver	Sam Sullivan
Healing & Rebuilding	Young Women's Christian Association	**YWCA Crabtree Corner Women's Healing Circle:** The project will assist Aboriginal women and young girls who have been victims of violence to heal and rebuild their lives. Following a holistic approach, the project involves two 10-week long groups facilitated by an Aboriginal group facilitator with a focus on culturally specific avenues for processing and healing from abuse and connecting to healthier communities.	$18,226.00	Downtown Eastside	Sam Sullivan
Sex Assault - Coordinated Response	Ending Violence Association of BC (EVA BC)	**Enhancing Third Party Reporting Options for Survivors of Sexual Assault:** Third Party Reporting (TPR) provides a means by which an adult victim of sexual assault can report an incident to police while remaining anonymous. This reporting process is provided as a last resort for victims who would otherwise not report directly to police or otherwise provide information to the police. This project involves training for Coordination Committees across the province to ensure that sexual assault responders from multiple sectors that work in collaboration have a shared understanding of best practices in responding to sexual assault and Third Party Reporting options.	$39,900.00	Locations TBD	Sam Sullivan

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Training & Education	Legal Services Society of BC and the Ending Violence Association of BC	**Family Law, Child protection and Refugee Law Training for Front-line Domestic Violence Workers:** This funding will provide one day of training related to family law, child protection law, legal aid, and refugee/immigration law. The training will take place in the lower mainland and we train approximately 300 of EVA BC's front line anti violence workers.	$37,000.00	Vancouver	Sam Sullivan
Training & Education	Ending Violence Association of BC (EVA BC)	**Provincial Emerging Issues Training:** This funding will provide a two day province wide training event with 5 keynote speakers and 12 workshops for up to 350 Frontline workers from anti-violence and community victim service organizations. The training will focus on different provincial emerging issues including the dynamics of domestic and sexual violence, how to identify and offer support to victims of human trafficking, and understanding the current laws related to sex work including how to support the safety of sex workers.	$48,000.00	Vancouver	Sam Sullivan
Sex Assault - On Campus	Ending Violence Association of BC (EVA BC)	**Bystander Training to Enhance the Response to Campus Sexual Assault:** This project will build on an existing partnership between the British Columbia Institute of Technology (BCIT) and the Ending Violence Association of Bc to develop and deliver a bystander training program for students, staff, and facultry at BCIT campuses in Vancouver and Burnaby. Bystander training will strengthen the institution's response to campus sexual assault by raising awareness about the risk of sexxual assault, and by shifting the culture to encourage the campus community to speak up against sexual harassment and sexual violence.	$18,900.00	Vancouver	Sam Sullivan

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - On Campus	Ending Violence Association of BC (EVA BC)	**Enhancing the Response to Campus Sexual Assault Across BC:** This project will focus on strengthening campus response to sexual assault at small and mid-sized post-secondary institutions across BC by supporting efforts to identify and adopt best practices for working with sexual assault survivors and holding perpetrators accountable. The project will involve collaborative partnerships between post-secondary institutions, community-based anti-violence programs, and the Ending the Violence Association of BC. Partners in four communities throughout BC will be participating in this project, including Nanaimo (Haven Society and Vancouver Island University), Kamloops (Kamloops Sexual Assault and Counselling Centre and Thompson Rivers University), Prince George (Prince George and District Elizabeth Fry Society, Prince George Sexual Assault Centre and Univesrity of Northern British Columbia), and Terrace and surrounding area (Ksan House Society and Northwest Community College).	$48,600.00	Vancouver	Sam Sullivan
Yth Crime Prevention	The Salvation Army Deborah's Gate	**Living Hope: life and living Skills Program, Barista Employment Program for Gang Involved Female Youth:** Funding will be used to develop, implement, and evaluate a 52 week early intervention and rehabilitation project. Through this project up to 20 high-risk female (and transgender presenting female) youth who have engaged in gang activity and experienced exploitation will receive multi-session barista training, volunteer opportunities, and employable skills.	$18,892.00	Vancouver	Sam Sullivan
VFBC - Other	Children of the Street Society	**Children of the Street Society:** Funding will support key projects including the Youth Art Engagement Project, TROO/BRO and It Can Happen to Anyone.	$100,000.00	Coquitlam	Selina Robinson
Yth Crime Prevention	The Association of Neighbourhood Houses of BC (Froghollow)	**Frames Film Project:** The Frames Film Project is an innovative, arts engagement approach to providing training, support and a voice to at-risk youth ages 16-24. Using film as an artistic medium, youth will receive life, employment, and technical skill building workshops leading to the creation of film pieces expressing their ideas for crime prevention. Youth will also facilitate a public screening and community dialogue to share their experience developing these films.	$20,000.00	Vancouver	Shane Simpson

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Youth Gang Prevention & Intervention	Vancouver Police Board, Vancouver Police Department	**NewKids Vancouver: Vancouver Police Youth Police Academy:** This project will support new immigrant and refugee youth in developing a sense of identity and belonging. The program focuses on educating and creating awareness about law enforcement through peer and police mentorship opportunities. Weekly groups and one-to-one support will be available for 20 high-risk immigrant youth as part of this project.	$100,000.00	Vancouver	Shane Simpson
Vulnerable Women	SWAN Vancouver Society	**Removing Barriers to Justice for Vulnerable 1m/Migrant Women in the Sex Trade:** To enhance outreach services provided to the immigrant and migrant women working in massage parlours and micro-brothels by identifying those most vulnerable and removing barriers from accessing the criminal justice system and asserting their rights. The project will develop a multimedia tool that will addresses access to the criminal justice system for women with different literacy levels and language barriers. A needs assessment will be developed for each woman and provide SWAN an opportunity to work with key partners that will help remove barriers and provide referrals for services.	$25,000.00	Vancouver	Shane Simpson
Youth Gang Prevention & Intervention	MOSAIC	**Redirecting Youth Through Empowerment (RYTE):** MOSAIC's Redirecting Youth Through Empowerment (RYTE) Program will provide programming to at-risk refugee youth who settle in the Lower Mainland. A structured group program will be offered with support from the Combined Forces Special Enforcement Unit of BC (CFSEU-BC). One to one counselling and group sessions will be offered to high-risk youth.	$100,000.00	Vancouver	Shane Simpson
Vulnerable Women	Robson Valley Support Society	**RVSS Connections Project:** The RVSS Connections Project will hire an Outreach/Connections Worker to provide outreach services to 100 vulnerable female youth and young women from 16 to 24 years of age in the hospitality industry. The project will assist those who may be at risk of being exploited and trafficked for sexual exploitation in the Valemont/McBride area of southeastern BC. Funding will allow an outreach worker to connect with vulnerable youth and young women by facilitating referrals to Branch programs, including STV counselling and the police based victim assistance program, as well as removing barriers to accessing services. The project will include education and awareness about exploitation and human trafficking for the local community and schools in the area.	$24,978.00	McBride	Shirley Bond

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Vulnerable Women	Prince George and District Elizabeth Fry Society	**Opening the Doors - Case Consultation and Coordination:** This project will provide coordination of services for vulnerable women in the sex trade, trafficked women and women/youth at risk of exploitation in the Prince George area. The project will enhance access to support systems, safety planning and provide case consultation, coordination and support at court proceedings. Resources for housing and services will be coordinated and barriers and stigma will be reduced for this vulnerable population. Aboriginal court workers will be engaged to ensure sensitive cultural practices are included. A project coordinator will be hired and additional resources for trafficked women/youth will be developed.	$25,000.00	Prince George	Shirley Bond
Healing & Rebuilding	Carrier Sekani Family Services	**Victim Family Support/Healing:** This project will focus on supporting the families of missing and murdered persons linked or associated to Highway 16, also known as the Highway of Tears through the continuation of the Carrier Sekani Family Services' Highway of Tears (HOT) Coordinator position. The HOT coordinator is a holistic advocate to families and a bridge between service providers.	$20,000.00	Hwy 16 communities	Shirley Bond
Domestic Violence Unit	Prince George and District Elizabeth Fry Society	**Prince George High Risk Domestic Violence Unit:** This project will establish a Domestic Violence Unit in Prince George in order to provide enhanced services to victims of domestic violence. This co-located Unit will include a dedicated Domestic Violence Police Officer, a Community-Based Victim Service Worker (CVBS) and an embedded MCFD Child Protection Worker. Specifically funds will be used towards start-up costs, evaluation activities and hiring a community-based victim service worker who will be co-located within the Unit to support to victims.	$100,000.00	Prince George	Shirley Bond

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - Coordinated Response	Carrier Sekani Family Services	**Preventing and Responding to Sexual Violence Against Women and Girls Through Access to Community Services:** This project aims to enhance and expand a culturally-guided model of response to sexual assault in the Burns Lake area including surrounding First Nation communities. The project includes a toolkit for working with boys and girls who have been sexually assaulted as well as enhancing the design and delivery of community prevention workshops for delivery to youth as well as adult men and women. Uniquely, while the toolkit and workshops will be designed from a perspective of Indigenous knowledge, they will be created to be adaptable and/or applicable to Non-First Nations cultural groups - thereby providing an opportunity for the sharing of best practices across cultures.	$40,000.00	Burns Lake	Shirley Bond
Yth Crime Prevention	Nusdeh Yoh Aboriginal Choice Community School	**Eagle N.E.S.T (Nature, Environment, Science, Technology) Cultural Camps:** This project will run a culturally focused day camp for youth at Nusdeh Yoh Aboriginal Choice School. The day camp would run six hours a day for a two week period incorporating cultural sensitivity, traditional teachings and land based learning about First Nations culture.	$20,000.00	Prince George	Shirley Bond
Youth Gang Prevention & Intervention	Carrier Sekani Family Services	**Walk Tall:** The purpose of the Walk Tall program is to increase protective factors and reduce risk factors for Aboriginal youth who are at high risk of becoming involved in the criminal justice system in the Prince George area. This project will engage high risk Aboriginal youth in cultural camps and individualized case management.	$100,000.00	Prince George	Shirley Bond
VFBC - Other	Carrier Sekani Family Services	**Highway of Tears Awareness Project:** Funding will support activities of the Highway of Tears Awareness Project.	$25,000.00	Prince George	Shirley Bond
Healing & Rebuilding	Mission Friendship Centre Society (MFCS)	**Cultural Healing Initiatives Enabling Family Safety (C.H.I.E.F.S.):** Funding for this project will add a Cultural Family Strengthening Worker (CFSW) to the existing C.H.I.E.F.S. Program. The CFSW will work with female clients and families affected by domestic violence to find holistic ways of healing and building healthier family structures and will offer workshops as a means to connect individuals to their cultural ways.	$20,000.00	Mission	Simon Gibson

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Healing & Rebuilding	Positive Women's Network	**Strengthening Aboriginal Women Gathering: Maintaining Cultural Identity in the Face of HIV and Violence (Strengthening Aboriginal Women):** The Strengthening Aboriginal Women project will provide an opportunity for 30 Aboriginal women living with HIV and violence to come together for a 2-day gathering to promote further personal and collective healing. All activities will be rooted in cultural and traditional healing methods.	$19,538.00	Vancouver	Spencer Chandra Herbert
Training & Education	QMUNITY BC's Queer Resource Centre	**Supporting Queer Survivors: Increasing LGBTQ Competency in Frontline Service Provision:** This funding will provide LGBTQ competency training for up to 250 staff from 25 different front line victim service and violence against women service provider organizations. This project will provide ten four hour trainings across BC to increase LGBTQ competency skills and to enhance culturally relevant service to LGBTQ survivors.	$32,650.00	Vancouver	Spencer Chandra Herbert
Training & Education	Providing Alternatives Counselling & Education (PACE) Society	**The Sex Work Community Education Project:** This project will provide training to front-line workers of VAW programs and allied organization in the Lower Mainland. A program curricula and toolkit will be developed based on evidence-based practices, and then workshops will then be delivered aimed to increase capacity to provide services to Sex Workers. The program curricula and toolkit will be revised and disseminated in the province and nationally.	$50,000.00	Vancouver	Spencer Chandra Herbert
Domestic Violence Unit	Central Okanagan Elizabeth Fry Society	**Kelowna Highest Risk Domestic Violence Unit:** The Kelowna Highest Risk Domestic Violence Embedded Unit is comprised of a RCMP DV Officer, Community Based Victim Services and a Child Protection Worker from the Ministry of Child and Family Development. The embedded unit opened at the local RCMP Detachment in June of 2014 and staff have now been working together for over a year. Funding will be used to enhance the capacity of the community-based victim service worker to meet increased demand for service. Funds will also be used to support Cross-sector training between the DVU and ICAT in Kelowna.	$70,000.00	Kelowna	Steve Thomson

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Stream	Recipient	Project Description	Grant Amount	Community	MLA
Sex Assault - Coordinated Response	Central Okanagan Elizabeth Fry Society	**Okanagan Child and Youth Advocacy Centre:** This project seeks to support the development of the Okanagan Child and Youth Advocacy Centre, a safe, accessible, collaborative service that offers respectful and compassionate care for Okanagan children and youth who have experienced abuse as well as their caregivers. The project will provide direct service to victims and their families in the Kelowna area and also support accompaniment of families to the Suspected Child Abuse and Neglect (SCAN) clinic in Kamloops. The project will also support the ongoing work of the Okanagan Child and Youth Advocacy Centre to integrate health, justice, and social services in a central location in Kelowna serving the southern Okanagan, from Lake Country to the U.S. Border.	$40,000.00	Kelowna	Steve Thomson
Sex Assault - On Campus	Okanagan College	**Safety Awareness Project:** This project builds upon a recent awareness campaign on Okanagan College's newly developed sexual violence policy and protocol. Funding will support targeted activities identified by the Student Associations, including bystander awareness training for students, faculty and employess, the development of a student-run public awareness campaign on sexual consent, and the piloting and evaluation of self-defense workshops. The project activities will take place on all four Okanagan College campuses, in Kelowna, Penticton, Salmon Arm and Vernon.	$19,234.00	Kelowna	Steve Thomson
Training & Education	Police Victim Services of BC	**Building Capacity, Critical Incident Stress Management and Essential Leadership Skills:** This project will deliver a province wide training to 75 front-line police based victim service workers to enhance service to victims of crime and Trauma, including one two-day training on both basic and advance critical incident stress management skills and a one-day training on leadership and ethics during a critical incident within the community.	$50,000.00	Surrey	Sue Hammell

Civil Forfeiture Grants 2015-16, $5.0M - By MLA

Stream	Recipient	Project Description	Grant Amount	Community	MLA
Yth Crime Prevention	Board of Education of School District No. 36 (Surrey)	**REACH:** Funding will be used to deliver REACH (Recreation, Employment readiness, After-school, Citizenship, Healthy lifestyles), a prosocial program for at-risk youth aged 15-18. Through the program at-risk youth will develop sport and recreation, leadership and employment skills. REACH will be delivered by a Surrey School District Community-Schools Outreach Worker at 5 inner city secondary schools after school once/week and on weekends throughout the school year.	$20,000.00	Surrey	Sue Hammell
Sex Assault - Coordinated Response	The Centre for Child Development of the Lower Mainland	**Sophie's Place Child Advocacy Centre:** This project will support enhancements to Sophie's Place Child Advocacy Centre including (1) the development of print materials to enhance services provided to clients directly, as well as community outreach and education work done by Sophie's Place, and (2) the redevelopment of the Sophie's Place website, which will provide the community with information about Sophie's Place, including how and where to seek help.	$24,486.00	Surrey	Sue Hammell
Youth Gang Prevention & Intervention	Touchstone Family Association	**StreetSmarts Youth Leadership Program:** Touchstone Family Association utilizes a wraparound approach to services for vulnerable youth at risk of gang involvement. The StreetSmarts Youth Leadership Program provides mentorship/outreach support and intensive one to one services for youth attending the StreetSmarts Youth Leadership group.	$100,000.00	Richmond	Teresa Wat
Yth Crime Prevention	Richmond Addiction Services Society (RASS)	**The RASS Day Program: A Continuum of Services:** Funding will supprt and expansion of the Constructive Alternative to Teen Suspension (CATS) Program to provide additional tutoring, one to one support, family supprt, and linking high-risk youth to needed services.	$100,000.00	Richmond	Teresa Wat
Training & Education	Kamloops Sexual Assault Counselling Centre Society	**Increasing Crisis Response and Sensitivity in the Kamloops Anti-Violence Sector:** This project will increase the capacity of the Kamloops Sexual Assault Counselling Centre (KSACC) and Police-Based Victim Services (PBVS) to provide trauma-informed and crisis services by offering four two-day trainings on key trauma and crisis related topics including Indigenous Trauma-Informed Practice; Mental Health First Aid; Applied Suicide Intervention Skills and Sexual and Gender Diversity.	$29,900.00	Kamloops	Todd Stone

Civil Forfeiture Grants 2015-16, $5.0M - By MLA

Stream	Recipient	Project Description	Grant Amount	Community	MLA
Yth Crime Prevention	Kamloops - Drugs and Organized Crime Awareness Service	**Merritt - Yes2Know Youth Summit:** Funding will support a two-day Youth Summit in Merritt, BC. The summit will provide at-risk youth with the opportunity to enage with peers, develop mentoring relationships, learn new strategies for making healthy life choices and navigate community resources.	$5,795.00	Kamloops	Todd Stone
Yth Crime Prevention	Kamloops and District Elizabeth Fry Society	**The Youth Mentorship Corrections Transition Unit (YMCTU):** This pilot project will provide a supportive housing placement for youth between the ages of 19-24 upon release from Kamloops Regional Correctional Center (KRCC). Youth accepted into the project will live in a two bedroom apartment, provided by the Kamloops and District Elizabeth Fry Society, with a roommate-mentor who has lived experience. For a 6 month period the mentor will model positive life skills and pro-social behavior and focus on providing the youth with the basic skills he will need to be successful on his own, for example, cooking, cleaning, healthy communication, conflict resolution.	$20,000.00	Kamloops	Todd Stone
Training & Education	Delta Police	**Becoming Trauma Informed Training:** This project will deliver a 2 day training session to 20 Delta Police Victim Services staff and other justice partners called "Becoming Trauma Informed" and a half day focus group on applying trauma informed practice.	$6,885.00	Delta	Vicki Huntington
Police Education, Training and Specialized Crime Prevention Equipment					
Police Education, Training and Specialized Crime Prevention Equipment	Police Agencies	**Crime Prevention:** Funding to support police in their crime prevention activities includingthe Fugitive Return Program, enhanced training and the purchase oftechnical equipment.	$617,000.00	N/A	N/A
TOTAL FUNDING			**$5,003,819**		

Cliff: *Fill in the number*
Date: March 7, 2016

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
COMMUNITY SAFETY AND CRIME PREVENTION BRANCH
BRIEFING NOTE

PREPARED FOR: The Honourable Mike Morris, Minister of Public Safety and Solicitor General
FOR INFORMATION

ISSUES:

- Announcement and distribution of over $5M in civil forfeiture grant (CFO) funding; and

- Proposed distribution of $3M from the Criminal Asset Management Fund (CAMF) to expand the community grant program and further support significant government priorities (***not yet approved by Treasury Board, decision expected mid-March***).

- Minister's briefing scheduled for Thursday March 10, 2016.

BACKGROUND:

- Since 2006, B.C.'s Civil Forfeiture Office has operated under the authority of the *Civil Forfeiture Act*. The Act and Regulation allows the Director of Civil Forfeiture (the Director) to initiate civil court proceedings against property believed to be the instruments or proceeds of unlawful activity.

- In partnership with the Civil Forfeiture Office, the Community Safety and Crime Prevention Branch administers the Crime Prevention and Remediation Grant Program, which provides one-time funds through proceeds from civil forfeiture.

- From year to year, priority areas for grants made available through civil forfeiture are established through consideration of government's current strategic initiatives, crime trends, and consultation with stakeholders.

- The recipients of this year's CFO grants were primarily selected through an open call for applications announced in November 2015.

- A formalized review and assessment process is in place for the evaluation of all CFO grant applications. (See attached appendix A for details on review process).

- The Criminal Asset Management Fund has operated under the authority of the *Criminal Asset Management Act* since 2012. The Act allows the Director to manage and dispose of assets restrained, seized or forfeited under the *Criminal Code* and other criminal law statutes.

DISCUSSION:

- The Ministry has completed its assessment for allocation of civil forfeiture grant funding for the 2015/16 fiscal year.

- Over $5M is projected to be available for CFO grant funding this fiscal year (see Appendix B - financial breakdown). The precise amount available for grants may increase as revenue from certain forfeitures continues to be recovered late in the fiscal year. This is due to the fact that the timing of Civil Forfeiture settlements is beyond the control of the Director.

- Over 130 grants will be funded to support significant government priorities in the following areas:

    - **Violence Against Women and Girls** (Strategic Link: Violence Free BC Strategy, Path Forward following the Family Gathering in Prince George)

      Examples Include:
        - *Fraser-East SANE Project:* The goal of this collaborative project is to expand Sexual Assault Nurse Examiner (SANE) services throughout the Fraser Canyon, to better provide services to survivors of sexual assault in this region ($40,000)

        - *Prince George High Risk Domestic Violence Unit:* This project will establish a Domestic Violence Unit in Prince George in order to provide enhanced services to victims of domestic violence ($100,000).

    - **Training and Education for Victim Service and Violence Against Women Programs** (Strategic Link: Violence Free BC Strategy, Path Forward following the Family Gathering in Prince George)

      Examples Include:
        - *Training & Education Supporting Personal Resilience:* This project will train victim service and violence against women program service providers in the East Kootenay Region on skills that support resilience and teach self-care strategies to prevent vicarious trauma and compassion fatigue ($27,289).

        - *Aboriginal Trauma Informed Care:* Funding will support two-day training on Aboriginal trauma informed care for South Cariboo front line victim service and violence against women service providers. Training participants will learn how to recognize impacts of intergenerational trauma and how best to support those they are serving ($17,530).

    - **Enhanced Community Safety** (Strategic Link: BC's Strategic Plan for the Justice and Public Safety Sector and Premier's commitment announced at UBCM on September 25, 2015)

Examples Include:

- *StreetSmarts Youth Leadership Program:* Touchstone Family Association utilizes a wraparound approach for vulnerable youth at risk of gang involvement. The program provides mentorship/outreach support and intensive one to one services for youth ($100,000).

- *Barista Employment Program for Gang Involved Female Youth:* Through this project up to 20 high-risk female (and transgender presenting female) youth who have engaged in gang activity and experienced exploitation will receive multi-session barista training, volunteer opportunities, and employable skills ($18,892).

- **Restorative Justice and Healing for Aboriginal Communities** (Strategic Link: Violence Free BC Strategy, Path Forward following the Family Gathering in Prince George, MWCI)

Examples Include:

- *Circle of Healing: Cultural Recovery and Resiliency in the Downtown Eastside:* This project will provide support to women who have been victims of violence or are living at risk of violence and will focus on traditional Indigenous healing, arts, and celebrations and includes involvement in important community events ($20,000)

- *Increasing Capacity for Complex Cases:* Restorative Justice Victoria will designate a staff member to manage complex cases, participate in risk assessment training, and collaborate actively with referral sources and community agencies. The project will also collect and analyze data to determine the effectiveness of the project and make recommendations towards best practices of complex restorative justice cases ($20,000).

- $1.3M of the $3M available from the CAMF will go to Policing training and initiatives.

- The remaining $1.7M available from the CAMF will be for community grants this fiscal year, pending Treasury Board (TB) approval. Pending TB approval, the $1.7M will support over 45 additional grants.

- If the $1.7M CAMF funding is approved by TB, a total of $6.7M will be available for grant funding this fiscal year.

- Three charts with over 175 recommended grants are attached as appendices (C, D, E). Appendix C details the grants recommended for over $5M civil forfeiture funding, by community, appendix D is broken down by MLA. Appendix E details the grants recommended for the $1.7M criminal asset forfeiture funding, by community (pending TB approval).

NEXT STEPS:

- CSCP is working with GCPE on plans for a major event announcement, anticipated to be held on March 24, 2016 in Richmond with Touchstone Family Association (potentially a Premier's announcement). Other site visits are also being planned in Surrey for Minister Morris.

- The Touchstone Family Association project called "*StreetSmarts Youth Leadership Program"* will provide mentorship and outreach support to youth and intensive one to one services. This program provides an integrated wraparound approach to serving vulnerable youth at risk of gang involvement. Proposed speakers include youth who have benefitted from their participation in the program.

- Due to uncertainty about the TB approval for the CAMF funding, a separate funding announcement may be required about these additional grants.

Prepared by:
Rosalind Currie/Ally Butler
Director/Senior Policy Analyst
Community Safety and Crime Prevention
604 660 4891

Approved by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604 660 5272

Attachment(s)

1. Appendix A - CFO Adjudication Process
2. Appendix B - Summary Chart – Grant Breakdown (CFO and CAMF)
3. Appendix C - Chart of proposed grant recipients (CFO) by community
4. Appendix D - Chart of proposed grant recipients (CFO) by MLA
5. Appendix E - Chart of proposed grant recipients (CAMF) by community

Cliff: 518234
Date Prepared: September 30, 2016
Date Decision Required: November 1, 2016

MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
COMMUNITY SAFETY AND CRIME PREVENTION
BRIEFING NOTE

PURPOSE: For DECISION by Mike Morris, Minister of Public Safety and Solicitor General

ISSUE: Request for proclamation of Restorative Justice Week 2016 (November 20 through 27)

DECISION REQUIRED/ RECOMMENDATION:

That the Province issues the proclamation of Restorative Justice Week, 2016 (see Appendix)

SUMMARY:

- The Ministry supports the delivery of community-based restorative justice approaches to crime through the Community Accountability Program (CAP) and by providing information, support and resources to community programs; there are currently over 40 CAP programs in operation across the province.
- The proclamation of Restorative Justice Week provides provincial recognition of restorative justice and is well-received by CAP groups and communities.
- If approved, Victim Services and Crime Prevention will distribute the proclamation and a calendar of events occurring during the week electronically to stakeholders and also post this information on Ministry website.

BACKGROUND:

- Restorative Justice Week has been held annually since 1996 and is hosted federally by Correctional Service Canada. This year it falls on November 20-27, 2016 with the theme "Inspiring Innovation".
- Restorative Justice Week reflects on the value of restorative justice in building safer communities. Agencies and individuals in British Columbia have been recognized nationally for their pioneering efforts in restorative justice during this week.
- British Columbia proclaimed Restorative Justice Week for the first time in 2009.
- Restorative justice continues to advance in our province. A number of activities have been supported to enhance capacity for CAPs to take on more complex cases, collaborate with victim serving agencies and to provide victim sensitive services..

DECISION APPROVED / NOT APPROVED **DATE:**

_____ _____

Honourable Mike Morris
Minister of Public Safety and Solicitor General

Prepared by:
Steve Lauer
Coordinator, Stakeholder Relations
Community Safety and Crime Prevention
604-660-5690

Approved by:
Patricia Boyle
Assistant Deputy Minister
Community Safety and Crime Prevention
604-660-5272

Appendix:
Draft Proclamation of Restorative Justice Week

APPENDIX

Draft Proclamation of Restorative Justice Week (suggested wording)

WHEREAS, in the face of crime or conflict, restorative justice offers a philosophy and approach that views these matters principally as harm done to people and relationships; and

WHEREAS restorative justice approaches strive to provide support and opportunities for the voluntary participation and communication between those affected by crime and conflict (victims, offenders, community) to encourage accountability, reparation and a movement towards understanding, feelings of satisfaction, healing and closure; and

WHEREAS the government recognizes the value that restorative justice provides our province in building safer communities; and

WHEREAS many communities in British Columbia have embraced restorative justice approaches to address the harm caused by crime, violence and victimization; and

WHEREAS this year's theme for Restorative Justice Week is "Inspiring Innovation", it is an opportunity to learn, educate and celebrate along with other communities across the country about restorative justice during the week.

NOW KNOW YE THAT we do by these presents proclaim and declare that November 20 to 27, 2016, inclusive, shall be known as

"Restorative Justice Week"

in the Province of British Columbia.

IN TESTIMONY WHEREOF We have caused these Our Letters to be made Patent and the Great Seal of Our Province to be hereunto affixed.

WITNESS The Honourable _____, Lieutenant Governor of Our Province of British Columbia, in Our City of Victoria, in Our Province, this _____day of _____, two thousand ___ and in the _____ year of Our Reign.

BY COMMAND,

BRITISH COLUMBIA | Ministry of Justice

Final Reporting Form

Crime Prevention & Remediation Grant Program
(Civil Forfeiture)

All grant recipients are required to submit this Reporting Form after completing their project activities.

Please complete and return the following form by April 30, 2016. The completed Reporting Form can be done in Microsoft Word and emailed. It is **for the reporting period of April 1, 2015 to March 31, 2016.**

Project and Contact Information

Project Name:	Community Accountability Program Regional Conferences			
Organization Name:	**Fraser Region Community Justice Initiatives**			
Mailing Address:	**20678 Eastleigh Crescent**			
Suite Number:	**101**	City/Town:	**Langley**	
Province:	British Columbia		Postal Code:	**V3A 4C4**
Project Duration:	**mm/yy 04/14 to mm/yy 12/15**			
Organization Contact:	**Jennifer Siemens**			
Telephone:	**604-534-5515**		Fax Number:	**604-534-6989**
Email:	**jennifersiemens@cjibc.org**			
Position Title:	**Office Manager**			
Date:	**15/12/15**			

1. Under which of the following funding categories does your project fall?

   ☐ School-based Violence Against Women Prevention
   ☐ Prevention of Sexual Exploitation and Human Trafficking of Vulnerable Girls and Women
   ☐ Innovative Partnerships for Responding to Violence Against Women
   ☐ Healing and Rebuilding after Violence Against Aboriginal Women
   ☐ Training and Education for Front-line Service Providers Responding to Violence Against Women
   ☒ **Serving Victims Through Restorative Justice**
   ☐ Community and/or Youth Crime Prevention
   ☐ Other, please specify:

PART A - PEOPLE BENEFITTING FROM THE GRANT

The first set of questions focuses on the measureable results achieved by your project.

2. How many people directly benefited from this grant? 172 People

   Important Note on Counting
   Include information such as the number of people using your project-related services, participating in your project, attending a project-related event, etc. Avoid counting people more than once. For example, if you offer a project in which groups of people participate on a regular basis, only count members of those groups once.

   Do not include people who indirectly benefit from your grant. For example, number of visitors to your web site, number of people in your community that were contacted through outreach but did not become directly involved in your grant.

3. How many meetings, workshops, events, classes, or gatherings were held for the benefit of 'clients' during the grant period? **4 (9 workshop/conference days total)**

4. How many new programs, activities, or events were you able to offer as a result of this grant? **4**

5. Thinking about the scope of the project, which of the following general objectives did your program seek to achieve? Please check only those that apply.

   - ☒ Serve clients
   - ☒ Build knowledge
   - ☒ Reach agreement with partners
   - ☒ Build community plans
   - ☐ Activate a community plan
   - ☒ Establish or enhance an existing program
   - ☒ Educate the public
   - ☒ Train volunteers or staff
   - ☐ Create communication materials
   - ☐ Develop a manual or new policy for assisting people in the community
   - ☐ Purchase equipment
   - ☐ Other, please specify:

6. Which of the following activities did you engage in during the course of the project? Please check only those that apply.

   - ☒ Engaged new stakeholders
   - ☒ Held planning meetings
   - ☐ Conducted education classes
   - ☐ Hired staff
   - ☐ Assembled or created public education materials
   - ☒ Held a community workshop
   - ☒ Held training sessions
   - ☐ Completed research
   - ☒ Gathered information from other agencies
   - ☐ Drafted documents

☐ Conducted social marketing campaigns
☒ Skill-building for participants
☐ Worked directly with clients
☐ Worked with youth
☐ Completed artistic work
☒ Created recreational opportunities
☐ Created multi-media (videos, etc.)
☐ Held public education meetings
☒ Data collection or evaluation
☐ Train the Trainer activities

7. In terms of achieving positive outcomes, which of the following positive social outcomes did your grant seek to promote, or develop? Please check only those that apply.

☐ Created social development activities for youth
☐ Decreased negative client interaction with police
☒ Assisted community to build capacity
☒ Developed an integrated community response to crime
☐ Prevented substance abuse (drug or alcohol)
☐ Prevented people being victimized by sexual exploitation
☐ Addressed the impacts stemming from violence
☐ Increased the safety of those impacted by violence
☐ Educated vulnerable people about dangers or risks involved with criminal activity
☐ Created awareness about a social issue
☒ Built a community partnership or collaboration
☐ Created recreational opportunities for vulnerable people
☒ Built empathy and connectedness amongst community members
☐ Engaged citizens in crime prevention activities

8. Please provide a brief summary of what your project accomplished. (1-2 paragraphs)

This project brought together restorative justice practitioners and advocates across BC to enhance relationships, coordinate activities, and build capacity for the future. Four regional events were held across the province, each 2-2.5 days in length. Key outcomes of these events included:

- General consensus, province wide, on the need for a grassroots provincial association or similar formal body to uphold and advocate for the practice of restorative justice. Of note, the project sparked a further initiative to form such a body, which is now currently underway.
- Increased appreciation among restorative justice practitioners of the need for provincially-shared practice standards
- Enhanced trust between restorative justice programs
- Stronger working relationships and information sharing between aboriginal justice and non-aboriginal community accountability programs
- Increased skills and knowledge among restorative justice providers, including victim-sensitive practice and dealing with complex cases
- Enhanced communication and working relationships between restorative justice providers, justice system personnel, referral sources and other stakeholders
- Stronger capacity of regional restorative justice groups and/or associations to host and facilitate dialogue events

9. Please provide a brief description of how your community, or the people you served, benefited from this grant. (1-2 paragraphs)
   See #8

10. In your opinion, did you achieve all, some or none of your expected results?

    ☒ All results achieved
    ☐ Some results achieved
    ☐ Did not achieve desired results

11. If you were not able to achieve all of your expected results, indicate why by checking all the reasons that apply. Please check only those that apply.

    ☐ Delays in getting started
    ☐ Organizational/staffing changes
    ☐ Under-estimated time to complete work
    ☐ Under-estimated resources needed for the work
    ☐ Loss of funding/revenue from other sources
    ☐ Lack of community support
    ☐ Lack of knowledge required to develop/deliver project
    ☐ External factors beyond your control
    ☐ Other, please explain:

PART B - MEDIA

12. What types of media coverage did your project receive? Please check only those that apply.

    ☒ None
    ☐ Television
    ☐ Major Newspaper i.e. The Province, The Vancouver Sun.
    ☐ Radio
    ☐ Community Newspaper
    ☐ Internet
    ☐ Coverage on a blog
    ☐ Magazine story
    ☐ Organizational e-mail
    ☐ Organizational newsletter
    ☐ Other media:

PART C - IMPACTS

13. Did you observe any behaviour or attitude changes among the participants directly involved in the funded project? Please check only those that apply.

☐ Improved sense of cultural identity
☒ Improved sense of community belonging and connection
☒ Increased awareness of community or provincial resources
☒ Enhanced communication skills
☒ Enhanced problem solving skills
☐ Enhanced self-esteem
☐ Enhanced success for students or learners
☐ Increased sense of community safety
☐ Improved understanding of impact or consequences of behavior
☒ Increased sense of community responsibility
☐ Other, please specify:

14. How did your organization benefit from this grant? Please check only those that apply.

☐ Enhanced capacity to deliver services or programs
☒ Increased number of partnerships or service networks
☐ Improved staff training and development
☐ Improved youth engagement in organization's activities
☒ Enhanced understanding of community needs
☒ Raised profile of organization
☐ Improved knowledge of evidence-based practices in crime prevention
☐ Other, please specify:

15. How did this grant benefit your community, clients or participants? Please check those that apply.

☐ Increased community participation in prevention initiatives by removing barriers to participation
☒ Enhanced community awareness of local crime or violence or victimization issues
☒ Enhanced organizational responsiveness to community needs
☐ Increased opportunities for vulnerable populations to participate in community programming
☐ Other, please specify:

16. Please describe any unexpected results from your work, positive or negative. (1 paragraph)
    - General consensus, province wide, on the need for a grassroots provincial association or similar formal body to uphold and advocate for the practice of restorative justice. The project unexpectedly sparked a further initiative to form such a body, which is now currently underway.

PART D - INTERACTION WITH VICTIM SERVICES AND CRIME PREVENTION STAFF

17. How often did you speak with the program manager, or staff member, at the Victim Services and Crime Prevention Division (VSCPD) regarding the grant or your project?

- ☐ I did not speak with anyone at the Division
- ☐ I spoke to Division staff only when they called me
- ☒ I called the Division on my own and received calls from Division staff
- ☐ I called the Division but did not receive any calls from Division staff

18. Did you receive a phone call or email from a VSCPD staff member upon receiving the grant?

- ☒ Yes
- ☐ No
- ☐ I do not remember

19. Did you receive a follow-up phone call or email from a VSCPD staff member in December 2015?

- ☒ Yes
- ☐ No
- ☐ I do not remember

20. How helpful was the VSCPD staff member in their conversations with you?

- ☒ Very helpful
- ☐ Somewhat helpful
- ☐ Not very helpful
- ☐ Not at all helpful
- ☐ Not applicable

21. Thinking back to your discussions with the VSCPD staff, do you recall any topics discussed?
Progress updates, project timeline, and strategic goals of the project

22. Thinking about your communications with VSCPD, how would you rate the Division in the following areas.

	Very Good	*Good*	*Okay*	*Unhelpful*	*N/A*
a. *Creating a clear grant application form*	☒	☐	☐	☐	☐
b. *Being responsive to my needs*	☒	☐	☐	☐	☐
c. *Answering questions*	☒	☐	☐	☐	☐
d. *Providing support*	☒	☐	☐	☐	☐
e. *Keeping in contact*	☒	☐	☐	☐	☐
f. *Providing valuable information*	☒	☐	☐	☐	☐
g. *Being respectful in their communications*	☒	☐	☐	☐	☐
h. *Clearly outlining the roles and conditions of the grant*	☒	☐	☐	☐	☐
i. *Being a positive partner*	☒	☐	☐	☐	☐

PART E – PROJECT BUDGET REPORT

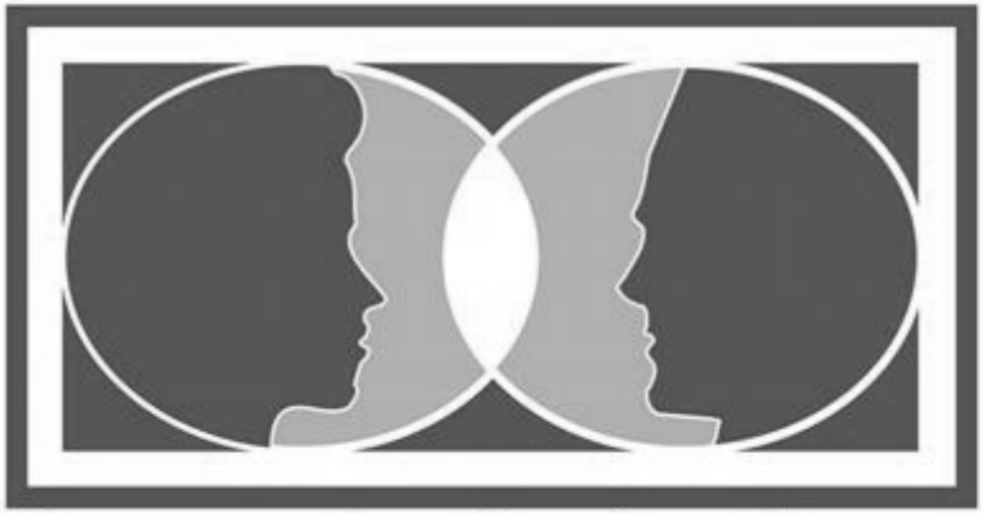
Project Budget Report			
Instructions: 1. Fill out the form to the best of your ability, true to your records 2. The 'Requested Amount' column does not need to equal the 'Actual Amount Spent'. A program can move funds between categories.			
Item	**Amount as per Grant Application Budget**	**Actual Amount Spent**	**Comments**
Staff	s.21		
Travel Subsidies			
Materials			
Venue & Catering			
Honorariums			
Total	100,000	100,188	

Please e-mail the completed form to the Victim Services and Crime Prevention Division, including any evaluations or other materials to:

Attn: Final Report CFO Grant 2015
Email: crimeprevention@gov.bc.ca

Please submit reports by April 30, 2016

Need help preparing your report? Give us a call! Contact staff at the Victim Services and Crime Prevention Division of the Ministry of Justice or call 604 660 5199 or crimeprevention@gov.bc.ca and leave a message.



Community Justice Centre

Mental Health, Addictions and Restorative Justice
A Workshop for RJ Volunteers

Saturday & Sunday, March 11 & 12, 2017

9 AM – 5 PM
Mark Isfeld Secondary School

The Community Justice Centre gratefully acknowledges
the financial support for this workshop provided by

**Crime Prevention & Remediation Grant Program
(Civil Forfeiture)**

BRITISH COLUMBIA | Ministry of Justice

Mental Health, Addictions and Restorative Justice

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Restorative Justice

Mental Disorders

and the

Criminal Justice System

Larry S. Winter

Comox Valley Community Justice Centre
Courtenay, British Columbia
25 September 2014 cjc@shawbiz.ca

INTRODUCTION

Can restorative justice play a larger role in the justice system by having persons with mental disabilities diverted from the criminal court system? Given the right conditions the answer is yes. It is trending at the Comox Valley Community Justice Center (CJC) that persons with mental disabilities are more successful in completing their Resolution Agreements than persons without mental disabilities.

This conclusion is based on the result of several unrelated circumstances which started in Jun 2013. A staff member became aware of the amount of students with mental disabilities that were enrolled in the school district and the statistics in this area. The school age respondents referred to our Community Justice Centre (CJC) did not reflect the percentage listed in the school district and in fact ours were nearly non-existent. In July 2013 the Case Coordinators were then asked to alter our practice in the pre-conferences (initial interviews), to seek self disclosure of a mental disability from the respondents and complainants and if that may affect their participation in the restorative justice process.

From the previous rarity, this self disclosure immediately spiked, and became a constant, at 24% of our case load from July 2013 to July 2014. Changes were made to our approach, the use of resources from intake to the conclusion of the file and engaging agencies already involved with the respondent, or in some cases, the complainant. Surprisingly, the process of our resolution conferences remained unaltered. The most fortunate coincidence is that we had the professional resources within our volunteer base and among our relationships and contacts with the mental health sector to meet the needs of all.

Another coincidence was the release of the Mental Health Commission of Canada's June 2014 report - TEMPO: Police Interactions together with the recommendations of the Conference of the Canadian Association of Police Chiefs and the Canadian Forces Military Police Group 24-27 August 2014. Of particular interest were the statements of both reports in that the mentally ill do not belong in the criminal justice system as this was a mental health issue. In the response by Federal Public Safety Minister Steven Blaney, he replied in part that "The judicial system cannot be used to solve mental health issues. Health care is the explicit jurisdiction of provinces. We'll look to our provincial partners to provide the necessary intervention and assistance for the mentally ill before they encounter the criminal justice system."

In light of these changes in our case files, future changes in approach by police and Federal Mental Health every file at the CJC from July 2013 to July 2014 was reviewed to determine the impact of our framework and approach in to persons with mental health issues. Also included are observations and recommendations. This forms the content of the following report. Its aim is to inform our stakeholders of the capability/possibilities of restorative justice as being a part of the solution. It also may be of interest to the Ministries of Justice, Health, Children & Family Development and Education. Members of these ministries were a part of our development, process/successes in regards to our clients with mental health issues.

CASE FILE ANALYSIS

Of all the case files (83), between Jul 13 and Jul 14, twenty involved respondents with mental health issues. These were broken down into age, offence, involvement with alcohol/drugs and a brief synopsis. There was no evidence suggesting a specific mental disorder, gender, socio-economic, race, etc that could be noted as an indicator. Age was; the vast majority being between the ages of 14 - 16.

File #	Age	Offence	Mental Disorder	Drugs	Alcohol

1. 14 Theft-Under ADHD No No

Has an open MCFD file but there is no client or mother cooperation? She has seizures, warped reality and cuts herself. The school counsellor attended the Resolution Conference, was a key player in the terms of the Resolution Agreement, were do-able, would be done at the school and the counsellor would be the supervisor. A very successful file considering the many barriers. The mother was very cooperative and supportive throughout.

2. 14 Theft-Under FAS No No

Was in foster care at the time of the incident. Friends knew of her disability and used that to get her to shop-lift. Successful.

3. 14 Theft of Credit Card FAS No No

Very challenged. Aunt is the foster mother and also the complainant. The file was assigned exclusively to one of our 5 case coordinators to take this file from then on until conclusion. (This is done in files where continuity or a constant relationship is required with the complainant and/or the respondent and their supporters.) The case coordinator was familiar with FAS and was also the Facilitator. This kept the continuity of a familiar face and contributed to the respondent's participation in the Resolution Conference. Successful.

4.	15	Theft -Under	ADD	No	No
		Anxiety and Impulse Control	Severe depression		

Under the care of MCFD. She was very non-verbal. The file was an exclusive for the case coordinator who was familiar with ADD and was also the Facilitator. At the Resolution Conference her mother was shocked that her daughter verbally participated with strangers. This file was closed 7 months later as successful due to ongoing follow-up by and the interaction between the respondent and case coordinator.

5.	16	Theft-Under x 3	ADHD Compulsiveness Anxiety Anger issues	No	Freq

Also has a separate charge of assault in the lower mainland. He is a local MCFD client and we are working in partnership with them. MCFD was present at the Pre-conference and at the scheduled Resolution Conference. The mother failed to appear at the Resolution Conference with her son and the file was closed as unsuccessful as she offered no excuse.

6.	16	Theft-Under	Tourette's	No	No

Has been under professional care for years. He has shoplifted several times without being caught. The arrest required the combined force of 3 people and the use of restraints. Successful.

7.	16	Theft-Under x 2	Behavioural Disorders	Yes	U/K

Frequent runaway, compulsive liar. Suspected of several neighbourhood break-ins. Suspended from school due to possession of marijuana. Successful

8.	16	Break & Enter	ADHD	U/K	U/K

Also involved in threats, theft, cutting and fascinated by weapons. Is a MCFD client but is totally non-compliant. Could not be located by this office or police at this writing. Unsuccessful.

9.	16	Mischief	FAS-E Undiagnosed disorder	No	No

Aboriginal adopted from within and due to early death of adopting mother has been raised from early childhood by adopted father. Extended family very close. Suspended from school for non-disciplinary reasons. The inclusion of an elder was a definite asset at the Resolution Conference. Successful.

10.	16	Arson	Autism Spectrum	No	No x 3

Three separate arsons on school property while school was in session. Little property damage. The school and Fire Department were put together as 2 separate complainants. A Fire Starters Course was part of the Resolution Agreement. Successful.

11. 17 Theft-Under Behaviour Disorder No No
Anger Issues

Was severely bullied at school. Moved to his grandmother's home down Island. Resolution Agreement sent to and was supervised by that areas John Howard office for completion. Successful.

12. 29 Theft-Under Severe Depression No No

Her depression was debilitating, was substantiated, and requested counselling as part of the Resolution Agreement. It was arranged by a case coordinator. Successful.

13. 29 Mischief ADD No Severe

Frequent blackouts, incarceration and trips to the emergency ward over an extended period of time. The RCMP was the complainant as the respondent put a scratch on some paint in the cell block. The referral was sent to our office in a last ditch attempt to intervene as they had exhausted their resources. They supplied a staff member to be the complainant and attend the Resolution Conference. His mother was very supportive but very realistic about the situation. Due to the mental health and addiction issues the file was exclusive to one case coordinator and also was the Facilitator. It was deemed too much of a challenge by his support worker to have a Resolution Agreement and it would set him up to fail. With the combined effort of the Resolution Conference attendees he agreed to voluntarily enter the VIHA Mental Health and Addictions Course to be arranged by the case coordinator and VIHA and confidentiality waiver was signed so his progress could be monitored by the case coordinator. In the ensuing 6 months in that program he was also placed under the care of a psychiatrist and at the closing of the file he had been placed on the Supportive Housing list. Successful.

14. 29 Theft-Under PTSD No No
Eating Disorder

Was attending weekly therapy sessions at the time of the theft. Her counsellors concern was that her issues may interfere with a resolution agreement. The time line was monitored and extended until the agreement was completed. Successful.

15. 30 Public Mischief; Theft x2 — Cognitive Disorders; Reading; Writing; Speech — No No

This was a series of misguided decisions that lacked any thought processes. "It was a good idea at the time." The businesses asked that we appoint one of our business representatives as the complainants. He was employed and was able to reimburse the business complainants via a payment schedule monitored by the CJC and dropped into the office frequently to keep the case coordinator updated on his payments. He is on a Para-Olympic team. He is now receiving counselling as he realized his behaviour needed addressing.

On-going.

16. 38 Theft-Under Anxiety Disorder No No

At the time of the incident she was on medication. This medication affected her perceptions, induced physical reactions such as fight-or-fight when she perceives she is being threatened (which both happened at the time of apprehension). She has had her doctor change her medication. She required many "time-outs" during the Resolution Conference. Successful.

17. 48 Theft-Under Mentally Delayed No No

Lives with father in sub-standard housing. Father was very obese and had mobility and health issues as a result. The home environment was quite impoverished and the father and son spent a great deal of time modeling TV watching and video game behaviours. Adjustments were made such as visits to the home to get the son re-connected with the neighbours and to keep the son focused on the objective of the resolution agreement (which was geared to social interaction and its benefits). Successful.

18. 50 Theft-Under Depression No No

Under the care of VIHA Mental Health. Kept worker abreast of issues. Respondent was hospitalized and was unable to engage for periods of time. Respondent was willing to resolve the issue but had to be capable. The file was extended and now a Resolution Conference has been scheduled.

19. 56 Fraud x 3 Depression Anxiety Severe No

Addicted to oxycotan. Under psychiatric care. As complainant was aware of these circumstances it was agreed to closely monitor the agreements progress as to give latitude and space to complete the Resolution Agreement without interfering with treatment(s). Successful.

20. 74 Theft-Under Dementia No No

Did not complete Resolution Agreement. Mental Health stated that success is an unreasonable expectation regarding persons with dementia or Alzheimers.

OBSERVATIONS

1. The immediate spike in respondents with mental health issues cannot be considered an anomaly. The appropriate questions were not being asked.

2. When mental health questions were made part of the Pre-conferences the approach to and tone of the file changed. Supporters were very concerned about the abilities of the respondent in the restorative justice system. They were very hesitant to or didn't want to introduce a mental disability at Pre-conferences but were relieved when we did.

3. Respondents and their Pre-conference supporters were not adverse to having their professional service providers present at a Resolution Conference when they were made aware of this option which is where we gained consent.

4. At the Resolution Conferences the introduction of a mental disorder was left to self-disclosure by the respondent/supporter(s) and to date has always entered this way. The approach and tone also changed at this juncture by the complainants. They became more focused on tailoring the Resolution Agreement to enhance its "do-ability" and the disclosure led to the answers of many other questions by complainants about the respondent. Professional supporters were pivotal at this point and were invaluable in supplying options for consideration by the Complainant and the Respondent in fashioning the Agreement. The professional supporters were not there only for the Respondent but also as a resource for everyone.

5. The process of the Resolution Conferences remained the same except for its volunteer composition. Facilitators and Panel Members were selected on the basis of their (often professional) knowledge of mental disabilities. When this became evident to the respondents(s) and supporter(s) their comfort level, communication and participation increased.

6. The working relationships with our district educators had already been established over the years so the addition of participating in mental health issues was seamless.

7. MCFD was not aware of, and commented upon, the CJC's depth and resources within the communities of the regional district. They saw value for them in being involved in the restorative justice process. At present there is no formal/informal working relationship and every client is a "one-off" due to a lack of established protocols.

8. VIHA Mental Health and Addictions will only provide information if their client(s) or person(s) that become their client(s) referred to by CJC sign a Release of Personal Information, which we do. To date they have not felt the necessity of being present at the CJC but their successes with our referrals to their agency has been extremely gratifying to all stakeholders.

9. As can be already realized with the Ministries dealt with to date there are no guidelines/protocols for their field offices to refer to in regards to restorative justice matters.

10. Over the last year the success rate outpaces the mainstream of our referrals.

11. In this past year (but also previously) the CJC has not had a complainant with a mental disability. By observing the effect this proactive inclusion of mental disorders and professional supporters into the process there also should be a positive effect on complainants.

RECOMMENDATIONS

VIRRJA Members

1. All members of the Vancouver Island Region Restorative Justice Association (VIRRJA) review this submission and evaluate their approach and community resources in regards to Mental Health issues and restorative justice.

2. VIRRJA members liaise with the mental health community, educators and human service providers in their areas so they may better serve respondents/complainants that have a mental disorder.

3. To inform police and Crown of your ability to process person(s) with mental disabilities with the aim of diverting them, when appropriate, from the criminal justice system.

4. VIRRJA members critique this submission to the Executive of VIRRJA and the author.

5. Liaise with VIRRJA members that have interest or will be adjusting to this model of Pre-conferences/Resolution Conferences to exchange ideas/problem areas.

VIRRJA Executive

6. A blanket approach by VIRRJA is required to address mental disorders as being a function of restorative justice.

7. Lobby Ministries that are mentioned, and particular to your organization, to provide guidelines/protocols that would apply to their Ministry staff in regards to restorative justice agencies throughout the province.

8. Formally approach the Justice Ministry as to the ramifications of identifying respondents with mental health issues and violence/attitude upon arrest being referred from agencies (other than police) and having that information included in our last report to police if that referral has a police file number. Having that information placed on the police data base so that information is available to street level law enforcement would assist these officers so they may modify their approach to the file (thus assisting in the TEMPO initiative).

CONCLUSION

Without making adjustments can we safely state that persons with mental disabilities are receiving the best the restorative justice system has to offer? Are they receiving proper community/social justice? Are we being fair to these respondents and complainants, their families and the community at large?

With what little that can be researched in this area it is definitely trending towards the fact that restorative justice does include many more persons with mental disabilities than realized and they have been overlooked. It has been there throughout, at times was a factor, but was not included as a matter of course. With the inclusion of Ministries at the local level it has been shown that those Ministries have greatly contributed to more positive outcomes. This needs to be cultivated. It is realized that not all VIRRJA members have many professional resources available in their respective communities but this does not mean that it cannot be included.

The way in which we interact with these Ministries needs definition beyond the local level. Ministers must be made aware of the role their Ministry staff can contribute to keeping persons with mental health issues out of criminal court. By promoting diversion to the restorative justice world guidelines and protocols, top-down, are required by these Ministries. This also applies to police and the Crown.

A blanket approach by VIRRJA as an association and the members at large is required to address mental disorders as being a natural part of, and a function of, restorative justice. It appears to date that the real possibility of over twenty percent of VIRRJA referrals will not be served to the best of our combined ability without collective collaboration.

Can Restorative Justice play a larger role? Yes. The conditions are favourable.

<u>ABOUT THE AUTHOR</u>

He was a career police officer retiring at middle management. He is certified as an Addictions Support Worker (VIHA), a Mediator/Negotiator (VIU/BC Justice Institute), B.C. Educational Assistant (North Island College) and has been a 14 year volunteer as a Case Coordinator, and of late as a Facilitator, at the Comox Valley Community Justice Centre.

Restorative Justice

Mental Disorders

and the

Criminal Justice System

UPDATE 2016

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INTRODUCTION

The purpose of this follow-up study is two fold:

(1) to ascertain if the initial research remains valid, and
(2) to determine if there are any changes, trends and any other facts or issues that have subsequently emerged pertinent to this subject.

The first paper posed the question: “Can Restorative Justice play a larger role in the justice system by having persons with mental disabilities diverted from the criminal justice system?” It was found that by asking this question for every referral, “Do you have any mental or physical disabilities that may affect your ability to proceed through the Restorative Justice process?” our case load in this area went from unknown to 24%.

The success rate of these files bettered the rate of our remaining caseload. Our process required little adjustment. Another result was the substantially enhanced participation of other agencies, especially if they already had an open file on the subject. Also, the expertise they supplied and the resources they brought to the table was invaluable, inclusive and resulted in a superior Resolution Agreement.

The files from the first study (which also included severe drug/alcohol abuse) covered a twelve month period from July 2013 to July 2014. This updated study also covers a 12 month period (including severe drug/alcohol abuse) with a space of 6 months in between. Note: We have found through experience that severe drug/alcohol abuse parallels the problems/solutions of those with mental disabilities

Following is the synopsis of these newer case files.

SYNOPSIS JAN - DEC 2015 - (All 56 files reviewed in a 12 month period - 17 involving mental disorders and severe drug and alcohol abuse.

1. 12 YOA. Theft Under - Commercial - FAS, Non-Verbal - In partnership the the school counsellor community service hours were arranged at a church so the respondent could be safe and supervised.

2. 13 YOA, Theft Under - Credit Card x 2 ($4,000 and $750 - family), ADHD. Mental difficulties for years. Psychiatrist at 10 YOA. Physically violent. Under medication. Parent/Teen mediator for past 3 years (unsuccessful) and was the supporter at the Resolution Conference. Back and forth with estranged parents. MCFD

client. The Resolution Conference was halted when it was found that he stole his father's girlfriends credit card a few days previous, was just suspended from school for a drug related issue and took his 9 year old step-brother to a house where drugs were being used. He was found there by police. All participants felt that RJ was a waste of time. On the suggestion of the Parent/Teen mediator the Resolution Conference was reconvened and had everyone convey the harm that was done to them and for the reasons they no longer were to participate in the RJ process. As a result MCFD was briefed and it was voluntarily arranged to have foster care placement. (Unsuccessful)

3. 14 YOA, Theft Under - Commercial, Spectrum Disorder (prevalent throughout the family). Grandmother has custody. Is in alternate schooling. No physical touching or eye contact. Difficulty with relationships. The school arranged for community service hours to be done at the school.

4. 16 YOA, Mischief (Under $5,000), PTSD. At the time of the incident was undergoing an unstable medication change and was suicidal. Sent to Leger House in Victoria for own protection. Mother/father estranged. In the RJ process he moved to another city to live with his mother. Mother was not amiable to RJ and was very protective.. After much conversation with the mother and the case coordinator, who was also the facilitator, it was agreed that she may be able to use some of our resources. The Resolution Conference was rocky at best with the client off meds and the complainants unable to comprehend/grasp the mental disorder and how it manifests itself, however, an agreement was reached. The file was passed to a former CJC volunteer now involved in RJ in the other city who was versed in mental disorders and was working at John Howard. It took 11 months to complete. During that time it was found that the client had massive anger issues, a large learning disability and dyslexia. The assigned worker stayed and worked well with the mother/son throughout the agreement and all other issues. The boy is now stable, back in an alternative school and engaged in life. This file involved a Restorative Justice Case Coordinator/Facilitator (same person), a Youth Care Program Worker and the previous school counsellor, all at this location. The RJ, John Howard and the new school staff at the new city completed the team.

5. 16 YOA, Theft Under - Commercial, Non-Verbal. A Facilitator was chosen who was at ease with the circumstances.

6. 16 YOA, Theft Under - Commercial, Drugs/Alcohol, ADHD (Learning Disability,

Short Term Memory). Very dysfunctional family. Resolution conference cancelled at that time, however, was re-opened a month later as the client's situation(s) had stabilized as he was now not living at home.

7. 16 YOA, Theft Under - Commercial, 3 suicidal episodes, under diagnosis by a psychiatrist and under the care of 2 specialists. Mother was very overbearing and had a very negative effect on the client, especially at the Pre-Conference initially. The respondent communicated very well when the mother was "sidelined" by the case coordinator (who was to be the facilitator). Soon after was another suicidal episode. The diagnosis was Personality Disorder and Impulse Control. After becoming stable she stated to the facilitator that she was ready to proceed, looked forward to doing her community service hours (which she alone was able to chose). This file took 11 months to complete, much to the satisfaction and happiness of the respondent and surprise of the mother. (They are closer now.)

8. 17 YOA, Theft Under - Commercial, Ongoing bordering severe alcohol abuse (female). Supportive blended family (especially step-mother). A wake-up call for all. Alcohol abuse was effectively addressed and as an addition she volunteered, and did attend, an alcohol awareness program.

9. 17 YOA, Theft Under, from a Bait Car, Alcohol, RCMP was the complainant. The respondent, and parents, became very worried (at the Resolution Conference) when the constable outlined how her constant alcohol abuse, for females, would historically play out. In her apology letter, published in the local newspapers she also included (her idea) on how her alcohol abuse has affected her life.

10. 18 YOA, Theft Under, from family, Severe Anger Issues. Father overdosed and died, mother left, aunt has custody. Is cited as a pathological liar but made it through when the facilitator eased him out of the lies. He stated that the Resolution Conference made him take a look at himself. He now resides out of town with his grandmother and is much happier and settled (says his grandmother).

11. 18 YOA, Theft Under, Credit Card, family. Clinical Depression. The school councillor was the supporter and supervised the agreement.

12. 20 YOA, Theft Under - Commercial, Depression (loss of father), heavy substance abuse. Lives 150 kilometres away. Attended the Resolution Conference and the agreement was done by distance. It took 10 months to complete due to the fact

she was focused on finishing her agreement but the agreement had to be managed around her treatment requirements.

13. 21 YOA, Theft Under - Commercial, Depression. Change of medications caused severe confusion. Substantiated.

14. 33 YOA, Theft Under - Commercial, Anxiety/Depression. Under medication. Was already in a group at Mental Health and they, with consent, were made aware of these happenings and included this in their treatment program. The agreement was completed and stayed with the Mental Health program.

15. 42 YOA, Theft Under - Commercial, Street Drugs/Alcohol. Completed his contract. Was also given the avenues of support systems he required and was assisted in entering the Health Authority's Drug and Alcohol Rehab program.

16. 49 YOA, Assault - Family Dispute. Drug addiction. Total family disfunction. It was very difficult to keep all involved. The facilitator was a professional family mediator and did succeed in a successful agreement.

17. 63 YOA, Theft Under - Commercial, OCD, Dementia (early onset), Major Depression (meds - Effexor). Facilitator arranged an appointment with Mental Health, did go through the program offered and completed his agreement.

OBSERVATIONS

Out of the entire 12 month caseload of 56 files there were 17 involving mental health and addiction issues - 38% vs the last study's 24% There was only one file that was unsuccessful in this updated study. There was a 20% higher completion of contract rate than the 39 others (which matches the 2014 study).

Throughout these 2½ years there has been no need to change our process of RJ. However, consideration(s) concerning when to proceed with a Resolution Conference and extending the date of completion of Resolution Agreements (the two most frequent) are required to enable the respondent to address the mental health/addiction issues and the changing circumstances that this precipitates.

We have also dramatically extended the depths of our relationships with our mental health/addiction community resources and other youth front line workers in schools, ministries and agencies (with substantiated success) with the intention of adding more.

Complainants, especially Loss Prevention Officers, are most appreciative when they are, by self disclosure at the Resolution Conference, aware of a mental health/addiction issue. Their tone and attitude change towards the do-ability/fairness/flexibility in proposing options for the Resolution Agreement is pronounced. (As yet not one of the respondents has blamed their mental health/addiction as the primary reason for their behaviour.)

Ministries/agencies/schools are still included in the process when they have an open file on the respondent and frequently attend Resolution Conferences in a resource or supporter role for the respondent. This is only initiated with the prior consent of the respondent, regardless of age. Their inclusion gives them the ability to stay abreast of their clients that have been referred to RJ. It also adds a more purposeful/meaningful Resolution Agreement. In addition it fosters excellent working relationships and more resources to the CJC.

Our permanent volunteer staff (Admin and Case Coordinators, Facilitators, Community Panel Members and also Volunteers at large) now take these files as common happenings. Our volunteers who have a background, training or career in mental health and addictions are eager to be included in the Resolution Conferences.

The RCMP are referring more of these types of files to us as they see a more productive outcome than the courts can provide.

Persons with mental disorders, especially youth, are frustrated by being “talked over” and often resign themselves to “not being able to participate” in discussions that directly affect them. These respondents, at the Pre-Conferences are given absolute latitude to speak without interruption from anyone. They are directly consulted regarding any decisions and most importantly asked their opinion on everything. This process has resulted in the realization that these individuals can have a direct say and it empowers them to do so. Often, it has a noticeable impact on those who are non-verbal, lack eye contact, or appear to be unfocused, bringing many out of their shell. It appears that this also gives them a determination to participate in the Resolution Conferences and the will/determination/motivation to complete their agreements.

It may be interpreted by some that the success of an agreement is the only goal as some completions have taken close to a year. There is some truth to this. The global outcomes of these files bears witness to the change of the respondent’s way of life (and

often the family), inclusion of outside resources, and the positive overall impact that Restorative Justice can achieve on a person's life. This process takes time.

No formal in house training was required to achieve the above.

RECOMMENDATIONS

VIRRJA MEMBERS

1. All members of the Vancouver Island Region Restorative Justice Association (VIRRJA) review this, and the 2014 research paper, and evaluate their approach and community resources in regards to files containing mental health disorders and severe drug/alcohol abuse.

2. VIRRJA members liaise with the mental health/addictions community, educators and other human service providers in their areas so they may better serve persons with these issues.

3. To inform the Police and Crown (when) that you are able to process person(s) who have mental health/addiction issues, when deemed appropriate, from the criminal justice system to Restorative Justice.

4. VIRRJA members critique this submission to the executive of VIRRJA and the author.

5. Liaise with other RJ's that have this similar interest.

VIRRJA EXECUTIVE

6. Adopt a blanket approach by VIRRJA to promote mental disorders/addiction as being a function of restorative justice.

7. Lobby the appropriate Ministries/Agencies to provide guidelines/protocols that would apply to their staff in regards to RJ, mental disabilities and addictions.

NOTE: The 25 September 2014 research paper, and especially the recommendations contained therein, was specifically referenced and discussed in the presentation made by Mr Svend Robinson, the 2016 guest speaker at the CJC's Iona Campagnolo Annual

Lecture. (https://www.youtube.com/watch?v=CFY2zz5rOr8&feature=youtu.be)

CONCLUSION

It has been 2½ years since the question: “Do you have any mental or physical disabilities that may affect your ability to proceed through the Restorative Justice process? “ As a result this type of file has increased from an initial 24% of our caseload to the present level of 38%. This required no in-house or formal training nor deviation from our established Restorative Justice process. As can be evidenced by the two research papers (in the synopsis) this approach has changed many lives. It has “restored” most clients back into the community in a more positive manner. That is Restorative Justice.

This CJC RJ program is now, and in the future, will remain fully engaged in this process as it pertains to mental disorders/addiction referrals. There is no choice.

ABOUT THE AUTHOR

He was a career police officer retiring at middle management. He is certified as an Addictions Support Worker - VIHA, a Mediator/Negotiator in Conflict Resolution - VIU/BC Justice Institute, B.C. Educational Assistant - North Island College and has been a 16 year volunteer as a Case Coordinator and Facilitator at the Comox Valley Community Justice Centre.

Anxiety Disorders

Definition

Occasional anxiety is a normal part of life. You might feel anxious when faced with a problem at work, before taking a test, or making an important decision. But anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The feelings can interfere with daily activities such as job performance, school work, and relationships. There are several different types of anxiety disorders. Examples include generalized anxiety disorder, panic disorder, and social anxiety disorder.

Signs and Symptoms

Generalized Anxiety Disorder

People with generalized anxiety disorder display excessive anxiety or worry for months and face several anxiety-related symptoms.

Generalized anxiety disorder symptoms include:

- Restlessness or feeling wound-up or on edge
- Being easily fatigued
- Difficulty concentrating or having their minds go blank
- Irritability
- Muscle tension
- Difficulty controlling the worry
- Sleep problems (difficulty falling or staying asleep or restless, unsatisfying sleep)

Panic Disorder

People with panic disorder have recurrent unexpected panic attacks, which are sudden periods of intense fear that may include palpitations, pounding heart, or accelerated heart rate; sweating; trembling or shaking; sensations of shortness of breath, smothering, or choking; and feeling of impending doom.

Panic disorder symptoms include:

- Sudden and repeated attacks of intense fear
- Feelings of being out of control during a panic attack
- Intense worries about when the next attack will happen
- Fear or avoidance of places where panic attacks have occurred in the past

Social Anxiety Disorder

People with social anxiety disorder (sometimes called “social phobia”) have a marked fear of social or performance situations in which they expect to feel embarrassed, judged, rejected, or fearful of offending others.

Social anxiety disorder symptoms include:

- Feeling highly anxious about being with other people and having a hard time talking to them
- Feeling very self-conscious in front of other people and worried about feeling humiliated, embarrassed, or rejected, or fearful of offending others
- Being very afraid that other people will judge them
- Worrying for days or weeks before an event where other people will be
- Staying away from places where there are other people
- Having a hard time making friends and keeping friends
- Blushing, sweating, or trembling around other people
- Feeling nauseous or sick to your stomach when other people are around

Evaluation for an anxiety disorder often begins with a visit to a primary care provider. Some physical health conditions, such as an overactive thyroid or low blood sugar, as well as taking certain medications, can imitate or worsen an anxiety disorder. A thorough mental health evaluation is also helpful, because anxiety disorders often co-exist with other related conditions, such as depression or obsessive-compulsive disorder.

Risk Factors

Researchers are finding that genetic and environmental factors, frequently in interaction with one another, are risk factors for anxiety disorders. Specific factors include:

- Shyness, or behavioural inhibition, in childhood
- Being female
- Having few economic resources
- Being divorced or widowed
- Exposure to stressful life events in childhood and adulthood
- Anxiety disorders in close biological relatives
- Parental history of mental disorders
- Elevated afternoon cortisol levels in the saliva (specifically for social anxiety disorder)

Treatments and Therapies

Anxiety disorders are generally treated with psychotherapy, medication, or both.

Psychotherapy

Psychotherapy or “talk therapy” can help people with anxiety disorders. To be effective, psychotherapy must be directed at the person’s specific anxieties and tailored to his or her needs. A typical “side effect” of psychotherapy is temporary discomfort involved with thinking about confronting feared situations.

Cognitive Behavioural Therapy (CBT)

CBT is a type of psychotherapy that can help people with anxiety disorders. It teaches a person different ways of thinking, behaving, and reacting to anxiety-producing and fearful situations. CBT can also help people learn and practice social skills, which is vital for treating social anxiety disorder.

Two specific stand-alone components of CBT used to treat social anxiety disorder are **cognitive therapy** and **exposure therapy**. Cognitive therapy focuses on identifying, challenging, and then neutralizing unhelpful thoughts underlying anxiety disorders.

Exposure therapy focuses on confronting the fears underlying an anxiety disorder in order to help people engage in activities they have been avoiding. Exposure therapy is used along with relaxation exercises and/or imagery. One study, called a meta-analysis because it pulls together all of the previous studies and calculates the statistical magnitude of the combined effects, found that cognitive therapy was superior to exposure therapy for treating social anxiety disorder.

CBT may be conducted individually or with a group of people who have similar problems. Group therapy is particularly effective for social anxiety disorder. Often “homework” is assigned for participants to complete between sessions.

Self-Help or Support Groups

Some people with anxiety disorders might benefit from joining a self-help or support group and sharing their problems and achievements with others. Internet chat rooms might also be useful, but any advice received over the Internet should be used with caution, as Internet acquaintances have usually never seen each other and false identities are common. Talking with a trusted friend or member of the clergy can also provide support, but it is not necessarily a sufficient alternative to care from an expert clinician.

Stress-Management Techniques

Stress management techniques and meditation can help people with anxiety disorders calm themselves and may enhance the effects of therapy. While there is evidence that aerobic exercise has a calming effect, the quality of the studies is not strong enough to support its use as treatment. Since caffeine, certain illicit drugs, and even some over-the-counter cold medications can aggravate the symptoms of anxiety disorders, avoiding them should be considered. Check with your physician or pharmacist before taking any additional medications.

The family can be important in the recovery of a person with an anxiety disorder. Ideally, the family should be supportive but not help perpetuate their loved one's symptoms.

Medication

Medication does not cure anxiety disorders but often relieves symptoms. Medication can only be prescribed by a medical doctor (such as a psychiatrist or a primary care provider), but a few states allow psychologists to prescribe psychiatric medications.

Medications are sometimes used as the initial treatment of an anxiety disorder, or are used only if there is insufficient response to a course of psychotherapy. In research studies, it is common for patients treated with a combination of psychotherapy and medication to have better outcomes than those treated with only one or the other.

The most common classes of medications used to combat anxiety disorders are antidepressants, anti-anxiety drugs, and beta-blockers (visit Mental Health Medications). Be aware that some medications are effective only if they are taken regularly and that symptoms may recur if the medication is stopped.

Antidepressants

Antidepressants are used to treat depression, but they also are helpful for treating anxiety disorders. They take several weeks to start working and may cause side effects such as headache, nausea, or difficulty sleeping. The side effects are usually not a problem for most people, especially if the dose starts off low and is increased slowly over time.

Please Note: Although antidepressants are safe and effective for many people, they may be risky for children, teens, and young adults. A "black box" warning—the most serious type of warning that a prescription can carry—has been added to the labels of antidepressants. The labels now warn that antidepressants may cause some people to have suicidal thoughts or make suicide attempts. For this reason, anyone taking an antidepressant should be monitored closely, especially when they first start taking the medication.

Anti-Anxiety Medications

Anti-anxiety medications help reduce the symptoms of anxiety, panic attacks, or extreme fear and worry. The most common anti-anxiety medications are called benzodiazepines. Benzodiazepines are first-line treatments for generalized anxiety disorder. With panic disorder or social phobia (social anxiety disorder), benzodiazepines are usually second-line treatments, behind antidepressants.

Beta-Blockers

Beta-blockers, such as propranolol and atenolol, are also helpful in the treatment of the physical symptoms of anxiety, especially social anxiety. Physicians prescribe them to control rapid heartbeat, shaking, trembling, and blushing in anxious situations.

Choosing the right medication, medication dose, and treatment plan should be based on a person's needs and medical situation, and done under an expert's care. Only an expert clinician can help you decide whether the medication's ability to help is worth the risk of a side effect. Your doctor may try several medicines before finding the right one.

You and your doctor should discuss:

- How well medications are working or might work to improve your symptoms
- Benefits and side effects of each medication
- Risk for serious side effects based on your medical history
- The likelihood of the medications requiring lifestyle changes
- Costs of each medication
- Other alternative therapies, medications, vitamins, and supplements you are taking and how these may affect your treatment
- How the medication should be stopped. Some drugs can't be stopped abruptly but must be tapered off slowly under a doctor's supervision.

Attention Deficit Hyperactivity Disorder

Definition

Attention-deficit/hyperactivity disorder (ADHD) is a brain disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

- **Inattention** means a person wanders off task, lacks persistence, has difficulty sustaining focus, and is disorganized; and these problems are not due to defiance or lack of comprehension.
- **Hyperactivity** means a person seems to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. In adults, it may be extreme restlessness or wearing others out with constant activity.
- **Impulsivity** means a person makes hasty actions that occur in the moment without first thinking about them and that may have high potential for harm; or a desire for immediate rewards or inability to delay gratification. An impulsive person may be socially intrusive and excessively interrupt others or make important decisions without considering the long-term consequences.

Signs and Symptoms

Inattention and hyperactivity/impulsivity are the key behaviours of ADHD. Some people with ADHD only have problems with one of the behaviours, while others have both inattention and hyperactivity-impulsivity. Most children have the combined type of ADHD.

In preschool, the most common ADHD symptom is hyperactivity.

It is normal to have some inattention, unfocused motor activity and impulsivity, but for people with ADHD, these behaviours:

- are more severe
- occur more often
- interfere with or reduce the quality of how they functions socially, at school, or in a job

Inattention

People with symptoms of inattention may often:

- Overlook or miss details, make careless mistakes in schoolwork, at work, or during other activities

- Have problems sustaining attention in tasks or play, including conversations, lectures, or lengthy reading
- Not seem to listen when spoken to directly
- Not follow through on instructions and fail to finish schoolwork, chores, or duties in the workplace or start tasks but quickly lose focus and get easily sidetracked
- Have problems organizing tasks and activities, such as what to do in sequence, keeping materials and belongings in order, having messy work and poor time management, and failing to meet deadlines
- Avoid or dislike tasks that require sustained mental effort, such as schoolwork or homework, or for teens and older adults, preparing reports, completing forms or reviewing lengthy papers
- Lose things necessary for tasks or activities, such as school supplies, pencils, books, tools, wallets, keys, paperwork, eyeglasses, and cell phones
- Be easily distracted by unrelated thoughts or stimuli
- Be forgetful in daily activities, such as chores, errands, returning calls, and keeping appointments

Hyperactivity-Impulsivity

People with symptoms of hyperactivity-impulsivity may often:

- Fidget and squirm in their seats
- Leave their seats in situations when staying seated is expected, such as in the classroom or in the office
- Run or dash around or climb in situations where it is inappropriate or, in teens and adults, often feel restless
- Be unable to play or engage in hobbies quietly
- Be constantly in motion or “on the go,” or act as if “driven by a motor”
- Talk nonstop
- Blurt out an answer before a question has been completed, finish other people’s sentences, or speak without waiting for a turn in conversation
- Have trouble waiting his or her turn
- Interrupt or intrude on others, for example in conversations, games, or activities

Diagnosis of ADHD requires a comprehensive evaluation by a licensed clinician, such as a paediatrician, psychologist, or psychiatrist with expertise in ADHD. For a person to receive a diagnosis of ADHD, the symptoms of inattention and/or hyperactivity-impulsivity must be chronic or long-lasting, impair the person’s functioning, and cause the person to fall behind normal development for his or her age. The doctor will also ensure that any ADHD symptoms are not due to another medical or psychiatric condition. Most children with ADHD receive a diagnosis during the elementary school years. For an adolescent or adult to receive a diagnosis of ADHD, the symptoms need to have been present prior to age 12.

ADHD symptoms can appear as early as between the ages of 3 and 6 and can continue through adolescence and adulthood. Symptoms of ADHD can be mistaken for

emotional or disciplinary problems or missed entirely in quiet, well-behaved children, leading to a delay in diagnosis. Adults with undiagnosed ADHD may have a history of poor academic performance, problems at work, or difficult or failed relationships.

ADHD symptoms can change over time as a person ages. In young children with ADHD, hyperactivity-impulsivity is the most predominant symptom. As a child reaches elementary school, the symptom of inattention may become more prominent and cause the child to struggle academically. In adolescence, hyperactivity seems to lessen and may show more often as feelings of restlessness or fidgeting, but inattention and impulsivity may remain. Many adolescents with ADHD also struggle with relationships and antisocial behaviours. Inattention, restlessness, and impulsivity tend to persist into adulthood.

Risk Factors

Scientists are not sure what causes ADHD. Like many other illnesses, a number of factors can contribute to ADHD, such as:

- Genes
- Cigarette smoking, alcohol use, or drug use during pregnancy
- Exposure to environmental toxins during pregnancy
- Exposure to environmental toxins, such as high levels of lead, at a young age
- Low birth weight
- Brain injuries

ADHD is more common in males than females, and females with ADHD are more likely to have problems primarily with inattention. Other conditions, such as learning disabilities, anxiety disorder, conduct disorder, depression, and substance abuse, are common in people with ADHD.

Treatment and Therapies

While there is no cure for ADHD, currently available treatments can help reduce symptoms and improve functioning. Treatments include medication, psychotherapy, education or training, or a combination of treatments.

Medication

For many people, ADHD medications reduce hyperactivity and impulsivity and improve their ability to focus, work, and learn. Medication also may improve physical coordination. Sometimes several different medications or dosages must be tried before finding the right one that works for a particular person. Anyone taking medications must be monitored closely and carefully by their prescribing doctor.

Stimulants. The most common type of medication used for treating ADHD is called a "stimulant." Although it may seem unusual to treat ADHD with a medication that is considered a stimulant, it works because it increases the brain chemicals dopamine and nor-epinephrine, which play essential roles in thinking and attention.

Under medical supervision, stimulant medications are considered safe. However, there are risks and side effects, especially when misused or taken in excess of the prescribed dose. For example, stimulants can raise blood pressure and heart rate and increase anxiety. Therefore, a person with other health problems, including high blood pressure, seizures, heart disease, glaucoma, liver or kidney disease, or an anxiety disorder should tell their doctor before taking a stimulant.

Talk with a doctor if you see any of these side effects while taking stimulants:

- decreased appetite
- sleep problems
- tics (sudden, repetitive movements or sounds);
- personality changes
- increased anxiety and irritability
- stomach aches
- headaches

Non-stimulants. A few other ADHD medications are non-stimulants. These medications take longer to start working than stimulants, but can also improve focus, attention, and impulsivity in a person with ADHD. Doctors may prescribe a non-stimulant: when a person has bothersome side effects from stimulants; when a stimulant was not effective; or in combination with a stimulant to increase effectiveness.

Although not approved by the U.S. Food and Drug Administration (FDA) specifically for the treatment of ADHD, some antidepressants are sometimes used alone or in combination with a stimulant to treat ADHD. Antidepressants may help all of the symptoms of ADHD and can be prescribed if a patient has bothersome side effects from stimulants. Antidepressants can be helpful in combination with stimulants if a patient also has another condition, such as an anxiety disorder, depression, or another mood disorder.

Psychotherapy

Adding psychotherapy to treat ADHD can help patients and their families to better cope with everyday problems.

Behavioural therapy is a type of psychotherapy that aims to help a person change his or her behaviour. It might involve practical assistance, such as help organizing tasks or completing schoolwork, or working through emotionally difficult events. Behavioural therapy also teaches a person how to:

- monitor his or her own behaviour
- give oneself praise or rewards for acting in a desired way, such as controlling anger or thinking before acting

Parents, teachers, and family members also can give positive or negative feedback for certain behaviours and help establish clear rules, chore lists, and other structured routines to help a person control his or her behaviour. Therapists may also teach children social skills, such as how to wait their turn, share toys, ask for help, or respond to teasing. Learning to read facial expressions and the tone of voice in others, and how to respond appropriately can also be part of social skills training.

Cognitive behavioural therapy can also teach a person mindfulness techniques, or meditation. A person learns how to be aware and accepting of one's own thoughts and feelings to improve focus and concentration. The therapist also encourages the person with ADHD to adjust to the life changes that come with treatment, such as thinking before acting, or resisting the urge to take unnecessary risks.

Family and marital therapy can help family members and spouses find better ways to handle disruptive behaviours, to encourage behaviour changes, and improve interactions with the patient.

For more information on psychotherapy, see the Psychotherapies webpage on the NIMH website.

Education and Training

Children and adults with ADHD need guidance and understanding from their parents, families, and teachers to reach their full potential and to succeed. For school-age children, frustration, blame, and anger may have built up within a family before a child is diagnosed. Parents and children may need special help to overcome negative feelings. Mental health professionals can educate parents about ADHD and how it affects a family. They also will help the child and his or her parents develop new skills, attitudes, and ways of relating to each other.

Parenting skills training (behavioural parent management training) teaches parents the skills they need to encourage and reward positive behaviours in their children. It helps parents learn how to use a system of rewards and consequences to change a child's behaviour. Parents are taught to give immediate and positive feedback for behaviours they want to encourage, and ignore or redirect behaviours that they want to discourage. They may also learn to structure situations in ways that support desired behaviour.

Stress management techniques can benefit parents of children with ADHD by increasing their ability to deal with frustration so that they can respond calmly to their child's behaviour.

Support groups can help parents and families connect with others who have similar problems and concerns. Groups often meet regularly to share frustrations and successes, to exchange information about recommended specialists and strategies, and to talk with experts.

Tips to Help Kids and Adults with ADHD Stay Organized

For Kids:

Parents and teachers can help kids with ADHD stay organized and follow directions with tools such as:

- Keeping a routine and a schedule. Keep the same routine every day, from wake-up time to bedtime. Include times for homework, outdoor play, and indoor activities. Keep the schedule on the refrigerator or on a bulletin board in the kitchen. Write changes on the schedule as far in advance as possible.
- Organizing everyday items. Have a place for everything, and keep everything in its place. This includes clothing, backpacks, and toys.
- Using homework and notebook organizers. Use organizers for school material and supplies. Stress to your child the importance of writing down assignments and bringing home the necessary books.
- Being clear and consistent. Children with ADHD need consistent rules they can understand and follow.
- Giving praise or rewards when rules are followed. Children with ADHD often receive and expect criticism. Look for good behaviour, and praise it.

For Adults:

A professional counsellor or therapist can help an adult with ADHD learn how to organize his or her life with tools such as:

- Keeping routines
- Making lists for different tasks and activities
- Using a calendar for scheduling events
- Using reminder notes
- Assigning a special place for keys, bills, and paperwork
- Breaking down large tasks into more manageable, smaller steps so that completing each part of the task provides a sense of accomplishment

Autism Spectrum Disorder

Definition

Autism spectrum disorder (ASD) is the name for a group of developmental disorders. ASD includes a wide range, “a spectrum,” of symptoms, skills, and levels of disability.

People with ASD often have these characteristics:

- Ongoing social problems that include difficulty communicating and interacting with others
- Repetitive behaviours as well as limited interests or activities
- Symptoms that typically are recognized in the first two years of life
- Symptoms that hurt the individual’s ability to function socially, at school or work, or other areas of life

Some people are mildly impaired by their symptoms, while others are severely disabled. Treatments and services can improve a person’s symptoms and ability to function. Families with concerns should talk to their paediatrician about what they’ve observed and the possibility of ASD screening. According to the Centers for Disease Control and Prevention (CDC) around 1 in 68 children has been identified with some form of ASD.

What is the difference between Asperger’s syndrome and ASD?

In the past, Asperger’s syndrome and Autistic Disorder were separate disorders. They were listed as subcategories within the diagnosis of “Pervasive Developmental Disorders.” However, this separation has changed. The latest edition of the manual from the American Psychiatric Association, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5),* does not highlight subcategories of a larger disorder. The manual includes the range of characteristics and severity within one category. People whose symptoms were previously diagnosed as Asperger’s syndrome or Autistic Disorder are now included as part of the category called Autism Spectrum Disorder (ASD).

Signs and Symptoms

Parents or doctors may first identify ASD behaviours in infants and toddlers. School staff may recognize these behaviours in older children. Not all people with ASD will show all of these behaviours, but most will show several. There are two main types of behaviours: “restricted / repetitive behaviours” and “social communication / interaction behaviours.”

Restrictive / repetitive behaviours may include:

- Repeating certain behaviours or having unusual behaviours

- Having overly focused interests, such as with moving objects or parts of objects
- Having a lasting, intense interest in certain topics, such as numbers, details, or facts.

Social communication / interaction behaviours may include:

- Getting upset by a slight change in a routine or being placed in a new or overly stimulating setting
- Making little or inconsistent eye contact
- Having a tendency to look at and listen to other people less often
- Rarely sharing enjoyment of objects or activities by pointing or showing things to others
- Responding in an unusual way when others show anger, distress, or affection
- Failing to, or being slow to, respond to someone calling their name or other verbal attempts to gain attention
- Having difficulties with the back and forth of conversations
- Often talking at length about a favourite subject without noticing that others are not interested or without giving others a chance to respond
- Repeating words or phrases that they hear, a behaviour called *echolalia*
- Using words that seem odd, out of place, or have a special meaning known only to those familiar with that person's way of communicating
- Having facial expressions, movements, and gestures that do not match what is being said
- Having an unusual tone of voice that may sound sing-song or flat and robot-like
- Having trouble understanding another person's point of view or being unable to predict or understand other people's actions.

People with ASD may have other difficulties, such as being very sensitive to light, noise, clothing, or temperature. They may also experience sleep problems, digestion problems, and irritability.

ASD is unique in that it is common for people with ASD to have many strengths and abilities in addition to challenges.

Strengths and abilities may include:

- Having above-average intelligence – the CDC reports 46% of ASD children have above average intelligence
- Being able to learn things in detail and remember information for long periods of time
- Being strong visual and auditory learners
- Excelling in math, science, music, or art.

Diagnosing ASD

Doctors diagnose ASD by looking at a child's behaviour and development. Young children with ASD can usually be reliably diagnosed by age two.

Older children and adolescents should be evaluated for ASD when a parent or teacher raises concerns based on watching the child socialize, communicate, and play.

Diagnosing ASD in adults is not easy. In adults, some ASD symptoms can overlap with symptoms of other mental health disorders, such as schizophrenia or attention deficit hyperactivity disorder (ADHD). However, getting a correct diagnosis of ASD as an adult can help a person understand past difficulties, identify his or her strengths, and obtain the right kind of help.

Diagnosis in young children is often a two-stage process:

Stage 1: General Developmental Screening During Well-Child Checkups

Every child should receive well-child check-ups with a paediatrician or an early childhood health care provider. The Centers for Disease Control and Prevention (CDC) recommends specific ASD screening be done at the 18- and 24-month visits.

Earlier screening might be needed if a child is at high risk for ASD or developmental problems. Those at high risk include children who:

- Have a sister, brother, or other family member with ASD
- Have some ASD behaviours
- Were born premature, or early, and at a low birth weight.

Parents' experiences and concerns are very important in the screening process for young children. Sometimes the doctor will ask parents questions about the child's behaviours and combine this information with his or her observations of the child. *Read more about screening instruments on the CDC website.*

Children who show some developmental problems during this screening process will be referred for another stage of evaluation.

Stage 2: Additional Evaluation

This evaluation is with a team of doctors and other health professionals with a wide range of specialties who are experienced in diagnosing ASD. This team may include:

- A developmental paediatrician—a doctor who has special training in child development
- A child psychologist and/or child psychiatrist—a doctor who knows about brain development and behaviour
- A speech-language pathologist—a health professional who has special training in communication difficulties.

The evaluation may assess:

- Cognitive level or thinking skills
- Language abilities
- Age-appropriate skills needed to complete daily activities independently, such as eating, dressing, and toileting.

Because ASD is a complex disorder that sometimes occurs along with other illnesses or learning disorders, the comprehensive evaluation may include:

- Blood tests
- Hearing test

The outcome of the evaluation will result in recommendations to help plan for treatment.

Diagnosis in older children and adolescents

Older children whose ASD symptoms are noticed after starting school are often first recognized and evaluated by the school's special education team. The school's team may refer these children to a health care professional.

Parents may talk with a paediatrician about their child's social difficulties including problems with subtle communication. These subtle communication issues may include understanding tone of voice, facial expressions, or body language. Older children may have trouble understanding figures of speech, humour, or sarcasm. Parents may also find that their child has trouble forming friendships with peers. The paediatrician can refer the child for further evaluation and treatment.

Diagnosis in adults

Adults who notice the signs and symptoms of ASD should talk with a doctor and ask for a referral for an ASD evaluation. While testing for ASD in adults is still being refined, adults can be referred to a psychologist or psychiatrist with ASD expertise. The expert will ask about concerns, such as social interaction and communication challenges, sensory issues, repetitive behaviours, and restricted interests. Information about the adult's developmental history will help in making an accurate diagnosis, so an ASD evaluation may include talking with parents or other family members.

Risk Factors

Scientists don't know the exact causes of ASD, but research suggests that genes and environment play important roles.

Risk factors include:

- Gender—boys are more likely to be diagnosed with ASD than girls

- Having a sibling with ASD
- Having older parents (a mother who was 35 or older, and/or a father who was 40 or older when the baby was born)
- Genetics—about 20% of children with ASD also have certain genetic conditions. Those conditions include Down syndrome, fragile X syndrome, and tuberous sclerosis among others.

In recent years, the number of children identified with ASD has increased. Experts disagree about whether this shows a true increase in ASD since the guidelines for diagnosis have changed in recent years as well. Also, many more parents and doctors now know about the disorder, so parents are more likely to have their children screened, and more doctors are able to properly diagnose ASD, even in adulthood.

Treatments and Therapies

Early treatment for ASD and proper care can reduce individuals' difficulties while helping them learn new skills and make the most of their strengths. The very wide range of issues facing those "on the spectrum" means that there is no single best treatment for ASD. Working closely with a doctor or health care professional is an important part of finding the right treatment program. There are many treatment options, social services, programs, and other resources that can help.

Here are some tips.

- Keep a detailed notebook. Record conversations and meetings with health care providers and teachers. This information helps when its time to make decisions.
- Record doctors' reports and evaluations in the notebook. This information may help an individual qualify for special programs.
- Contact the local health department, school, or autism advocacy groups to learn about their special programs.
- Talk with a paediatrician, school official, or physician to find a local autism expert who can help develop an intervention plan and find other local resources.
- Find an autism support group. Sharing information and experiences can help individuals with ASD and/or their caregivers learn about options, make decisions, and reduce stress.

Medication

A doctor may use medication to treat some difficulties that are common with ASD. With medication, a person with ASD may have fewer problems with:

- Irritability
- Hyperactivity
- Aggression
- Attention problems
- Repetitive behaviour
- Anxiety and depression

Bipolar Disorder

Definition

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely “up,” elated, and energized behaviour (known as manic episodes) to very sad, “down,” or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.

- **Bipolar I Disorder—** defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.
- **Bipolar II Disorder—** defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.
- **Cyclothymic Disorder (also called cyclothymia)—** defined by numerous periods of hypomanic symptoms as well numerous periods of depressive symptoms lasting for at least 2 years (1 year in children and adolescents). However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.
- **Other Specified and Unspecified Bipolar and Related Disorders—** defined by bipolar disorder symptoms that do not match the three categories listed above.

Signs and Symptoms

People with bipolar disorder experience periods of unusually intense emotion, changes in sleep patterns and activity levels, and unusual behaviours. These distinct periods are called “mood episodes.” Mood episodes are drastically different from the moods and behaviours that are typical for the person. Extreme changes in energy, activity, and sleep go along with mood episodes.

People having a manic episode may:	**People having a depressive episode may:**
• Feel very “up,” “high,” or elated • Have a lot of energy • Have increased activity levels • Feel “jumpy” or “wired” • Have trouble sleeping	• Feel very sad, down, empty, or hopeless • Have very little energy • Have decreased activity levels • Have trouble sleeping, they may

• Become more active than usual • Talk really fast about a lot of different things • Be agitated, irritable, or “touchy” • Feel like their thoughts are going very fast • Think they can do a lot of things at once • Do risky things, like spend a lot of money or have reckless sex	sleep too little or too much • Feel like they can’t enjoy anything • Feel worried and empty • Have trouble concentrating • Forget things a lot • Eat too much or too little • Feel tired or “slowed down” • Think about death or suicide

Sometimes a mood episode includes symptoms of both manic and depressive symptoms. This is called an episode with mixed features. People experiencing an episode with mixed features may feel very sad, empty, or hopeless, while at the same time feeling extremely energized.

Bipolar disorder can be present even when mood swings are less extreme. For example, some people with bipolar disorder experience hypomania, a less severe form of mania. During a hypo-manic episode, an individual may feel very good, be highly productive, and function well. The person may not feel that anything is wrong, but family and friends may recognize the mood swings and/or changes in activity levels as possible bipolar disorder. Without proper treatment, people with hypomania may develop severe mania or depression.

Diagnosis

Proper diagnosis and treatment help people with bipolar disorder lead healthy and productive lives. Talking with a doctor or other licensed mental health professional is the first step for anyone who thinks he or she may have bipolar disorder. The doctor can complete a physical exam to rule out other conditions. If the problems are not caused by other illnesses, the doctor may conduct a mental health evaluation or provide a referral to a trained mental health professional, such as a psychiatrist, who is experienced in diagnosing and treating bipolar disorder.

Note for Health Care Providers: People with bipolar disorder are more likely to seek help when they are depressed than when experiencing mania or hypomania. Therefore, a careful medical history is needed to ensure that bipolar disorder is not mistakenly diagnosed as major depression. Unlike people with bipolar disorder, people who have depression only (also called unipolar depression) do not experience mania. They may, however, experience some manic symptoms at the same time, which is also known as major depressive disorder with mixed features.

Bipolar Disorder and Other Illnesses

Some bipolar disorder symptoms are similar to other illnesses, which can make it hard for a doctor to make a diagnosis. In addition, many people have bipolar disorder along with another illness such as anxiety disorder, substance abuse, or an eating disorder. People with bipolar disorder are also at higher risk for thyroid disease, migraine headaches, heart disease, diabetes, obesity, and other physical illnesses.

Psychosis: Sometimes, a person with severe episodes of mania or depression also has psychotic symptoms, such as hallucinations or delusions. The psychotic symptoms tend to match the person's extreme mood. For example:

- Someone having psychotic symptoms during a manic episode may believe she is famous, has a lot of money, or has special powers.
- Someone having psychotic symptoms during a depressive episode may believe he is ruined and penniless, or that he has committed a crime.

As a result, people with bipolar disorder who also have psychotic symptoms are sometimes misdiagnosed with schizophrenia.

Anxiety and ADHD: Anxiety disorders and attention-deficit hyperactivity disorder (ADHD) are often diagnosed among people with bipolar disorder.

Substance Abuse: People with bipolar disorder may also misuse alcohol or drugs, have relationship problems, or perform poorly in school or at work. Family, friends and people experiencing symptoms may not recognize these problems as signs of a major mental illness such as bipolar disorder.

Risk Factors

Scientists are studying the possible causes of bipolar disorder. Most agree that there is no single cause. Instead, it is likely that many factors contribute to the illness or increase risk.

Brain Structure and Functioning: Some studies show how the brains of people with bipolar disorder may differ from the brains of healthy people or people with other mental disorders. Learning more about these differences, along with new information from genetic studies, helps scientists better understand bipolar disorder and predict which types of treatment will work most effectively.

Genetics: Some research suggests that people with certain genes are more likely to develop bipolar disorder than others. But genes are not the only risk factor for bipolar disorder. Studies of identical twins have shown that even if one twin develops bipolar disorder, the other twin does not always develop the disorder, despite the fact that identical twins share all of the same genes.

Family History: Bipolar disorder tends to run in families. Children with a parent or sibling who has bipolar disorder are much more likely to develop the illness, compared with children who do not have a family history of the disorder. However, it is important to note that most people with a family history of bipolar disorder will not develop the illness.

Treatments and Therapies

Treatment helps many people—even those with the most severe forms of bipolar disorder—gain better control of their mood swings and other bipolar symptoms. An effective treatment plan usually includes a combination of medication and psychotherapy (also called “talk therapy”). Bipolar disorder is a lifelong illness. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of mood changes, but some people may have lingering symptoms. Long-term, continuous treatment helps to control these symptoms.

Medications

Different types of medications can help control symptoms of bipolar disorder. An individual may need to try several different medications before finding ones that work best.

Medications generally used to treat bipolar disorder include:

- Mood stabilizers
- Atypical antipsychotics
- Antidepressants

Anyone taking a medication should:

- Talk with a doctor or a pharmacist to understand the risks and benefits of the medication
- Report any concerns about side effects to a doctor right away. The doctor may need to change the dose or try a different medication.
- Avoid stopping a medication without talking to a doctor first. Suddenly stopping a medication may lead to “rebound” or worsening of bipolar disorder symptoms. Other uncomfortable or potentially dangerous withdrawal effects are also possible.
- Report serious side effects to the U.S. Food and Drug Administration (FDA) MedWatch Adverse Event Reporting program online at http://www.fda.gov/Safety/MedWatch or by phone at 1-800-332-1088. Clients and doctors may send reports.

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Psychotherapy

When done in combination with medication, psychotherapy (also called “talk therapy”) can be an effective treatment for bipolar disorder. It can provide support, education, and guidance to people with bipolar disorder and their families. Some psychotherapy treatments used to treat bipolar disorder include:

- Cognitive behavioural therapy (CBT)
- Family-focused therapy
- Interpersonal and social rhythm therapy
- Psychoeducation

Other Treatment Options

Electroconvulsive Therapy (ECT): ECT can provide relief for people with severe bipolar disorder who have not been able to recover with other treatments. Sometimes ECT is used for bipolar symptoms when other medical conditions, including pregnancy, make taking medications too risky. ECT may cause some short-term side effects, including confusion, disorientation, and memory loss. People with bipolar disorder should discuss possible benefits and risks of ECT with a qualified health professional.

Sleep Medications: People with bipolar disorder who have trouble sleeping usually find that treatment is helpful. However, if sleeplessness does not improve, a doctor may suggest a change in medications. If the problem continues, the doctor may prescribe sedatives or other sleep medications.

Supplements: Not much research has been conducted on herbal or natural supplements and how they may affect bipolar disorder.

It is important for a doctor to know about all prescription drugs, over-the-counter medications, and supplements a client is taking. Certain medications and supplements taken together may cause unwanted or dangerous effects.

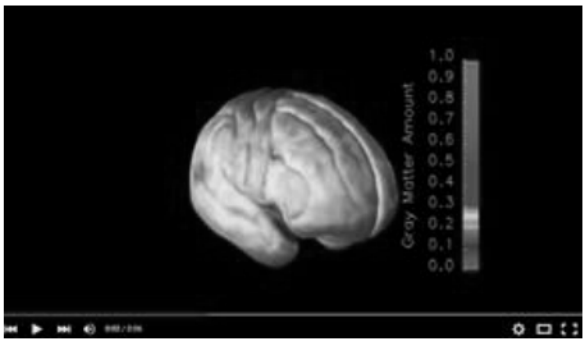
Keeping a Life Chart: Even with proper treatment, mood changes can occur. Treatment is more effective when a client and doctor work closely together and talk openly about concerns and choices. Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help clients and doctors track and treat bipolar disorder most effectively.

If you are thinking about harming yourself or thinking about suicide:

- Tell someone who can help right away
- Call your licensed mental health professional if you are already working with one
- Call your doctor
- Go to the nearest hospital emergency department

Child and Adolescent Mental Health

Overview



Did you know? Studies show that the brain continues to mature well into the 20s.

Mental health conditions and disorders don't only affect adults. Children and teens can experience mental health problems too. In fact, research has now shown that most mental disorders follow a developmental course that typically starts early in life. This is true not only of conditions such as autism and ADHD, which are well known for having onset in childhood, but also for mood, anxiety, and psychotic disorders. So, many people who suffer from depression, social phobia, obsessive compulsive disorder, bipolar disorder, or schizophrenia showed signs before they were 24 years old.

Like adults, children and teens can sometimes experience intense emotions as they get older or go through stressful or traumatic events in their lives. For example, it is common for children to feel anxious about school or friendships, or for teens to have short periods of depression after a death in the family.

Mental disorders are different. They can cause ongoing, severe symptoms that affect how a child feels, thinks, acts, and handles daily activities, such as going to school, sleeping, or eating. It is important to know the signs and seek help if needed.

Warning Signs

Children and teens can develop the same mental health disorders and conditions as adults, but their symptoms may be different or hard to identify. Your child or teen might need help if he or she:

- Often feels very angry or very worried
- Can’t sleep or eat
- Is unable to enjoy pleasurable activities any more
- Isolates her/himself and avoids social interactions
- Feels grief for a long time after a loss or death

- Uses alcohol or drugs
- Exercises, diets and/or binge-eats obsessively
- Hurts other people or destroys property
- Has low or no energy
- Smokes, drinks, or use drugs
- Feels like he or she can't control own emotions
- Has thoughts of suicide
- Harms her/himself, such as cutting or burning her/his skin
- Thinks his or her mind is controlled or out of control
- Hears voices

Borderline Personality Disorder

Definition

Borderline personality disorder (BPD) is a serious mental disorder marked by a pattern of ongoing instability in moods, behaviour, self-image, and functioning. These experiences often result in impulsive actions and unstable relationships. A person with BPD may experience intense episodes of anger, depression, and anxiety that may last from only a few hours to days.

Some people with BPD also have high rates of co-occurring mental disorders, such as mood disorders, anxiety disorders, and eating disorders, along with substance abuse, self-harm, suicidal thinking and behaviours, and suicide.

While mental health experts now generally agree that the label "borderline personality disorder" is very misleading, a more accurate term does not exist yet.

Signs and Symptoms

People with BPD may experience extreme mood swings and can display uncertainty about who they are. As a result, their interests and values can change rapidly.

Other symptoms include

- Frantic efforts to avoid real or imagined abandonment
- A pattern of intense and unstable relationships with family, friends, and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self
- Impulsive and often dangerous behaviours, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating
- Recurring suicidal behaviours or threats or self-harming behaviour, such as cutting
- Intense and highly changeable moods, with each episode lasting from a few hours to a few days
- Chronic feelings of emptiness
- Inappropriate, intense anger or problems controlling anger
- Having stress-related paranoid thoughts
- Having severe dissociative symptoms, such as feeling cut off from oneself, observing oneself from outside the body, or losing touch with reality

Seemingly ordinary events may trigger symptoms. For example, people with BPD may feel angry and distressed over minor separations—such as vacations, business trips, or sudden changes of plans—from people to whom they feel close. Studies show that

people with this disorder may see anger in an emotionally neutral face and have a stronger reaction to words with negative meanings than people who do not have the disorder.

Some of these signs and symptoms may be experienced by people with other mental health problems—and even by people without mental illness—and do not necessarily mean that they have BPD. It is important that a qualified and licensed mental health professional conduct a thorough assessment to determine whether or not a diagnosis of BPD or other mental disorder is warranted, and to help guide treatment options when appropriate.

The causes of BPD are not yet clear, but research suggests that genetic, brain, environmental and social factors are likely to be involved.

- **Genetics.** BPD is about five times more likely to occur if a person has a close family member (first-degree biological relatives) with the disorder.
- **Environmental and Social Factors.** Many people with BPD report experiencing traumatic life events, such as abuse or abandonment during childhood. Others may have been exposed to unstable relationships and hostile conflicts. However, some people with BPD do not have a history of trauma. And, many people with a history of traumatic life events do not have BPD.
- **Brain Factors.** Studies show that people with BPD have structural and functional changes in the brain, especially in the areas that control impulses and emotional regulation. However, some people with similar changes in the brain do not have BPD. More research is needed to understand the relationship between brain structure and function and BPD.

Research on BPD is focused on examining biological and environmental risk factors, with special attention on whether early symptoms may emerge at a younger age than previously thought. Scientists are also studying ways to identify the disorder earlier in adolescents.

Treatments and Therapies

BPD has historically been viewed as difficult to treat. However, with newer and proper treatment, many people with BPD experience fewer or less severe symptoms and an improved quality of life

Psychotherapy

Psychotherapy (or “talk therapy”) is the main treatment for people with BPD . Current research suggests psychotherapy can relieve some symptoms, but further studies are needed to better understand how well psychotherapy works.

Psychotherapy can be provided one-on-one between the therapist and the patient or in a group setting. Therapist-led group sessions may help teach people with BPD how to

interact with others and how to express themselves effectively. It is important that people in therapy get along with and trust their therapist. The very nature of BPD can make it difficult for people with this disorder to maintain a comfortable and trusting bond with their therapist.

Types of psychotherapy used to treat BPD include:

- **Cognitive Behavioural Therapy (CBT):** CBT can help people with BPD identify and change core beliefs and/or behaviours that underlie inaccurate perceptions of themselves and others and problems interacting with others. CBT may help reduce a range of mood and anxiety symptoms and reduce the number of suicidal or self-harming behaviours.
- **Dialectical Behaviour Therapy (DBT):** This type of therapy utilizes the concept of mindfulness, or being aware of and attentive to the current situation and moods. DBT also teaches skills to control intense emotions, reduce self-destructive behaviours, and improve relationships. DBT differs from CBT in that it integrates traditional CBT elements with mindfulness, acceptance, and techniques to improve a person's ability to tolerate stress and control his or her emotions. DBT recognizes the dialectical tension between the need for acceptance and the need for change.
- **Schema-Focused Therapy:** This type of therapy combines elements of CBT with other forms of psychotherapy that focus on reframing schemas, or the ways people view themselves. This approach is based on the idea that BPD stems from a dysfunctional self-image—possibly brought on by negative childhood experiences—that affects how people react to their environment, interact with others, and cope with problems or stress.
- **Systems Training for Emotional Predictability and Problem Solving (STEPPS)** is a type of group therapy that aims to educate family members, significant others, and health care professionals about BPD and gives them guidance on how to interact consistently with the person with the disorder using the STEPPS approach and terminology. STEPPS is designed to supplement other treatments the patient may be receiving, such as medication or individual psychotherapy.

Families of people with BPD may also benefit from therapy. The challenges of dealing with a loved one with BPD on a daily basis can be very stressful, and family members may unknowingly act in ways that worsen their relative's symptoms. Some therapies include family members in treatment sessions. These types of programs help families develop skills to better understand and support a relative with BPD. Other therapies focus on the needs of family members and help them understand the obstacles and strategies for caring for a loved one with BPD. Although more research is needed to determine the effectiveness of family therapy in BPD, studies on other mental disorders suggest that including family members can help in a person's treatment.

Other types of psychotherapy may be helpful for some people with BPD. Therapists often adapt psychotherapy to better meet a person's needs. Therapists may also switch

from one type of psychotherapy to another, mix techniques from different therapies, or use a combination of psychotherapies

Medications

Medications should not be used as the primary treatment for BPD as the benefits are unclear. However, in some cases, a mental health professional may recommend medications to treat specific symptoms, such as mood swings, depression, or other disorders that may occur with BPD. Treatment with medications may require care from more than one medical professional.

Because of the high risk of suicide among people with BPD, health care providers should exercise caution when prescribing medications that may be lethal in the event of an overdose.

Certain medications can cause different side effects in different people. Talk to your doctor about what to expect from a particular medication.

Other Treatments

Some people with BPD experience severe symptoms and require intensive, often inpatient, care. Others may use some outpatient treatments but never need hospitalization or emergency care. Although in rare cases, some people who develop this disorder may improve without any treatment, most people benefit from and improve their quality of life by seeking treatment.

Depression

Definition

Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.

Some forms of depression are slightly different, or they may develop under unique circumstances, such as:

- **Persistent depressive disorder** (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.
- **Perinatal depression** is much more serious than the “baby blues” (relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery) that many women experience after giving birth. Women with perinatal depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany perinatal depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.
- **Psychotic depression** occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive “theme,” such as delusions of guilt, poverty, or illness.
- **Seasonal affective disorder** is characterized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression, typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder.
- **Bipolar disorder** is different from depression, but it is included in this list is because someone with bipolar disorder experiences episodes of extremely low moods that meet the criteria for major depression (called “bipolar depression”). But a person with bipolar disorder also experiences extreme high – euphoric or irritable – moods called “mania” or a less severe form called “hypomania.”

Examples of other types of depressive disorders newly added to the diagnostic classification of DSM-5 include disruptive mood dysregulation disorder (diagnosed in children and adolescents) and premenstrual dysphoric disorder (PMDD).

Signs and Symptoms

If you have been experiencing some of the following signs and symptoms most of the day, nearly every day, for at least two weeks, you may be suffering from depression:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms while others may experience many. Several persistent symptoms in addition to low mood are required for a diagnosis of major depression, but people with only a few – but distressing – symptoms may benefit from treatment of their “subsyndromal” depression. The severity and frequency of symptoms and how long they last will vary depending on the individual and his or her particular illness. Symptoms may also vary depending on the stage of the illness.

Risk Factors

Depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors.

Depression can happen at any age, but often begins in adulthood. Depression is now recognized as occurring in children and adolescents, although it sometimes presents with more prominent irritability than low mood. Many chronic mood and anxiety disorders in adults begin as high levels of anxiety in children.

Depression, especially in midlife or older adults, can co-occur with other serious medical illnesses, such as diabetes, cancer, heart disease, and Parkinson’s disease. These conditions are often worse when depression is present. Sometimes medications taken for these physical illnesses may cause side effects that contribute to depression. A doctor experienced in treating these complicated illnesses can help work out the best treatment strategy.

Risk factors include:

- Personal or family history of depression
- Major life changes, trauma, or stress
- Certain physical illnesses and medications

Treatment and Therapies

Depression, even the most severe cases, can be treated. The earlier that treatment can begin, the more effective it is. Depression is usually treated with medications, psychotherapy, or a combination of the two. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

Quick Tip: No two people are affected the same way by depression and there is no "one-size-fits-all" for treatment. It may take some trial and error to find the treatment that works best for you.

Medications

Antidepressants are medicines that treat depression. They may help improve the way your brain uses certain chemicals that control mood or stress. You may need to try several different antidepressant medicines before finding the one that improves your symptoms and has manageable side effects. A medication that has helped you or a close family member in the past will often be considered.

Antidepressants take time – usually 2 to 4 weeks – to work, and often, symptoms such as sleep, appetite, and concentration problems improve before mood lifts, so it is important to give medication a chance before reaching a conclusion about its effectiveness. If you begin taking antidepressants, do not stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and then stop taking the medication on their own, and the depression returns. When you and your doctor have decided it is time to stop the medication, usually after a course of 6 to 12 months, the doctor will help you slowly and safely decrease your dose. Stopping them abruptly can cause withdrawal symptoms.

Please Note: In some cases, children, teenagers, and young adults under 25 may experience an increase in suicidal thoughts or behaviour when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. This warning from the U.S. Food and Drug Administration (FDA) also says that patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment.

If you are considering taking an antidepressant and you are pregnant, planning to become pregnant, or breastfeeding, talk to your doctor about any increased health risks to you or your unborn or nursing child.

You may have heard about an herbal medicine called St. John's wort. Although it is a top-selling botanical product, the FDA has not approved its use as an over-the-counter or prescription medicine for depression, and there are serious concerns about its safety (it should never be combined with a prescription antidepressant) and effectiveness. Do not use St. John's wort before talking to your health care provider. Other natural products sold as dietary supplements, including omega-3 fatty acids and S-adenosylmethionine (SAMe), remain under study but have not yet been proven safe and effective for routine use.

Psychotherapies

Several types of psychotherapy (also called "talk therapy" or, in a less specific form, counselling) can help people with depression. Examples of evidence-based approaches specific to the treatment of depression include cognitive-behavioural therapy (CBT), interpersonal therapy (IPT), and problem-solving therapy. More information on psychotherapy is available on the NIMH website and in the NIMH publication *Depression: What You Need to Know*.

Brain Stimulation Therapies

If medications do not reduce the symptoms of depression, electroconvulsive therapy (ECT) may be an option to explore. Based on the latest research:

- ECT can provide relief for people with severe depression who have not been able to feel better with other treatments.
- Electroconvulsive therapy can be an effective treatment for depression. In some severe cases where a rapid response is necessary or medications cannot be used safely, ECT can even be a first-line intervention.
- Once strictly an inpatient procedure, today ECT is often performed on an outpatient basis. The treatment consists of a series of sessions, typically three times a week, for two to four weeks.
- ECT may cause some side effects, including confusion, disorientation, and memory loss. Usually these side effects are short-term, but sometimes memory problems can linger, especially for the months around the time of the treatment course. Advances in ECT devices and methods have made modern ECT safe and effective for the vast majority of patients. Talk to your doctor and make sure you understand the potential benefits and risks of the treatment before giving your informed consent to undergoing ECT.
- ECT is not painful, and you cannot feel the electrical impulses. Before ECT begins, a patient is put under brief anaesthesia and given a muscle relaxant. Within one hour after the treatment session, which takes only a few minutes, the patient is awake and alert.

Other more recently introduced types of brain stimulation therapies used to treat medicine-resistant depression include repetitive transcranial magnetic stimulation

(rTMS) and vagus nerve stimulation (VNS). Other types of brain stimulation treatments are under study.

If you think you may have depression, start by making an appointment to see your doctor or health care provider. This could be your primary care practitioner or a health provider who specializes in diagnosing and treating mental health conditions

Beyond Treatment: Things You Can Do

Here are other tips that may help you or a loved one during treatment for depression:

- Try to be active and exercise.
- Set realistic goals for yourself.
- Try to spend time with other people and confide in a trusted friend or relative.
- Try not to isolate yourself, and let others help you.
- Expect your mood to improve gradually, not immediately.
- Postpone important decisions, such as getting married or divorced, or changing jobs until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.
- Continue to educate yourself about depression.

Disruptive Mood Dysregulation Disorder

Definition

Disruptive mood dysregulation disorder (DMDD) is a childhood condition of extreme irritability, anger, and frequent, intense temper outbursts. DMDD symptoms go beyond a being a “moody” child—children with DMDD experience severe impairment that requires clinical attention. DMDD is a fairly new diagnosis, appearing for the first time in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013 .

Signs and Symptoms

DMDD symptoms typically begin before the age of 10, but the diagnosis is not given to children under 6 or adolescents over 18. A child with DMDD experiences:

- Irritable or angry mood most of the day, nearly every day
- Severe temper outbursts (verbal or behavioural) at an average of three or more times per week that are out of keeping with the situation and the child’s developmental level
- Trouble functioning due to irritability in more than one place (e.g., home, school, with peers)

To be diagnosed with DMDD, a child must have these symptoms steadily for 12 or more months.

Risk Factors

It is not clear how widespread DMDD is in the general population, but it is common among children who visit paediatric mental health clinics. Researchers are exploring risk factors and brain mechanisms of this disorder.

Treatment and Therapies

DMDD is a new diagnosis. Therefore, treatment is often based on what has been helpful for other disorders that share the symptoms of irritability and temper tantrums . These disorders include attention deficit hyperactivity disorder (ADHD), anxiety disorders, oppositional defiant disorder, and major depressive disorder.

If you think your child has DMDD, it is important to seek treatment. DMDD can impair a child’s quality of life and school performance and disrupt relationships with his or her family and peers. Children with DMDD may find it hard to participate in activities or make friends. Having DMDD also increases the risk of developing depression or anxiety disorders in adulthood.

While researchers are still determining which treatments work best, two major types of treatment are currently used to treat DMDD symptoms:

- Medication
- Psychological treatments
    - Psychotherapy
    - Parent training
    - Computer based training

Psychological treatments should be considered first, with medication added later if necessary, or psychological treatments can be provided along with medication from the beginning.

It is important for parents or caregivers to work closely with the doctor to make a treatment decision that is best for their child.

Medication

Many medications used to treat children and adolescents with mental illness are effective in relieving symptoms. However, some of these medications have not been studied in depth and/or do not have U.S. Food and Drug Administration (FDA) approval for use with children or adolescents. All medications have side effects and the need for continuing them should be reviewed frequently with your child's doctor.

Stimulants

Stimulants are medications that are commonly used to treat ADHD. There is evidence that, in children with irritability and ADHD, stimulant medications also decrease irritability.

Stimulants should not be used in individuals with serious heart problems. According to the FDA , people on stimulant medications should be periodically monitored for change in heart rate and blood pressure.

Antidepressants

Antidepressant medication is sometimes used to treat the irritability and mood problems associated with DMDD. Ongoing studies are testing whether these medicines are effective for this problem. It is important to note that, although antidepressants are safe and effective for many people, they carry a risk of suicidal thoughts and behaviour in children and teens. A "black box" warning—the most serious type of warning that a prescription can carry—has been added to the labels of these medications to alert parents and patients to this risk. For this reason, a child taking an antidepressant should be monitored closely, especially when they first start taking the medication.

Atypical Antipsychotic

An atypical antipsychotic medication may be prescribed for children with very severe temper outbursts that involve physical aggression toward people or property. Risperidone and aripiprazole are FDA-approved for the treatment of irritability associated with autism and are sometimes used to treat DMDD. Atypical antipsychotic medications are associated with many significant side-effects, including suicidal ideation/behaviours, weight gain, metabolic abnormalities, sedation, movement disorders, hormone changes, and others.

Psychological treatments

Psychotherapy

Cognitive-behavioural therapy, a type of psychotherapy, is commonly used to teach children and teens how to deal with thoughts and feelings that contribute to their feeling depressed or anxious. Clinicians can use similar techniques to teach children to more effectively regulate their mood and to increase their tolerance for frustration. The therapy also teaches coping skills for regulating anger and ways to identify and re-label the distorted perceptions that contribute to outbursts. Other research psychotherapies are being explored at the NIMH.

Parent Training

Parent training aims to help parents interact with a child in a way that will reduce aggression and irritable behaviour and improve the parent-child relationship. Multiple studies show that such interventions can be effective. Specifically, parent training teaches parents more effective ways to respond to irritable behaviour, such as anticipating events that might lead a child to have a temper outburst and working ahead to avert the outburst. Training also focuses on the importance of predictability, being consistent with children, and rewarding positive behaviour.

Computer-based training

Evidence suggests that irritable youth with DMDD may be prone to misperceiving ambiguous facial expressions as angry. There is preliminary evidence that computer-based training designed to correct this problem may help youth with DMDD or severe irritability .

Eating Disorders

Definition

There is a commonly held view that eating disorders are a lifestyle choice. Eating disorders are actually serious and often fatal illnesses that cause severe disturbances to a person's eating behaviours. Obsessions with food, body weight, and shape may also signal an eating disorder. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.

Signs and Symptoms

Anorexia nervosa

People with anorexia nervosa may see themselves as overweight, even when they are dangerously underweight. People with anorexia nervosa typically weigh themselves repeatedly, severely restrict the amount of food they eat, and eat very small quantities of only certain foods. Anorexia nervosa has the highest mortality rate of any mental disorder. While many young women and men with this disorder die from complications associated with starvation, others die of suicide. In women, suicide is much more common in those with anorexia than with most other mental disorders.

Symptoms include:

- Extremely restricted eating
- Extreme thinness (emaciation)
- A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
- Intense fear of gaining weight
- Distorted body image, a self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight

Other symptoms may develop over time, including:

- Thinning of the bones (osteopenia or osteoporosis)
- Mild anemia and muscle wasting and weakness
- Brittle hair and nails
- Dry and yellowish skin
- Growth of fine hair all over the body (lanugo)
- Severe constipation
- Low blood pressure, slowed breathing and pulse
- Damage to the structure and function of the heart
- Brain damage
- Multiorgan failure

- Drop in internal body temperature, causing a person to feel cold all the time
- Lethargy, sluggishness, or feeling tired all the time
- Infertility

Bulimia nervosa

People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge-eating is followed by behaviour that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviours. Unlike anorexia nervosa, people with bulimia nervosa usually maintain what is considered a healthy or relatively normal weight.

Symptoms include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acid
- Acid reflux disorder and other gastrointestinal problems
- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging of fluids
- Electrolyte imbalance (too low or too high levels of sodium, calcium, potassium and other minerals) which can lead to stroke or heart attack

Binge-eating disorder

People with binge-eating disorder lose control over his or her eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. Binge-eating disorder is the most common eating disorder in the U.S.

Symptoms include:

- Eating unusually large amounts of food in a specific amount of time
- Eating even when you're full or not hungry
- Eating fast during binge episodes
- Eating until you're uncomfortably full
- Eating alone or in secret to avoid embarrassment
- Feeling distressed, ashamed, or guilty about your eating
- Frequently dieting, possibly without weight loss

Risk Factors

Eating disorders frequently appear during the teen years or young adulthood but may also develop during childhood or later in life. These disorders affect both genders,

although rates among women are 2½ times greater than among men. Like women who have eating disorders, men also have a distorted sense of body image. For example, men may have muscle dysmorphia, a type of disorder marked by an extreme concern with becoming more muscular.

Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, behavioural, psychological, and social factors. Researchers are using the latest technology and science to better understand eating disorders.

One approach involves the study of human genes. Eating disorders run in families. Researchers are working to identify DNA variations that are linked to the increased risk of developing eating disorders.

Brain imaging studies are also providing a better understanding of eating disorders. For example, researchers have found differences in patterns of brain activity in women with eating disorders in comparison with healthy women. This kind of research can help guide the development of new means of diagnosis and treatment of eating disorders.

Treatments and Therapies

Adequate nutrition, reducing excessive exercise, and stopping purging behaviours are the foundations of treatment. Treatment plans are tailored to individual needs and may include one or more of the following:

- Individual, group, and/or family psychotherapy
- Medical care and monitoring
- Nutritional counselling
- Medications

Psychotherapies

Psychotherapies such as a family-based therapy called the Maudsley approach, where parents of adolescents with anorexia nervosa assume responsibility for feeding their child, appear to be very effective in helping people gain weight and improve eating habits and moods.

To reduce or eliminate binge-eating and purging behaviours, people may undergo cognitive behavioural therapy (CBT), which is another type of psychotherapy that helps a person learn how to identify distorted or unhelpful thinking patterns and recognize and change inaccurate beliefs.

Medications

Evidence also suggests that medications such as antidepressants, antipsychotics, or mood stabilizers approved by the U.S. Food and Drug Administration (FDA) may also

be helpful for treating eating disorders and other co-occurring illnesses such as anxiety or depression

HIV/AIDS and Mental Health

Overview

What are HIV and AIDS?

HIV, or human immunodeficiency virus, is the virus that causes AIDS. HIV attacks the immune system by destroying CD4 positive (CD4+) T cells, a type of white blood cell that is vital to fighting off infection. The destruction of these cells leaves people infected with HIV vulnerable to other infections, diseases and other complications.

A person infected with HIV is diagnosed with AIDS when he or she has one or more *opportunistic infections* (which occur when your immune system is damaged by HIV), such as pneumonia or tuberculosis, and has a dangerously low number of CD4+ T cells (less than 200 cells per cubic millimeter of blood).

People with HIV/AIDS are at a higher risk for mental health disorders.

If you are living with HIV, it is important for you to be aware that you have an increased risk for developing mood, anxiety, and cognitive disorders. For example, people living with HIV are twice as likely to have depression compared to those who are not infected with HIV. These conditions may be treatable. Many people with mental health conditions recover completely.

Some forms of stress can contribute to mental health problems for people living with HIV, including:

- Having trouble getting the services you need
- Experiencing a loss of social support, resulting in isolation
- Experiencing a loss of employment or worries about whether you will be able to perform your work as you did before
- Having to tell others you are HIV-positive
- Managing your HIV medicines
- Going through changes in your physical appearance or abilities due to HIV/AIDS
- Dealing with loss, including the loss of relationships or even death
- Facing the stigma and discrimination associated with HIV/AIDS

The HIV virus itself also can contribute to mental health problems because it enters and resides in your brain. Some other opportunistic infections can also affect your nervous system and lead to changes in your behaviour and functioning. Similarly, neuropsychological disorders, such as mild cognitive changes or more severe cognitive conditions, such as dementia , are associated with HIV disease.

You can better manage your overall health and well-being if you know how having HIV can affect your mental health and what resources are available to help you if you need them.

HIV-Associated Neurocognitive Disorders (HAND)

HAND represents the range of neurocognitive complications associated with HIV infection. Although there is currently no cure for HAND, combination antiretroviral therapy has been shown to be the only option in preventing or delaying the progression of HAND.

There are three major types of HAND:

- **Asymptomatic Neurocognitive Impairment (ANI)** is diagnosed if testing shows HIV-associated impairment in cognitive function, but everyday functioning is not affected.
- **Mild Neurocognitive Disorder (MND)** is diagnosed if testing shows HIV-associated impairment in cognitive function, and mild interference in everyday functioning.
- **HIV-associated Dementia (HAD)** is diagnosed if testing shows marked impairment in cognitive function, especially in learning of new information, information processing, and attention or concentration. This impairment significantly limits your ability to function day-to-day at work, home, and during social activities.

Although a significant proportion of people living with HIV are affected by a mild form of HAND, there has been significant progress in the treatment of HAND. Since the start of the epidemic, severe cases of HAND have been on the decline and the most severe form, HAD, is rare. The majority of people experience more subtle abnormalities in memory and cognition.

Experienced clinicians can diagnose HAND after carefully ruling out other possible causes of the symptoms. They may conduct a thorough neurological exam and history, neuropsychological testing, brain MRI scan, and sometimes lumbar puncture to evaluate the cerebrospinal fluid to obtain information about the nature and severity of HAND.

Treatments and Therapies

Research shows that HIV treatment should be initiated as soon as infection is detected to achieve the best health outcomes. Once diagnosed, HIV infection is treated using a combination of medicines called antiretroviral therapy (ART). Adequate adherence to prescribed treatment regimens, such as taking the medications as prescribed by the health care provider, is critical to controlling the virus and to achieving complete viral

suppression. Adequate adherence can be difficult but many strategies have been developed to assist individuals living with HIV/AIDS.

Starting antiretroviral therapy also can affect your mental health in different ways. Sometimes antiretroviral therapy can relieve your anxiety because knowing that you are taking care of yourself can give you a sense of security. However, coping with the reality of living with a chronic illness can be challenging. Depression is one of the most common mental health conditions experienced by people living with HIV, just as it is in the general population. In addition, some antiretroviral medications may cause symptoms of depression, anxiety, and sleep disturbance, and may make some mental health issues worse.

For these reasons, it is important to talk to your health care provider about your mental health. A conversation about mental health should be part of your complete medical evaluation before starting antiretroviral medications. Continue to discuss your mental health with your healthcare team throughout treatment. Be open and honest with your provider about any changes in the way you are thinking, or how you are feeling about yourself and life in general. Also discuss any alcohol or substance use with your provider so that he or she can help connect you to treatment if necessary. For more information, see the AIDS.gov page on Substance Use .

In addition, tell your healthcare provider about any over-the-counter or prescribed medications you may be taking, including any psychiatric medications, because some of these drugs may interact with antiretroviral medications.

Men and Mental Health

Overview

Many mental illnesses affect both men and women however men may be less likely to talk about their feelings and seek help. Recognizing the signs that someone may have a mood or mental disorder is the first step toward getting treatment and living a better life.

Warning Signs

Men and women experience many of the same mental disorders but their willingness to talk about their feelings may be very different. This is one of the reasons that their symptoms may be very different as well. For example, some men with depression or an anxiety disorder hide their emotions and may appear to be angry or aggressive while many women will express sadness. Some men may turn to drugs or alcohol to try to cope with their emotional issues. Sometimes mental health symptoms appear to be physical issues. For example, a racing heart, tightening chest, ongoing headaches, and digestive issues can be a sign of an emotional problem.

Warning signs include

- Anger, irritability or aggressiveness
- Noticeable changes in mood, energy level, or appetite
- Difficulty sleeping or sleeping too much
- Difficulty concentrating, feeling restless, or on edge
- Increased worry or feeling stressed
- A need for alcohol or drugs
- Sadness or hopelessness
- Suicidal thoughts
- Feeling flat or having trouble feeling positive emotions
- Engaging in high-risk activities
- Ongoing headaches, digestive issues, or pain
- Obsessive thinking or compulsive behaviour
- Thoughts or behaviours that interfere with work, family, or social life
- Unusual thinking or behaviours that concern other people

Mental Health Medications

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Understanding Your Medications

If you are prescribed a medication, be sure that you:

- Tell the doctor about all medications and vitamin supplements you are already taking.
- Remind your doctor about any allergies and any problems you have had with medicines.
- Understand how to take the medicine before you start using it and take your medicine as instructed.
- Don't take medicines prescribed for another person or give yours to someone else.
- Call your doctor right away if you have any problems with your medicine or if you are worried that it might be doing more harm than good. Your doctor may be able to adjust the dose or change your prescription to a different one that may work better for you.

Antidepressants

What are antidepressants?

Antidepressants are medications commonly used to treat depression. Antidepressants are also used for other health conditions, such as anxiety, pain and insomnia. Although antidepressants are not FDA-approved specifically to treat ADHD, antidepressants are sometimes used to treat ADHD in adults.

The most popular types of antidepressants are called selective serotonin reuptake inhibitors (SSRIs). Examples of SSRIs include:

- Fluoxetine
- Citalopram
- Sertraline
- Paroxetine
- Escitalopram

Other types of antidepressants are serotonin and norepinephrine reuptake inhibitors (SNRIs). SNRIs are similar to SSRIs and include venlafaxine and duloxetine.

Another antidepressant that is commonly used is bupropion. Bupropion is a third type of antidepressant which works differently than either SSRIs or SNRIs. Bupropion is also used to treat seasonal affective disorder and to help people stop smoking.

SSRIs, SNRIs, and bupropion are popular because they do not cause as many side effects as older classes of antidepressants, and seem to help a broader group of depressive and anxiety disorders. Older antidepressant medications include tricyclics, tetracyclics, and monoamine oxidase inhibitors (MAOIs). For some people, tricyclics, tetracyclics, or MAOIs may be the best medications.

How do people respond to antidepressants?

According to a research review by the Agency for Healthcare Research and Quality , all antidepressant medications work about as well as each other to improve symptoms of depression and to keep depression symptoms from coming back. For reasons not yet well understood, some people respond better to some antidepressant medications than to others.

Therefore, it is important to know that some people may not feel better with the first medicine they try and may need to try several medicines to find the one that works for them. Others may find that a medicine helped for a while, but their symptoms came back. It is important to carefully follow your doctor’s directions for taking your medicine at an adequate dose and over an extended period of time (often 4 to 6 weeks) for it to work.

Once a person begins taking antidepressants, it is important to not stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and stop taking the medication too soon, and the depression may return. When it is time to stop the medication, the doctor will help the person slowly and safely decrease the dose. It's important to give the body time to adjust to the change. People don't get addicted (or "hooked") on these medications, but stopping them abruptly may also cause withdrawal symptoms

What are the possible side effects of antidepressants?

Some antidepressants may cause more side effects than others. You may need to try several different antidepressant medications before finding the one that improves your symptoms and that causes side effects that you can manage.

The most common side effects listed by the FDA include:

- Nausea and vomiting
- Weight gain
- Diarrhoea
- Sleepiness
- Sexual problems

Call your doctor right away if you have any of the following symptoms, especially if they are new, worsening, or worry you

- Thoughts about suicide or dying
- Attempts to commit suicide
- New or worsening depression
- New or worsening anxiety
- Feeling very agitated or restless
- Panic attacks
- Trouble sleeping (insomnia)
- New or worsening irritability
- Acting aggressively, being angry, or violent
- Acting on dangerous impulses
- An extreme increase in activity and talking (mania)
- Other unusual changes in behaviour or mood

Combining the newer SSRI or SNRI antidepressants with one of the commonly-used "triptan" medications used to treat migraine headaches could cause a life-threatening illness called "serotonin syndrome." A person with serotonin syndrome may be agitated, have hallucinations (see or hear things that are not real), have a high temperature, or have unusual blood pressure changes. Serotonin syndrome is usually associated with the older antidepressants called MAOIs, but it can happen with the newer antidepressants as well, if they are mixed with the wrong medications. Antidepressants may cause other side effects that were not included in this list

Anti-Anxiety Medications

What are anti-anxiety medications?

Anti-anxiety medications help reduce the symptoms of anxiety, such as panic attacks, or extreme fear and worry. The most common anti-anxiety medications are called benzodiazepines. Benzodiazepines can treat generalized anxiety disorder. In the case of panic disorder or social phobia (social anxiety disorder), benzodiazepines are usually second-line treatments, behind SSRIs or other antidepressants.

Benzodiazepines used to treat anxiety disorders include:

- Clonazepam
- Alprazolam
- Lorazepam

Short half-life (or short-acting) benzodiazepines (such as Lorazepam) and beta-blockers are used to treat the short-term symptoms of anxiety. Beta-blockers help manage physical symptoms of anxiety, such as trembling, rapid heartbeat, and sweating that people with phobias (an overwhelming and unreasonable fear of an object or situation, such as public speaking) experience in difficult situations. Taking these medications for a short period of time can help the person keep physical symptoms under control and can be used “as needed” to reduce acute anxiety.

Buspirone (which is unrelated to the benzodiazepines) is sometimes used for the long-term treatment of chronic anxiety. In contrast to the benzodiazepines, buspirone must be taken every day for a few weeks to reach its full effect. It is not useful on an "as-needed" basis.

How do people respond to anti-anxiety medications?

Anti-anxiety medications such as benzodiazepines are effective in relieving anxiety and take effect more quickly than the antidepressant medications (or buspirone) often prescribed for anxiety. However, people can build up a tolerance to benzodiazepines if they are taken over a long period of time and may need higher and higher doses to get the same effect. Some people may even become dependent on them. To avoid these problems, doctors usually prescribe benzodiazepines for short periods, a practice that is especially helpful for older people who have substance abuse problems and people who become dependent on medication easily. If people suddenly stop taking benzodiazepines, they may have withdrawal symptoms or their anxiety may return. Therefore, benzodiazepines should be tapered off slowly.

What are the possible side effects of anti-anxiety medications?

Like other medications, anti-anxiety medications may cause side effects. Some of these side effects and risks are serious. The most common side effects for benzodiazepines are drowsiness and dizziness. Other possible side effects include:

- Nausea
- Blurred vision
- Headache
- Confusion
- Tiredness
- Nightmares

Tell your doctor if any of these symptoms are severe or do not go away:

- Drowsiness
- Dizziness
- Unsteadiness
- Problems with coordination
- Difficulty thinking or remembering
- Increased saliva
- Muscle or joint pain
- Frequent urination
- Blurred vision
- Changes in sex drive or ability (The American Society of Health-System Pharmacists, Inc, 2010)

If you experience any of the symptoms below, call your doctor immediately:

- Rash
- Hives
- Swelling of the eyes, face, lips, tongue, or throat
- Difficulty breathing or swallowing
- Hoarseness
- Seizures
- Yellowing of the skin or eyes
- Depression
- Difficulty speaking
- Yellowing of the skin or eyes
- Thoughts of suicide or harming yourself
- Difficulty breathing

Common side effects of beta-blockers include:

- Fatigue
- Cold hands
- Dizziness or light-headedness
- Weakness

Beta-blockers generally are not recommended for people with asthma or diabetes because they may worsen symptoms related to both.

Possible side effects from buspirone include:

- Dizziness
- Headaches
- Nausea
- Nervousness
- Lightheadedness
- Excitement
- Trouble sleeping

Anti-anxiety medications may cause other side effects that are not included in the lists above

Stimulants

What are Stimulants?

As the name suggests, stimulants increase alertness, attention, and energy, as well as elevate blood pressure, heart rate, and respiration (National Institute on Drug Abuse, 2014). Stimulant medications are often prescribed to treat children, adolescents, or adults diagnosed with ADHD.

Stimulants used to treat ADHD include:

- Methylphenidate
- Amphetamine
- Dextroamphetamine
- Lisdexamfetamine Dimesylate

Note: In 2002, the FDA approved the non-stimulant medication atomoxetine for use as a treatment for ADHD. Two other non-stimulant antihypertensive medications, clonidine and guanfacine, are also approved for treatment of ADHD in children and adolescents. One of these non-stimulant medications is often tried first in a young person with ADHD, and if response is insufficient, then a stimulant is prescribed.

Stimulants are also prescribed to treat other health conditions, including narcolepsy, and occasionally depression (especially in older or chronically medically ill people and in those who have not responded to other treatments).

How do people respond to stimulants?

Prescription stimulants have a calming and “focusing” effect on individuals with ADHD. Stimulant medications are safe when given under a doctor's supervision. Some children taking them may feel slightly different or "funny."

Some parents worry that stimulant medications may lead to drug abuse or dependence, but there is little evidence of this when they are used properly as prescribed. Additionally, research shows that teens with ADHD who took stimulant medications were less likely to abuse drugs than those who did not take stimulant medications.

What are the possible side effects of stimulants?

Stimulants may cause side effects. Most side effects are minor and disappear when dosage levels are lowered. The most common side effects include:

- Difficulty falling asleep or staying asleep
- Loss of appetite
- Stomach pain
- Headache

Less common side effects include:

- Motor tics or verbal tics (sudden, repetitive movements or sounds)
- Personality changes, such as appearing “flat” or without emotion

Call your doctor right away if you have any of these symptoms, especially if they are new, become worse, or worry you.

Stimulants may cause other side effects that are not included in the list above. To report any serious adverse effects associated with the use of stimulants, please contact the FDA MedWatch program using the contact information at the bottom of this page.

Antipsychotics

What are antipsychotics?

Antipsychotic medicines are primarily used to manage psychosis. The word “psychosis” is used to describe conditions that affect the mind, and in which there has been some loss of contact with reality, often including delusions (false, fixed beliefs) or hallucinations (hearing or seeing things that are not really there). It can be a symptom of a physical condition such as drug abuse or a mental disorder such as schizophrenia, bipolar disorder, or very severe depression (also known as “psychotic depression”).

Antipsychotic medications are often used in combination with other medications to treat delirium, dementia, and mental health conditions, including:

- Attention-Deficit Hyperactivity Disorder (ADHD)
- Severe Depression
- Eating Disorders
- Post-traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Generalized Anxiety Disorder

Antipsychotic medicines do not cure these conditions. They are used to help relieve symptoms and improve quality of life.

Older or first-generation antipsychotic medications are also called conventional "typical" antipsychotics or “neuroleptics”. Some of the common typical antipsychotics include:

- Chlorpromazine
- Haloperidol
- Perphenazine
- Fluphenazine

Newer or second generation medications are also called "atypical" antipsychotics. Some of the common atypical antipsychotics include:

- Risperidone
- Olanzapine
- Quetiapine
- Ziprasidone
- Aripiprazole
- Paliperidone
- Lurasidone

According to a 2013 research review by the Agency for Healthcare Research and Quality , typical and atypical antipsychotics both work to treat symptoms of schizophrenia and the manic phase of bipolar disorder.

Several atypical antipsychotics have a “broader spectrum” of action than the older medications, and are used for treating bipolar depression or depression that has not responded to an antidepressant medication alone.

How do people respond to antipsychotics?

Certain symptoms, such as feeling agitated and having hallucinations, usually go away within days of starting an antipsychotic medication. Symptoms like delusions usually go away within a few weeks, but the full effects of the medication may not be seen for up to six weeks. Every patient responds differently, so it may take several trials of different antipsychotic medications to find the one that works best.

Some people may have a relapse—meaning their symptoms come back or get worse. Usually relapses happen when people stop taking their medication, or when they only take it sometimes. Some people stop taking the medication because they feel better or they may feel that they don't need it anymore, but no one should stop taking an antipsychotic medication without talking to his or her doctor.When a doctor says it is okay to stop taking a medication, it should be gradually tapered off— never stopped suddenly. Many people must stay on an antipsychotic continuously for months or years in order to stay well; treatment should be personalized for each individual.

What are the possible side effects of antipsychotics?

Antipsychotics have many side effects (or adverse events) and risks. The FDA lists the following side effects of antipsychotic medicines:

- Drowsiness
- Dizziness
- Restlessness
- Weight gain (the risk is higher with some atypical antipsychotic medicines)
- Dry mouth
- Constipation
- Nausea
- Vomiting
- Blurred vision
- Low blood pressure
- Uncontrollable movements, such as tics and tremors (the risk is higher with typical antipsychotic medicines)
- Seizures
- A low number of white blood cells, which fight infections

A person taking an atypical antipsychotic medication should have his or her weight, glucose levels, and lipid levels monitored regularly by a doctor.

Typical antipsychotic medications can also cause additional side effects related to physical movement, such as:

- Rigidity
- Persistent muscle spasms
- Tremors
- Restlessness

Long-term use of typical antipsychotic medications may lead to a condition called tardive dyskinesia (TD). TD causes muscle movements, commonly around the mouth, that a person can't control. TD can range from mild to severe, and in some people, the problem cannot be cured. Sometimes people with TD recover partially or fully after they stop taking typical antipsychotic medication. People who think that they might have TD should check with their doctor before stopping their medication. TD rarely occurs while taking atypical antipsychotics.

Antipsychotics may cause other side effects that are not included in this list above.

Mood Stabilizers

What are mood stabilizers?

Mood stabilizers are used primarily to treat bipolar disorder, mood swings associated with other mental disorders, and in some cases, to augment the effect of other medications used to treat depression. Lithium , which is an effective mood stabilizer, is approved for the treatment of mania and the maintenance treatment of bipolar disorder. A number of cohort studies describe anti-suicide benefits of lithium for individuals on long-term maintenance. Mood stabilizers work by decreasing abnormal activity in the brain and are also sometimes used to treat:

- Depression (usually along with an antidepressant)
- Schizoaffective Disorder
- Disorders of impulse control
- Certain mental illnesses in children

Anticonvulsant medications are also used as mood stabilizers. They were originally developed to treat seizures, but they were found to help control unstable moods as well. One anticonvulsant commonly used as a mood stabilizer is valproic acid (also called divalproex sodium). For some people, especially those with “mixed” symptoms of mania and depression or those with rapid-cycling bipolar disorder, valproic acid may work better than lithium. Other anticonvulsants used as mood stabilizers include:

- Carbamazepine

- Lamotrigine
- Oxcarbazepine

What are the possible side effects of mood stabilizers?

Mood stabilizers can cause several side effects, and some of them may become serious, especially at excessively high blood levels. These side effects include:

- Itching, rash
- Excessive thirst
- Frequent urination
- Tremor (shakiness) of the hands
- Nausea and vomiting
- Slurred speech
- Fast, slow, irregular, or pounding heartbeat
- Blackouts
- Changes in vision
- Seizures
- Hallucinations (seeing things or hearing voices that do not exist)
- Loss of coordination
- Swelling of the eyes, face, lips, tongue, throat, hands, feet, ankles, or lower legs.

If a person with bipolar disorder is being treated with lithium, he or she should visit the doctor regularly to check the lithium levels his or her blood, and make sure the kidneys and the thyroid are working normally.

Lithium is eliminated from the body through the kidney, so the dose may need to be lowered in older people with reduced kidney function. Also, loss of water from the body, such as through sweating or diarrhoea, can cause the lithium level to rise, requiring a temporary lowering of the daily dose. Although kidney functions are checked periodically during lithium treatment, actual damage of the kidney is uncommon in people whose blood levels of lithium have stayed within the therapeutic range.

Mood stabilizers may cause other side effects that are not included in this list.

Some possible side effects linked anticonvulsants (such as valproic acid) include:

- Drowsiness
- Dizziness
- Headache
- Diarrhoea
- Constipation
- Changes in appetite
- Weight changes
- Back pain
- Agitation

- Mood swings
- Abnormal thinking
- Uncontrollable shaking of a part of the body
- Loss of coordination
- Uncontrollable movements of the eyes
- Blurred or double vision
- Ringing in the ears
- Hair loss

These medications may also:

- Cause damage to the liver or pancreas, so people taking it should see their doctors regularly
- Increase testosterone (a male hormone) levels in teenage girls and lead to a condition called polycystic ovarian syndrome (a disease that can affect fertility and make the menstrual cycle become irregular)

Medications for common adult health problems, such as diabetes, high blood pressure, anxiety, and depression may interact badly with anticonvulsants. In this case, a doctor can offer other medication options.

Special Groups: Children, Older Adults, Pregnant Women

All types of people take psychiatric medications, but some groups have special needs, including:

- Children and adolescents
- Older adults
- Women who are pregnant or who may become pregnant

Children and Adolescents

Many medications used to treat children and adolescents with mental illness are safe and effective. However, some medications have not been studied or approved for use with children or adolescents.

Still, a doctor can give a young person an FDA-approved medication on an "off-label" basis. This means that the doctor prescribes the medication to help the patient even though the medicine is not approved for the specific mental disorder that is being treated or for use by patients under a certain age. Remember:

- It is important to watch children and adolescents who take these medications on an "off-label: basis.
- Children may have different reactions and side effects than adults.

- Some medications have current FDA warnings about potentially dangerous side effects for younger patients.

In addition to medications, other treatments for children and adolescents should be considered, either to be tried first, with medication added later if necessary, or to be provided along with medication. Psychotherapy, family therapy, educational courses, and behaviour management techniques can help everyone involved cope with disorders that affect a child's mental health.

Older Adults

People over 65 have to be careful when taking medications, especially when they're taking many different drugs. Older adults have a higher risk for experiencing bad drug interactions, missing doses, or overdosing.

Older adults also tend to be more sensitive to medications. Even healthy older people react to medications differently than younger people because older people's bodies process and eliminate medications more slowly. Therefore, lower or less frequent doses may be needed for older adults. Before starting a medication, older people and their family members should talk carefully with a physician about whether a medication can affect alertness, memory, or coordination, and how to help ensure that prescribed medications do not increase the risk of falls.

Sometimes memory problems affect older people who take medications for mental disorders. An older adult may forget his or her regular dose and take too much or not enough. A good way to keep track of medicine is to use a seven-day pill box, which can be bought at any pharmacy. At the beginning of each week, older adults and their caregivers fill the box so that it is easy to remember what medicine to take. Many pharmacies also have pill boxes with sections for medications that must be taken more than once a day.

Women who are pregnant or who may become pregnant

The research on the use of psychiatric medications during pregnancy is limited. The risks are different depending on which medication is taken, and at what point during the pregnancy the medication is taken. Decisions on treatments for all conditions during pregnancy should be based on each woman's needs and circumstances, and based on a careful weighing of the likely benefits and risks of all available options, including psychotherapy (or "watchful waiting" during part or all of the pregnancy), medication, or a combination of the two. While no medication is considered perfectly safe for all women at all stages of pregnancy, this must be balanced for each woman against the fact that untreated serious mental disorders themselves can pose a risk to a pregnant woman and her developing foetus. Medications should be selected based on available scientific research, and they should be taken at the lowest possible dose. Pregnant women should have a medical professional who will watch them closely throughout their pregnancy and after delivery.

Most women should avoid certain medications during pregnancy. For example:

- Mood stabilizers are known to cause birth defects. Benzodiazepines and lithium have been shown to cause "floppy baby syndrome," in which a baby is drowsy and limp, and cannot breathe or feed well. Benzodiazepines may cause birth defects or other infant problems, especially if taken during the first trimester.
- According to research, taking antipsychotic medications during pregnancy can lead to birth defects, especially if they are taken during the first trimester and in combination with other drugs, but the risks vary widely and depend on the type of antipsychotic taken. The conventional antipsychotic haloperidol has been studied more than others, and has been found not to cause birth defects. Research on the newer atypical antipsychotics is ongoing.

Antidepressants, especially SSRIs, are considered to be safe during pregnancy. However, antidepressant medications do cross the placental barrier and may reach the fetus. Birth defects or other problems are possible, but they are very rare. The effects of antidepressants on childhood development remain under study.

Studies have also found that foetuses exposed to SSRIs during the third trimester may be born with "withdrawal" symptoms such as breathing problems, jitteriness, irritability, trouble feeding, or hypoglycemia (low blood sugar). Most studies have found that these symptoms in babies are generally mild and short-lived, and no deaths have been reported. Risks from the use of antidepressants need to be balanced with the risks of stopping medication; if a mother is too depressed to care for herself and her child, both may be at risk for problems.

In 2004, the FDA issued a warning against the use of certain antidepressants in the late third trimester. The warning said that doctors may want to gradually taper pregnant women off antidepressants in the third trimester so that the baby is not affected. After a woman delivers, she should consult with her doctor to decide whether to return to a full dose during the period when she is most vulnerable to postpartum depression.

After the baby is born, women and their doctors should watch for postpartum depression, especially if a mother stopped taking her medication during pregnancy. In addition, women who nurse while taking psychiatric medications should know that a small amount of the medication passes into the breast milk. However, the medication may or may not affect the baby depending s on the medication and when it is taken. Women taking psychiatric medications and who intend to breastfeed should discuss the potential risks and benefits with their doctors.

Obsessive-Compulsive Disorder

Definition

Obsessive-Compulsive Disorder (OCD) is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and behaviours (*compulsions*) that he or she feels the urge to repeat over and over.

Signs and Symptoms

People with OCD may have symptoms of obsessions, compulsions, or both. These symptoms can interfere with all aspects of life, such as work, school, and personal relationships.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Common symptoms include:

- Fear of germs or contamination
- Unwanted forbidden or taboo thoughts involving sex, religion, and harm
- Aggressive thoughts towards others or self
- Having things symmetrical or in a perfect order

Compulsions are repetitive behaviours that a person with OCD feels the urge to do in response to an obsessive thought. Common compulsions include:

- Excessive cleaning and/or hand washing
- Ordering and arranging things in a particular, precise way
- Repeatedly checking on things, such as repeatedly checking to see if the door is locked or that the oven is off
- Compulsive counting

Not all rituals or habits are compulsions. Everyone double checks things sometimes. But a person with OCD generally:

- Can't control his or her thoughts or behaviours, even when those thoughts or behaviours are recognized as excessive
- Spends at least 1 hour a day on these thoughts or behaviours
- Doesn’t get pleasure when performing the behaviours or rituals, but may feel brief relief from the anxiety the thoughts cause
- Experiences significant problems in their daily life due to these thoughts or behaviours

Some individuals with OCD also have a tic disorder. Motor tics are sudden, brief, repetitive movements, such as eye blinking and other eye movements, facial grimacing,

shoulder shrugging, and head or shoulder jerking. Common vocal tics include repetitive throat-clearing, sniffing, or grunting sounds.

Symptoms may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves. Although most adults with OCD recognize that what they are doing doesn't make sense, some adults and most children may not realize that their behaviour is out of the ordinary. Parents or teachers typically recognize OCD symptoms in children.

If you think you have OCD, talk to your doctor about your symptoms. If left untreated, OCD can interfere in all aspects of life.

Note for Health Care Providers: There are comprehensive and validated screening instruments for quantifying and tracking signs and symptoms of OCD. One example is the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), which you can find on the Anxiety and Depression Association of America (ADAA)* website . Another example is the Florida Obsessive-Compulsive Inventory, which is available online at http://www.ocdscales.org/ .

Risk Factors

OCD is a common disorder that affects adults, adolescents, and children all over the world. Most people are diagnosed by about age 19, typically with an earlier age of onset in boys than in girls, but onset after age 35 does happen. The causes of OCD are unknown, but risk factors include:

Genetics

Twin and family studies have shown that people with first-degree relatives (such as a parent, sibling, or child) who have OCD are at a higher risk for developing OCD themselves. The risk is higher if the first-degree relative developed OCD as a child or teen. Ongoing research continues to explore the connection between genetics and OCD and may help improve OCD diagnosis and treatment.

Brain Structure and Functioning

Imaging studies have shown differences in the frontal cortex and subcortical structures of the brain in patients with OCD. There appears to be a connection between the OCD symptoms and abnormalities in certain areas of the brain, but that connection is not clear. Research is still underway. Understanding the causes will help determine specific, personalized treatments to treat OCD.

Environment

People who have experienced abuse (physical or sexual) in childhood or other trauma are at an increased risk for developing OCD.

In some cases, children may develop OCD or OCD symptoms following a streptococcal infection—this is called Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS). For more information, please read this fact sheet on PANDAS.

Treatments and Therapies

OCD is typically treated with medication, psychotherapy or a combination of the two. Although most patients with OCD respond to treatment, some patients continue to experience symptoms.

Sometimes people with OCD also have other mental disorders, such as anxiety, depression, and body dysmorphic disorder, a disorder in which someone mistakenly believes that a part of their body is abnormal. It is important to consider these other disorders when making decisions about treatment.

Medication

Serotonin reuptake inhibitors (SRIs) and selective serotonin reuptake inhibitors (SSRIs) are used to help reduce OCD symptoms. Examples of medications that have been proven effective in both adults and children with OCD include clomipramine , which is a member of an older class of “tricyclic” antidepressants, and several newer “selective serotonin reuptake inhibitors” (SSRIs), including:

- fluoxetine
- fluvoxamine
- sertraline

SRIs often require higher daily doses in the treatment of OCD than of depression, and may take 8 to 12 weeks to start working, but some patients experience more rapid improvement.

If symptoms do not improve with these types of medications, research shows that some patients may respond well to an antipsychotic medication (such as risperidone). Although research shows that an antipsychotic medication may be helpful in managing symptoms for people who have both OCD and a tic disorder, research on the effectiveness of antipsychotics to treat OCD is mixed.

If you are prescribed a medication, be sure you:

- Talk with your doctor or a pharmacist to make sure you understand the risks and benefits of the medications you're taking.
- Do not stop taking a medication without talking to your doctor first. Suddenly stopping a medication may lead to "rebound" or worsening of OCD symptoms. Other uncomfortable or potentially dangerous withdrawal effects are also possible.
- Report any concerns about side effects to your doctor right away. You may need a change in the dose or a different medication.

Other medications have been used to treat OCD, but more research is needed to show the benefit for these options. For basic information about these medications, you can visit the National Institute of Mental Health (NIMH) Mental Health Medications webpage. For the most up-to-date information on medications, side effects, and warnings, visit the FDA website .

Psychotherapy

Psychotherapy can be an effective treatment for adults and children with OCD. Research shows that certain types of psychotherapy, including cognitive behaviour therapy (CBT) and other related therapies (e.g., habit reversal training) can be as effective as medication for many individuals. Research also shows that a type of CBT called Exposure and Response Prevention (EX/RP) is effective in reducing compulsive behaviours in OCD, even in people who did not respond well to SRI medication. For many patients EX/RP is the add-on treatment of choice when SRIs or SSRIs medication does not effectively treat OCD symptoms.

Older Adults and Mental Health

Overview

It's just as important for an older person with symptoms of depression to seek treatment as it is for someone younger. The impact of depression on health in older adults can be severe: much research has reported that depression is associated with worse health in people with conditions like heart disease, diabetes, and stroke. Depression can complicate the treatment of these conditions, including making it more difficult for someone to care for him- or herself and to seek treatment when needed. In older adults, depression may be disregarded as frailty, or it may be viewed as an inevitable result of life changes, chronic illness, and disability. Recognizing the signs and seeing a health practitioner is the first step to getting treatment, which can make a real difference in someone's quality of life.

Warning Signs

- Noticeable changes in mood, energy level, or appetite
- Feeling flat or having trouble feeling positive emotions
- Difficulty sleeping or sleeping too much
- Difficulty concentrating, feeling restless, or on edge
- Increased worry or feeling stressed
- Anger, irritability or aggressiveness
- Ongoing headaches, digestive issues, or pain
- A need for alcohol or drugs
- Sadness or hopelessness
- Suicidal thoughts
- Feeling flat or having trouble feeling positive emotions
- Engaging in high-risk activities
- Obsessive thinking or compulsive behaviour
- Thoughts or behaviours that interfere with work, family, or social life
- Unusual thinking or behaviours that concern other people

Post-Traumatic Stress Disorder

Definition

PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.

Signs and Symptoms

Not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.

A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

Re-experiencing symptoms include:

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

Re-experiencing symptoms may cause problems in a person's everyday routine. The symptoms can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

Avoidance symptoms include:

- Staying away from places, events, or objects that are reminders of the traumatic experience
- Avoiding thoughts or feelings related to the traumatic event

Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

Arousal and reactivity symptoms include:

- Being easily startled
- Feeling tense or "on edge"
- Having difficulty sleeping
- Having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

Cognition and mood symptoms include:

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event, but are not due to injury or substance use. These symptoms can make the person feel alienated or detached from friends or family members.

It is natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect one's ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might be PTSD. Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders.

Do children react differently than adults?

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as adults. In very young children (less than 6 years of age), these symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how to or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Older children and teens are more likely to show symptoms similar to those seen in adults. They may also develop disruptive, disrespectful, or destructive behaviours. Older children and teens may feel guilty for not preventing injury or deaths. They may also have thoughts of revenge. For additional information, visit the Learn More section below. The National Institute of Mental Health (NIMH) offers free print materials in English and Spanish. These can be read online, downloaded, or delivered to you in the mail.

Risk Factors

Anyone can develop PTSD at any age. This includes war veterans, children, and people who have been through a physical or sexual assault, abuse, accident, disaster, or many other serious events. About 7 or 8 out of every 100 people will experience PTSD at some point in their lives. Women are more likely to develop PTSD than men, and genes may make some people more likely to develop PTSD than others.

Not everyone with PTSD has been through a dangerous event. Some people develop PTSD after a friend or family member experiences danger or harm. The sudden, unexpected death of a loved one can also lead to PTSD.

Why do some people develop PTSD and other people do not?

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most people will not develop the disorder.

Many factors play a part in whether a person will develop PTSD. Some examples are listed below. *Risk factors* make a person more likely to develop PTSD. Other factors, called *resilience factors*, can help reduce the risk of the disorder.

Risk Factors and Resilience Factors for PTSD

Some factors that increase risk for PTSD include:

- Living through dangerous events and traumas

- Getting hurt
- Seeing another person hurt, or seeing a dead body
- Childhood trauma
- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- Having a history of mental illness or substance abuse

Some resilience factors that may reduce the risk of PTSD include:

- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Learning to feel good about one's own actions in the face of danger
- Having a positive coping strategy, or a way of getting through the bad event and learning from it
- Being able to act and respond effectively despite feeling fear

Researchers are studying the importance of these and other risk and resilience factors, including genetics and neurobiology. With more research, someday it may be possible to predict who is likely to develop PTSD and to prevent it.

Treatments and Therapies

The main treatments for people with PTSD are medications, psychotherapy ("talk" therapy), or both. Everyone is different, and PTSD affects people differently so a treatment that works for one person may not work for another. It is important for anyone with PTSD to be treated by a mental health provider who is experienced with PTSD. Some people with PTSD need to try different treatments to find what works for their symptoms.

If someone with PTSD is going through an ongoing trauma, such as being in an abusive relationship, both of the problems need to be addressed. Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal.

Medications

The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy. Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

Doctors and patients can work together to find the best medication or medication combination, as well as the right dose

Psychotherapy

Psychotherapy (sometimes called “talk therapy”) involves talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group. Talk therapy treatment for PTSD usually lasts 6 to 12 weeks, but it can last longer. Research shows that support from family and friends can be an important part of recovery.

Many types of psychotherapy can help people with PTSD. Some types target the symptoms of PTSD directly. Other therapies focus on social, family, or job-related problems. The doctor or therapist may combine different therapies depending on each person’s needs.

Effective psychotherapies tend to emphasize a few key components, including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One helpful form of therapy is called cognitive behavioural therapy, or CBT. CBT can include:

- **Exposure therapy.** This helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses imagining, writing, or visiting the place where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.
- **Cognitive restructuring.** This helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about something that is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.

There are other types of treatment that can help as well. People with PTSD should talk about all treatment options with a therapist. Treatment should equip individuals with the skills to manage their symptoms and help them participate in activities that they enjoyed before developing PTSD.

How Talk Therapies Help People Overcome PTSD

Talk therapies teach people helpful ways to react to the frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

- Teach about trauma and its effects
- Use relaxation and anger-control skills
- Provide tips for better sleep, diet, and exercise habits
- Help people identify and deal with guilt, shame, and other feelings about the event
- Focus on changing how people react to their PTSD symptoms. For example, therapy helps people face reminders of the trauma.

Schizophrenia

Definition

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental disorders, the symptoms can be very disabling.

Signs and Symptoms

Symptoms of schizophrenia usually start between ages 16 and 30. In rare cases, children have schizophrenia too.

The symptoms of schizophrenia fall into three categories: positive, negative, and cognitive.

Positive symptoms: "Positive" symptoms are psychotic behaviours not generally seen in healthy people. People with positive symptoms may "lose touch" with some aspects of reality. Symptoms include:

- Hallucinations
- Delusions
- Thought disorders (unusual or dysfunctional ways of thinking)
- Movement disorders (agitated body movements)

Negative symptoms: "Negative" symptoms are associated with disruptions to normal emotions and behaviours. Symptoms include:

- "Flat affect" (reduced expression of emotions via facial expression or voice tone)
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities
- Reduced speaking

Cognitive symptoms: For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include:

- Poor "executive functioning" (the ability to understand information and use it to make decisions)
- Trouble focusing or paying attention
- Problems with "working memory" (the ability to use information immediately after learning it)

Risk Factors

There are several factors that contribute to the risk of developing schizophrenia.

Genes and environment: Scientists have long known that schizophrenia sometimes runs in families. However, there are many people who have schizophrenia who don't have a family member with the disorder and conversely, many people with one or more family members with the disorder who do not develop it themselves.

Scientists believe that many different genes may increase the risk of schizophrenia, but that no single gene causes the disorder by itself. It is not yet possible to use genetic information to predict who will develop schizophrenia.

Scientists also think that interactions between genes and aspects of the individual's environment are necessary for schizophrenia to develop. Environmental factors may involve:

- Exposure to viruses
- Malnutrition before birth
- Problems during birth
- Psychosocial factors

Different brain chemistry and structure: Scientists think that an imbalance in the complex, interrelated chemical reactions of the brain involving the neurotransmitters (substances that brain cells use to communicate with each other) dopamine and glutamate, and possibly others, plays a role in schizophrenia.

Some experts also think problems during brain development before birth may lead to faulty connections. The brain also undergoes major changes during puberty, and these changes could trigger psychotic symptoms in people who are vulnerable due to genetics or brain differences.

Treatments and Therapies

Because the causes of schizophrenia are still unknown, treatments focus on eliminating the symptoms of the disease. Treatments include:

Antipsychotics

Antipsychotic medications are usually taken daily in pill or liquid form. Some antipsychotics are injections that are given once or twice a month. Some people have side effects when they start taking medications, but most side effects go away after a few days. Doctors and patients can work together to find the best medication or medication combination, and the right dose.

Psychosocial Treatments

These treatments are helpful after patients and their doctor find a medication that works. Learning and using coping skills to address the everyday challenges of schizophrenia helps people to pursue their life goals, such as attending school or work. Individuals who participate in regular psychosocial treatment are less likely to have relapses or be hospitalized. For more information on psychosocial treatments, see the Psychotherapies webpage on the NIMH website.

Coordinated specialty care (CSC)

This treatment model integrates medication, psychosocial therapies, case management, family involvement, and supported education and employment services, all aimed at reducing symptoms and improving quality of life

Women and Mental Health

Overview

Mental disorders can affect women and men differently. Some disorders are more common in women such as depression and anxiety. There are also certain types of depression that are unique to women. Some women may experience symptoms of mental disorders at times of hormone change, such as perinatal depression, premenstrual dysphoric disorder, and perimenopause-related depression. When it comes to other mental disorders such as schizophrenia and bipolar disorder, research has not found differences in rates that men and women experiences these illnesses. But, women may experience these illnesses differently – certain symptoms may be more common in women than in men, and the course of the illness can be affected by the sex of the individual. Researchers are only now beginning to tease apart the various biological and psychosocial factors that may impact the mental health of both women and men.

Warning Signs

Women and men can develop most of the same mental disorders and conditions, but may experience different symptoms. Some symptoms include:

- Persistent sadness or feelings of hopelessness
- Abuse of alcohol and/or drugs
- Dramatic changes in eating or sleeping habits
- Appetite and/or weight changes
- Decreased energy or fatigue
- Excessive fear or worry
- Seeing or hearing things that are not there
- Extremely high and low moods
- Aches, headaches, or digestive problems without a clear cause
- Irritability
- Social withdrawal
- Thoughts of suicide

What is Neurodiversity?

To me, neurodiversity is the idea that neurological differences like autism and ADHD are the result of normal, natural variation in the human genome. This represents new and fundamentally different way of looking at conditions that were traditionally pathologized; it's a viewpoint that is not universally accepted though it is increasingly supported by science. That science suggests conditions like autism have a stable prevalence in human society as far back as we can measure. We are realizing that autism, ADHD, and other conditions emerge through a combination of genetic predisposition and environmental interaction; they are not the result of disease or injury.

At the same time, we are identifying diseases and injuries (physical and environmental) that will produce brain injuries whose effects look very similar to autism and other differences. Acceptance of neurodiversity certainly does not include passive acceptance of such injury and insult, though we should unconditionally accept individuals who are so impacted.

Smallpox is a disease that attacks healthy people; one can seek its eradication by understanding its foundations and planning an attack at that level. Autism – as a lifelong part of otherwise healthy person – may be understood at that basic level but if it's an innate part of the person it's not subject to attack and cure in the same simplistic manner. That's why the remediation of its medical complications is such an incredibly complex challenge.

Indeed, many individuals who embrace the concept of neurodiversity believe that people with differences do not need to be cured; they need help and accommodation instead. They look at the pool of diverse humanity and see – in the middle – the range of different thinking that's made humanity's progress in science and the creative arts possible. At the edges they see people who are functionally crippled by being "too diverse." When 99 neurologically identical people fail to solve a problem it's often the 1% fellow who's different who holds the key. Yet that person may be disabled or disadvantaged most or all of the time. To neurodiversity proponents, people are disabled because they are at the edges of the bell curve; not because they are sick or broken.

As an adult with autism, I find the idea of natural variation to be more appealing than the alternative – the suggestion than I am innately bad, or broken and in need of repair. I didn't learn about my own autism until I reached middle age. All those (pre diagnosis) years I assumed my struggles stemmed from inherent deficiencies. Asserting that I am different – not defective – is a much healthier position to take. Realizing the idea is supported by science is even better.

To many neurodiversity proponents, talk of “cure” feels like an attack on their very being. They detest those words for the same reason other groups detest talk of “curing gayness” or “passing for white,” and they perceive the accommodation of neurological differences as a similarly charged civil rights issue. If their diversity is part of their makeup they believe it’s their right to be accepted and supported “as-is.” They should not be made into something else – especially against their will - to fit some imagined societal ideal.

The difference – and this is a big sticking point for neurodiversity opponents – is that racial or sexual orientation differences do not functionally disable a person whereas neurological differences can. That reality makes this situation much more complicated.

It’s also worth noting that neurodiverse people generally look just like anyone else. Therefore, when we act in unusual or unexpected ways we may elicit unwanted negative responses from an unaware public. For that reason it’s important for all of us who are different to learn the basics of getting along in neurotypical society. Some see this as unacceptable compromise but I see it as recognition of an unchanging (or very slow to change) reality.

There is no question that neurodiverse people have brought many great things to human society. If those achievements were indeed facilitated by neurology it logically follows that an attempt to “cure” future disability by eliminating our differences would be tremendously harmful to humanity.

There’s also no question that groups homes and other institutions are filled with people whose gifts remain hidden, and whose differences prevent them from living on their own. Some of those people have differences that make them act self destructively, or act aggressively toward others. The roots of their problems remain poorly understood but we cannot deny their existence alongside those who are gifted by another version of what may be called “the same difference.”

Those folks deserve more than understanding. They deserve meaningful help. I don’t think that’s inconsistent with the ideals of neurodiversity.

Neurodiversity opponents look at those who are disabled by difference and say it’s wrong to attribute that to “normal variation.” They demand a cure. Unfortunately, as the evidence for neurodiversity accumulates, it seems increasingly likely that an overall cure for neurological difference is not possible, and if the diversity is at the root of certain people’s achievements, it’s not desirable either.

So what’s a progressive society to do? How do we help?

I believe we can relieve the burden of neurological disability without altering the essence of the person. Early intervention for speech and behaviour is a prime example

of this today. In some situations, society can change to make homes, parks and workplaces more accommodating. At the same time we can develop therapies to help us live our best possible lives. Finally we can change attitudes toward people who are different so that they are respected, valued, and made to feel part of the community of man.

If we accept that a neurodiverse world is a good world we will have made much forward progress in our thinking. If only it were that easy!

However you feel about neurodiversity as a concept, neurological disability is very real. There is no question in my mind that society has a duty to relieve the suffering that disability causes, and help disabled people to live their best lives. I like to think most people agree with that general ideal. The real question is how best to get there.

We have made very little progress developing treatments or therapies to remediate the worst effects of neurological difference. We still don't know much about how different neurology impacts the rest of our body systems, or our overall quality of life as we age. That – to me – is a great tragedy for our generation. By thinking of conditions like autism as "diseases that need to be cured" we have followed a research path that has led to greater understanding of certain details but precious little that actually helps the broader autistic population.

I think it's time for a change of direction. Instead of spending most of our budget on basic genetic and biological research let's shift the priority toward applied research to help the people living with neurological difference today. Those people have a tremendous range of concerns and problems to address so the scope of needed work is broad.

At the same time let's put more effort into environmental research – studies that will help us understand how we may be poisoning people and creating damage that mimics (but worsens) natural variation.

If neurological differences are indeed naturally occurring, research into foundation level cures for those differences will not be terribly productive. Having said that, we should acknowledge some real breakthroughs in identifying genetic variations that lead to major disability with no known corresponding benefit.

The identification of those mutations and exploration of causes is a major scientific achievement. We have not yet translated that work into beneficial therapies but I see the promise it holds. I certainly believe research like that should be continued though I also believe our priorities must shift.

Previous campaigns to accept diversity in race or orientation were simpler in comparison to the upcoming struggle for neurological equality. In them, all we had to

change were beliefs and attitudes. With neurodiversity we must change beliefs at the same time we find ways to solve significant functioning problems.

After many years of struggle it's against the law to discriminate against someone because of race or faith anywhere in America. Unfortunately we have not come that far in other areas. It's still legal to fire someone for being gay in many states. People who act different by virtue of their neurology have no protections other than those general ones afforded under the Americans With Disabilities Act.

The task of changing societal attitudes is complicated by the fact that neurological difference is invisible. It's hard for the general public to embrace an unseen thing that produces unexpected behaviour with no obvious explanation beyond "acting bad." Some people think neurodiversity acceptance means accepting what are otherwise socially unacceptable behaviours in the name of embracing difference. I don't agree with that idea at all. All of us need to act right (ethically, morally, humanely) toward one another.

I think much opposition to neurodiversity stems from the (misguided) notion that acceptance of neurodiversity implies opposition to basic scientific research, or opposition to developing tools to make the lives of disabled people better. I don't think either thing is meant or implied.

We can accept that neurological difference is a natural part of us while still working hard to minimize or eliminate its negative effects. At the same time we should recognize and celebrate the very real benefits difference confers on many of us, and embrace people as they are because that is reality. As with any disabling difference, a parent may wish things were otherwise, but they're not and unconditional acceptance of our loved ones is the healthiest way forward.

I believe acceptance of neurodiversity backed up by support for solid research into how we can be our best (least disabled, most productive, etc) is the most positive position those of us who are different can take. I celebrate all the people who fight for the rights of people who are different, and I look forward to the further fruits of those efforts. Meanwhile, I will use my own differences as I always have – to make a living doing those odd things I do better by virtue of my neurology.

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Strengthening Ties to Better Serve Victims

A Partnership Guide for Police-Based Victim Services & Restorative Justice Agencies in British Columbia

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This manual can be downloaded here.

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1. Overview

The purpose of this partnership guide is to encourage, support, and enable police-based victim services (VS) and restorative justice (RJ) agencies to develop and strengthen formal working relationships with one another. The overarching goal of this project is to enhance services to better meet the needs of victims involved in restorative justice in British Columbia (BC). A more comprehensive version of this guide is available upon request.

Highlights of this guide:

- Introduction to our agency and the purpose of this guide
- An overview of the current relationship between RJ and VS in BC
- Recommendations, tools, and initiatives
- A template for a memorandum of understanding between a VS agency and RJ agency

Ideas for RJ and VS agencies to collaborate and support one another:

- Consulting about potential and current cases, and debriefing after difficult cases
- Partnering in community events and symposiums (e.g., National Victims and Survivors of Crime Week), fundraising events, grant applications, etc.
- Participating in each other's programs in various capacities
- Offering in-kind donations (if available) (e.g., office/meeting space, tech support, event advertising, volunteer recruitment assistance, letters of support, etc.)
- Promoting each other's agencies when appropriate (e.g., to clients and community partners)

2. Introduction

2.1 Acknowledgment

In March 2014, Restorative Justice Victoria (RJV) received funding from the Civil Forfeiture Office in partnership with Victim Services and the Crime Prevention Division of the BC Ministry of Justice. This funding was generously made available by the Province of BC to support projects that enhance services to better meet the needs of victims involved in restorative justice approaches in BC. RJV saw this as an opportunity to strengthen its relationship with our local victim services and, more broadly, promote formal working relationships between all restorative justice (RJ) and victim services (VS) programs in BC. Although this partnership guide is primarily targeted at police-based VS agencies, the information presented may also be relevant for community-based agencies.

2.2 Who We Are

Restorative Justice Victoria (RJV)



RJV is a non-profit, community-based organization that facilitates dialogues in the aftermath of crimes that occur in the City of Victoria, Oak Bay, and Esquimalt. We take a victim-centred approach to crime, supporting victim participation and empowerment in the justice process. When appropriate, we bring together victims, offenders, and relevant community members to discuss what happened, who has been affected and how, and in what ways the offender can make amends and address the root causes of the crime.

We work with both adults and youth, receiving referrals from a variety of sources, including police and Crown Counsel. Cases referred to us range from minor to serious offences, including manslaughter. Participation is voluntary for everyone, and victims are given a variety of options, including:

- No participation (as long as they consent to the case being referred to us)
- Writing a statement to be given to the offender
- Ongoing indirect communication with the offender (e.g., through letters or a video)
- Sending a representative to meet with the offender and advocate for them
- Meeting the offender in a face-to-face dialogue

RJV has two programs:

- **Restorative Justice Diversion Program**, which handles offences at the pre- or post-charge stage. Offenders are held accountable by the victims (if victims choose to participate) and members of the community. Offenders do not receive a criminal record for the offence.

- **Integrated Restorative Justice Program**, which works with victims and offenders after the offender has been convicted (pre- or post-sentencing). Offenders receive a criminal record.

2.3 Why a Partnership Guide?

After representatives from RJV attended the BC-wide *Victims Services - Restorative Justice Symposium* in Vancouver (May 2014), it became apparent that most RJ and VS agencies had little understanding of each other, yet shared the common goal of meeting victims' needs in the justice process. Since that symposium, RJV has been working to explore how we might collaborate with our local victim-serving agencies, including RJV training multiple VS representatives as specialized community members for RJ dialogues. Given the strong interest and motivation shared by many groups, we were able to identify a valuable opportunity to understand the *what* and the *how* of a partnership and strengthen our relationship.

One need identified by VS is the ability, when appropriate, to offer victims an RJ approach so that those who express interest in meeting or having some communication with an offender can receive support in doing so. Referrals to RJV could be made:

- If a victim does not want the offender to be charged, but still wants him/her to be held accountable (RJV's Diversion Program)
- If a victim wants to have direct or indirect communication with the offender before, during, or after a trial or conviction (RJV's Integrated RJ Program)
- If a victim wants to make requests for restitution or other actions by the offender (Diversion or Integrated Program)
- For a victim healing circle, regardless of the legal outcome for the offender (Diversion or Integrated Program)

> "I think that it would be a great opportunity for our organization to really affect change. I think if we had more of a relationship we could justify additional funding for training."
>
> - RJ Respondent

The traditional criminal justice system provides limited avenues for the needs of victims to be met and for their voices to be heard. VS programs are able to provide emotional and practical support for victims, inform them of their rights, and refer them to other resources as needed (see Appendix B1 for more information about relevant legislation regarding victim services in B.C.). Similarly, RJ is an approach that empowers victims by giving them control over the process and outcome (see Appendix C for more information about the development of restorative justice and relevant legislation in B.C.). By encouraging both groups to work together, we can better meet the needs of victims.

2.4 What Is This Guide About?

This partnership guide is the culmination of extensive consultation and research conducted over the past year with RJ and VS groups throughout BC. Although there is still work to be done to foster informed, collaborative, and formal working relationships between RJ and VS groups, the hope is that this guide will be a tangible step in the process of advancing new partnerships and enhancing existing relationships. A more comprehensive version of this guide is available upon request.

The research and material outlined in this guide were partly informed by the report resulting from the aforementioned BC-wide VS-RJ Symposium held in 2014, which outlined what was working well, what barriers exist, and what next steps need to be taken to improve the relationships between RJ and VS. A brief summary of the symposium is also attached to this guide as Appendix A.

The purpose of this partnership guide is to encourage, support, and enable VS and RJ programs to develop formal working relationships with one another by providing them with information and tools. These relationships may come in the form of memorandums of understanding (MOUs) or other types of agreements and collaboration. You will find an attached MOU template in Appendix B that you can use and revise into something that will work best for your agencies. Section 4 of this guide also outlines additional recommendations, tools, and initiatives to aid in the development of formal working relationships between RJ and VS programs. In addition to creating a formal, established relationship, MOUs can help ensure a smooth transition during staff turnover.

3. Victim Services and Restorative Justice Programs in BC: The Current Relationship

3.1 Hearing from the Community

Building upon the symposium and other joint collaborations, this guide continues the exploration of the current relationship between VS and RJ communities. The primary research conducted for this guide consisted of asking RJ and VS programs about themselves, their understanding and experiences collaborating with one another, their perceived successes and barriers with the current relationship, whether there is a desire to create partnerships, and their thoughts on what an ideal VS-RJ partnership would look like.

Working with limited resources, we explored the best way to hear from the maximum number of RJ and VS programs. In-person interviews and focus groups often provide the best feedback, because the interviewer is able to explore responses. Although this was considered, we felt that developing an online survey and sending it to programs throughout BC would provide us with the greatest amount of diverse responses[1] (see Appendix D for the survey questions).

We received responses from 22 RJ programs and 28 VS programs, and the data have offered considerable insight into the strengths and limitations of the current relationship.

3.2 The Programs at a Glance

Although the majority of our survey consisted of open-ended questions that explored various aspects of developing partnerships, we also felt that exploring the demographics of both VS and RJ programs in the province was important. Many similarities and distinct differences emerged.

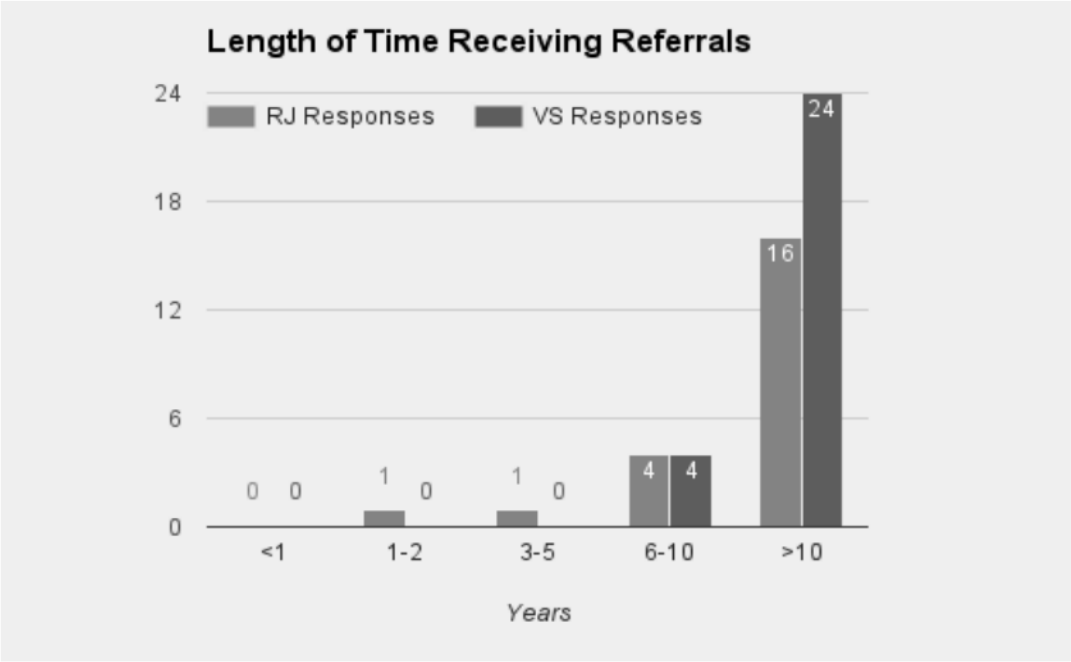
Similar Lengths of Time Receiving Referrals

Previous studies suggest a lack of trust between RJ and VS programs, partially because RJ programs are considered to be quite young and inexperienced when compared to VS. However, the majority of both

[1] The survey was made available to all the RJ and PBVS agencies in the province; first, we complied a set of approximately 60 cities/towns that had both an RJ and VS agency, based on existing directories of RJ and VS programs found on the provincial government's website (links to the RJ and VS directories can be found in Appendix F). We notified the programs about the survey via phone and email. Shortly after, we also asked Catherine Bargen (community program manager and RJ coordinator for the Province of BC) to send out the surveys via her email distribution list. Pursuant to the civil forfeiture grant criteria (and to focus our research), we excluded CBVS programs from our scope. We hope that future research will include perspectives from these organizations, because they offer important and unique services to victims that are not necessarily offered by PBVS or RJ programs.

the RJ and VS participants we surveyed indicated that their programs have been receiving referrals for over 10 years (see Figure 1 below).

Figure 1: Length of Time Receiving Referrals for RJ and VS programs



Although many VS and RJ programs are similar in age, there are many other complexities at play. For example, funding can vary greatly between RJ programs, although this is not necessarily the case for VS. As a result, the capacity of many RJ programs can change from year to year. RJ programs with one or more paid employees may have been receiving consistent referrals for multiple years, while programs that are completely volunteer-run often struggle and might be inactive for several years at a time if the volunteer leads are unable to commit time to the program.

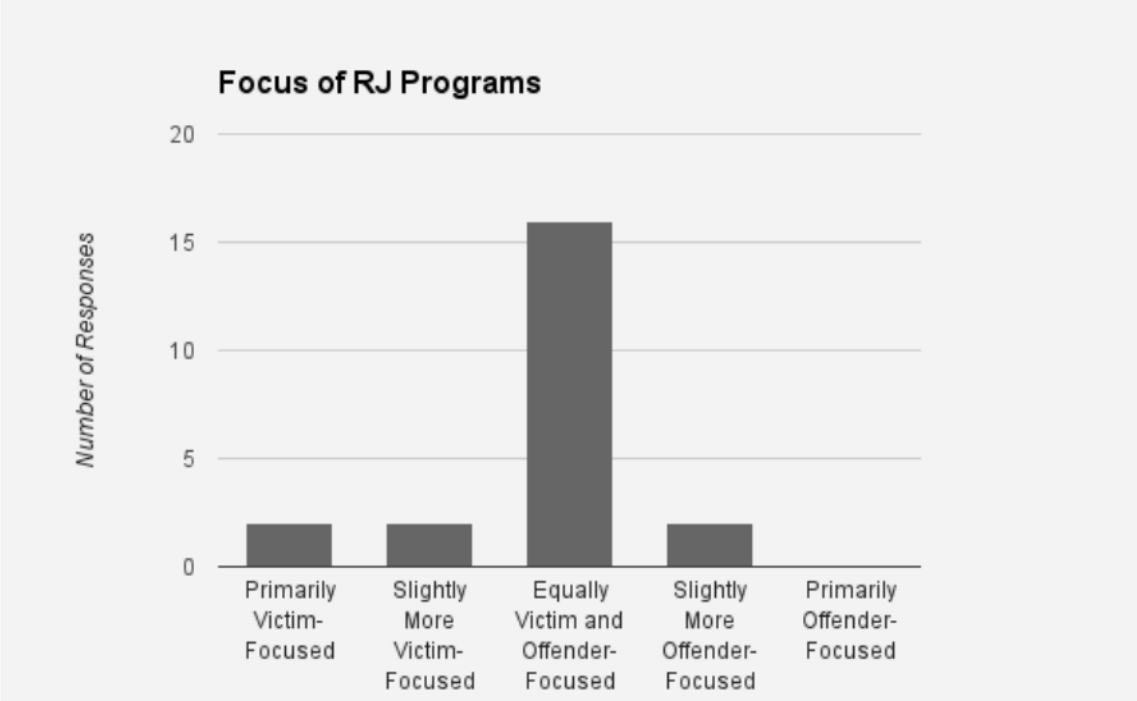
Victim/Offender Focuses of Restorative Justice Programs

One of the concerns expressed by VS programs in developing stronger relationships with RJ organizations was the perception that RJ is mostly offender-focused and that this could result in neglecting victims' needs. This is a recurring theme in existing work done on the topic of relationship-building between RJ and VS. If not addressed, this could lead to a distinct lack of trust and a hesitation by VS agencies to refer victims to RJ programs, or to even discuss it as an option.

In order to gain a better understanding of RJ professionals' own perceptions, they were asked[2] what they believed was the primary focus of their programs. Of the 22 RJ programs surveyed, 16 (73%) identified the focus of their programs to be *equally victim- and offender-focused* and no respondents believed their programs to be *primarily offender-focused*. The remaining responses were evenly split (9% each) between the three remaining choices (*slightly more offender-focused, slightly more victim-focused, and primarily victim-focused*; see Figure 2 below). Although one's perception and the reality of a program's focus can often diverge, these data do at least indicate a desire and effort by most RJ programs to maintain a balanced victim-offender approach in their services.

[2] The following five-point scale was used: *1 = primarily victim-focused, 3 = equally victim- and offender-focused,* to *5 = primarily offender-focused*

Figure 2: Primary Focus of RJ Programs



A Note on Being Victim-Centred

Restorative Justice Victoria considers itself to be victim-centred, which is achieved in part by putting victims' needs at the forefront of our services. However, a considerable amount of time and resources are also put toward supporting the offender. The purpose of this is to encourage offenders in taking full responsibility for their actions, having them work through feelings of guilt and shame, and ensuring they do not justify their actions or minimize the extent to which they have hurt the victim and the greater community. One of the main goals of this is to ensure a safe and supportive dialogue/experience for the victim and to ensure that the offender is willing and capable of completing their agreement. Although the attention RJV (and likely other RJ programs) pays to the offender may appear to be offender-focused, the ultimate goal is to benefit the victim and the community.

3.3 Understanding One Another



A challenge identified in past research is the lack of understanding that VS and RJ programs have of one another, which is a basic building block in forming lasting partnerships. Not surprisingly, the RJ and VS programs that illustrated the most comprehensive understanding of one another are those that had joint work experience (past or present). Keeping this in mind, we wanted to gain a wider scope of the level of understanding that currently exists between the two groups.

Restorative Justice's Understanding of Victim Services

The majority of RJ respondents expressed that VS provides advocacy, support, and assistance to victims in the aftermath of a criminal offence and throughout the legal process. Other respondents were able to differentiate between PBVS and CBVS programs.

In terms of VS referring victims to RJ, multiple VS and RJ respondents acknowledged that RJ referrals do not explicitly fall under the mandate of VS, so they feel constrained in how often they may collaborate, especially in terms of making referrals to RJ. One RJ respondent stated, "They [VS] currently don't see RJ falling under their mandate although they are not opposed to it at all, quite the opposite, they just want to make sure that the victim is not traumatized all over again."

Victim Services' Understanding of Restorative Justice

In regards to the role of RJ programs, most VS respondents expressed a comprehensive understanding of RJ programs, explaining how RJ works to bring together all parties impacted by a crime in order to heal both victims and the community as a whole. Many respondents also expressed the benefits RJ programs offer offenders, including the chance to heal, take responsibility for their actions, and repair the harm they have caused.

However, the understanding of RJ programs amongst some of the VS respondents was limited. For example, four of the respondents expressed that they had little- to no understanding of their local RJ organizations. There was also considerable confusion regarding whether VS agencies' mandates included RJ, and if they did, to what extent. Some VS respondents ruled out RJ referrals completely based on mandates (e.g., "Our programs and mandates are different. RJ programs are still in the developmental stages in some communities, and there is work to do around relationship building. Our program cannot refer to RJ"), while others did not (e.g., "Our mandate is to work with/support victims, and we would be able to support them through the RJ process"). Some VS respondents made distinctions based on the offence and RJ agencies' mandates (e.g., "A high number of our clients experience sexual abuse and domestic violence so they do not fit in to the mandate of the Restorative Justice"). Clearly, for meaningful partnerships to exist, both VS and RJ mandates need to be further clarified and discussed between agencies.

Not surprisingly, most of the more fulsome understandings of RJ programs came from VS programs that had collaborated with their local RJ program in the past. Additionally, one respondent explained that they had a full understanding of their local RJ program because they had taken RJ training. Having RJ and VS programs offer training to one another and participate in shared training, as well as other ideas for collaboration, are further explored in Section 4.4.

3.4 Experiences of Collaboration



Where past collaborations had taken place, or continue to take place, we wanted to know what worked, what did not, and what had been the respondents' experiences. Although there currently appears to be little to no formal relationships established between RJ and VS agencies (e.g., nobody reported any Memorandums of Understanding), the majority of respondents in both groups indicated that they had collaborated with one another in the past.

Of the RJ programs surveyed, 70% said they had collaborated with a VS agency and just over 55% of VS respondents cited a past collaboration with RJ. Although instances of collaboration between the two groups appear to be fairly common, formal relationships are much more limited.

One RJ respondent indicated that a VS employee sits on one of their committees, which they consider to be a formal relationship. In addition, a VS respondent said that there is an unwritten understanding with their local RJ program to educate clients about each program and refer victims to one another when appropriate.

None of the programs surveyed had an existing MOU with a counterpart program although many expressed a desire to establish one. MOUs can help organizations navigate the complexities of formal partnerships by clearly outlining a set of guiding principles, general agreements, roles and responsibilities, and referral processes. In addition, MOUs can serve to help maintain relationships between agencies amongst staff turnover.

Successes with Collaborating

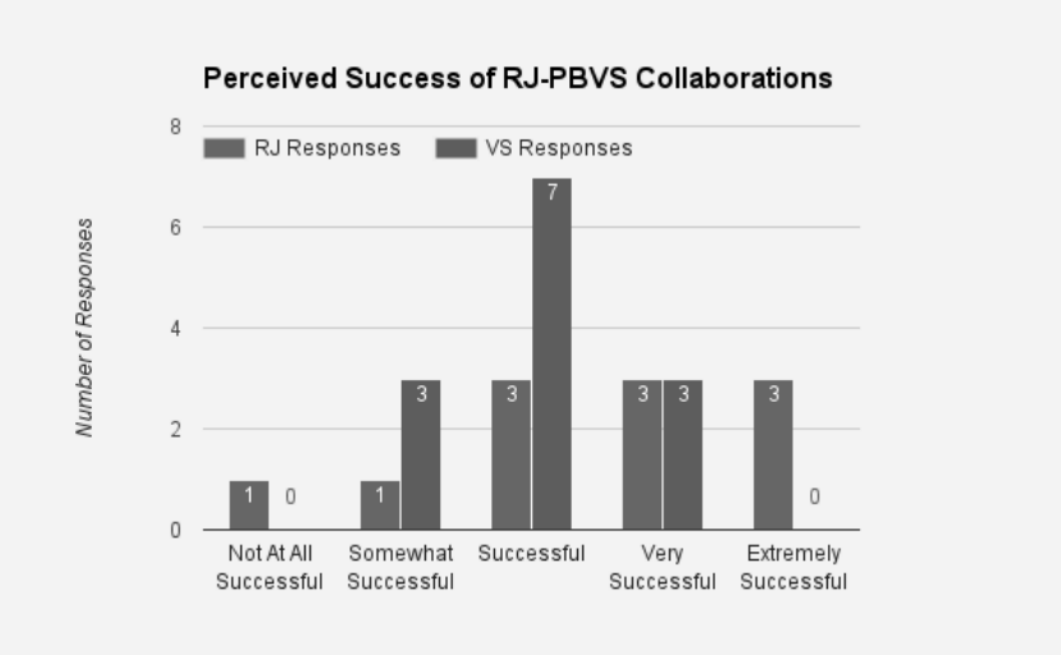
Respondents who said they had collaborated with their counterpart agency in the past were asked to indicate when this collaboration took place. The majority of programs cited an ongoing history of joint work with the other group, ranging from sporadic encounters or semi-annual meetings to daily interactions.

Much of the joint work efforts were related to case files and included jointly assessing if a file should be referred to the other program, referring those files, and working together to support victims following a referral. In addition, many respondents said that they often communicated with one another to talk about files, provide feedback, and answer questions for one another both informally and formally. Many of the discussions between programs explored ways to strengthen and formalize the existing partnership, with multiple respondents citing the desire for an MOU in the future.

> "Each organization understood, respected, and supported the work of the other."
>
> - RJ Respondent

Respondents were asked about their experience collaborating, and overall, the majority indicated that their experiences working with their counterpart program were generally successful (see Figure 3 below). When asked what they felt was positive about their collaboration, participants often mentioned increased exposure to and communication with one another. In addition, joint work experience was also successful in improving trust between the groups, fostering a better understanding of one another's roles and increasing each group's capacity to meet the needs of victims. One respondent indicated that creating a new relationship that had not existed before was a success in and of itself.

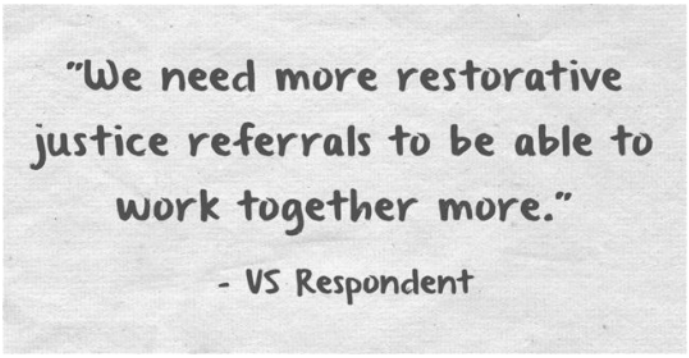
Figure 3: Perceived Level of Success of RJ-VS Collaborations



Barriers to Collaborating

When respondents indicated that no previous collaboration had taken place, they were asked to explain what had deterred them. Similarly, when respondents indicated that collaborations had taken place but were not considered very successful, they were asked to elaborate on what they believe hindered the relationship.

Many of the barriers expressed were common to both VS and RJ programs. The main barrier mutually identified was a lack of communication resulting in a lack of understanding about how they could collaborate with one another and uncertainty as to whether there was even a mutual desire to do so. Where unsuccessful collaborations had taken place, respondents stated lack of referrals as a significant barrier.



Many VS respondents who had not collaborated with an RJ program expressed that there is either no active RJ program in their area or they were not aware of one. Other VS respondents expressed that they do not believe any barriers exist to collaborating, but rather believe that the two types of programs have different goals and collaboration would not be useful, with one respondent stating "Working with RJ was a conflict of interest and the two programs really needed to be separate." This example illustrates how sensitive and delicate relationships can be between RJ and VS programs. This can be exacerbated by changes in staff and chronic under-funding for both agencies.

The main deterrents that RJ programs expressed in working with VS programs were a lack of current contact and past collaboration. Others expressed a perceived hesitation by VS to collaborate, with one respondent thinking that the local VS agency was worried about re-victimization and did not yet perceive the RJ program as a good fit.

One VS respondent noted hesitation in developing a formal relationship because he/she feels that the roles of RJ and VS do not align in terms of how the programs provide service to clients, however this respondent still stated highly valuing RJ programs and the work that they do.

3.5 Moving Forward: Building a Relationship

Respondents were also asked to identify current gaps in their communities' services for victims, speculate on what impact a formal partnership would have upon their program's services, and envision an ideal partnership between VS and RJ programs.



Identifying Gaps in Services for Victims

Several respondents identified a wide range of gaps in services for victims, one of which was the lack of referral processes between programs. As a result, victims are often not aware of all the services available to them. Other gaps were related to specific groups of victims, such as those with mental health issues, youth, and male victims of power-based crimes. Other key gaps identified by respondents were:

- A lack of communication between RJ and VS groups
- A lack of accessible resources for victims (e.g., counselling, therapy, and legal services)
- A shortage of volunteers
- A struggle to allocate enough resources to create and maintain a partnership
- Victims not always being informed about the existence of RJ programs

> "Funding is a huge factor. Our RJ program is busy and seems to be just getting busier. Our one paid staff member can't get it all done."
>
> - RJ Respondent

In contrast to these identified gaps, some respondents from both RJ and VS agencies said that they have not noticed any significant gaps and felt that victims are well-supported in their community. However, most of these respondents still felt that building partnerships with other programs would enhance and increase existing supports for victims.

Perceived Impact of Partnerships on Services

When asked to speculate as to what impact a partnership may have upon each program's services, the majority of respondents from both groups spoke to the benefits it would have for victims. These included helping victims feel validated, enabling victims to access a greater number of services, and improving the overall quality of services.

> "It would have a significantly positive impact. To have more official structures for us to collaborate through would significantly enhance our ability to provide support to victims of crime."
>
> - RJ Respondent

One VS respondent described a situation where a victim asked if he/she could speak with the offender after the criminal justice proceedings had finished. This victim really wanted the offender to know the impact of his/her actions, because the victim felt this was not addressed in the court system. This VS respondent believed that RJ programs can be beneficial in facilitating these interactions and can have a positive impact on the well-being of victims.

A limited number of respondents suggested potential negative impacts upon their services. These were mostly related to an increase in caseload when their program was already struggling with meeting the needs of clients. However, overall, respondents felt that strengthening relationships would have a positive impact on their program's services but felt that more funding and other resources were needed to fully support a formal partnership.

Envisioning an Ideal Partnership

When RJ and VS programs were asked to switch to a future focus and envision what an ideal partnership would look like, their answers shared many of the same ideas and goals:

- Informing all victims of the VS and RJ programs available
- Housing RJ and VS programs in the same building
- Increased funding for RJ and VS programs to support partnerships
- Joint training for employees and volunteers
- Increased number of referrals between the programs
- Ability to communicate openly, freely, and share information with one another
- Increased trust, respect, and understanding of one another
- Both programs working together on a regular basis
- Greater overall supports for victims of crime

> "Our program staff would offer RJ as an option to victims. We would also attend RJ meetings with the client if that too was requested. We first need to know how we could refer to the program. We need training in this to know how to effectively refer our clients."
>
> - VS Respondent

Successes to Date

Although there is still work to be done, taking note of the accomplishments already made by programs is important. Many VS and RJ respondents were eager to share successes they have already had together, for instance:

- The establishment of recurring forums for dialogue between VS and RJ groups (and sometimes other community agencies)
- VS agencies participating in RJ dialogues
- Joint training and education, and having volunteers active in each other's programs
- The housing of both RJ and VS in the same building
- An increase of referrals when trust between programs is established
- A greater capacity to better support victims

4. Creating Partnerships: Recommendations, Tools, and Initiatives

A desire to develop a formal working relationship between RJ and VS agencies is evident, however, there is a distinct lack of clarity as to how this might happen. Our hope is that this guide will be a positive contribution to the existing body of work, research, and legislation that continues to develop in BC and the rest of Canada.

Below are new initiatives that we hope will address some of the concerns and desires expressed by RJ and VS programs.

4.1 Developing Memorandums of Understanding (MOU)

As indicated by participants, many have a desire to create a formal relationship with one another but are unsure about how to do this or where to start. As a result, we have developed an MOU template (see Appendix B) that provides RJ and VS agencies a starting point.

> "Our community engagement partnerships have been very well received. Although our ongoing discussions of deepening relationships through an MOU have not resulted in a final agreement, progress is being made."
>
> - RJ Respondent

The template includes:

i. Common guiding principles that honour the spirit of partnership and serving victims
ii. General agreements to support an ongoing relationship
iii. Roles and responsibilities for both agencies
iv. Referral protocols from one agency to the other
v. Examples of forms that may be useful (e.g., client consent for release of information).

The template is designed to be edited to fit the needs of each agency. If you would like us to send you the document as a Microsoft Word file, or if you require clarification on any part of the MOU template, please email us at Office@RJVictoria.com.

4.2 Increased and Consistent Funding for Victim Services and Restorative Justice Programs

Lack of funding for RJ and VS programs is a large barrier to enhancing their ability to support victims of crime, as individual agencies and in terms of creating and maintaining partnerships between agencies.

"Having more RJ processes where victims can be heard could humanize the situation - and in doing so, it would likely lessen the fear of the other. Victims could feel less 'victimized.'"

- VS Respondent

The need for funding was often perceived as a cause of conflict and tension between RJ and VS programs. Some RJ respondents felt that they were in competition with VS programs for funding. Interestingly, the consensus among the VS respondents is that that they would also like to see an increase in funding for RJ programs and did not consider themselves to be competing. VS respondents mutualized the funding struggles and many suggested increasing funding to both RJ and VS programs was an issue that needed to be worked on together.

4.3 Increased Supports Available to Victims

Both programs can increase the level of supports available to victims by collaborating and referring cases to one another. For RJ agencies, we recommend asking victims if they are interested in being connected with any VS agencies soon after the referral is made to RJ so that they are made aware of their options, regardless of whether they choose to participate in RJ. Similarly, RJ programs should be presented as an option to victims accessing VS services whenever appropriate. Recurring meetings and forums should be organized between programs in order to build rapport, increase understanding, and foster long-term relationships.

"I would love to see a VS worker that can attend forums to offer support for those victims who don't have any supports in the community."

- RJ Respondent

4.4 Collaborative Endeavours



Depending on the resources available to each VS and RJ agency, there are multiple ways to collaborate:

- Training new and current volunteers
- Consulting about potential and current cases, and debriefing after difficult cases
- Partnering in community events and symposiums (e.g., National Victims and Survivors of Crime Week), fundraising events, grant applications, etc.
- Holding positions on each other's boards of directors
- Participating in each other's programs in various capacities (e.g., a VS representative could support a victim participating in RJ in a manner similar to VS court support programs, or could act as a community member in RJ cases with or without a participating victim)
- Offering in-kind donations, if available (e.g., office/meeting space, tech support, event advertising, volunteer recruitment assistance, letters of support, etc.)

5. Limitations and Navigating Uncertainty

Of course, there are also limitations to every partnership and relationship. Identifying potential barriers provides the opportunity to strengthen the partnership and focus on where the programs can work to support each other.

5.1 Limitations of Survey

Research pertaining to the experiences, hopes, and concerns of RJ-VS partnerships is, so far, very limited. We had 28 VS respondents and 22 RJ respondents, leaving a lot of RJ and VS programs that we did not hear from. Nonetheless, we are satisfied with the diversity of the responses and believe it is a great start to building a mutual understanding of the experiences of RJ and VS programs in BC.

In addition, surveys provide greater breadth of research but lack depth because they do not allow for probing and further inquiry to take place. As such, the level of data collected are not as comprehensive compared to data collected through interviews.

Limitations also exist in the inability to revise questions that appear less effective than originally imagined. For example, one question asked respondents *"What is your understanding of the role of your local RJ/VS program?"* In retrospect, this question should have also addressed the general level of understanding of RJ and VS programs throughout the province. Some respondents may have hesitated in providing a more holistic answer due to a lack of exposure to their local counterpart program(s).

We also focused on PBVS programs in our research and did not reach out to CBVS programs. The reason for this was to manage the scope of the study and build upon existing research. The civil forfeiture grant that funded this project was also geared towards PBVS. Additionally, the previously mentioned 2014 symposium which was a being a catalyst for this project focused on PBVS and RJ professionals in the province. We chose to address and implement some of the considerations resulting from this symposium and provide direction, tools, and ideas for future research. The experiences of CBVS programs working with PBVS and RJ agencies in BC should be a focus of future research.

Lastly, due to the anonymity of the data, we were unable to make many correlations between the location, size, and demographics of a community and its capacity, ability to support victims, and willingness to form partnerships.

We recognize that even if we were aware of these limitations when we began, we would not have been able to address all of them due to timeline and resource issues. We believe that our research and this guide has answered most of the questions we were hoping to address and hope that it is used to continue strengthening relationships and support victims.

5.2 Potential Bias

Although this guide has received input from both VS and RJ programs, most of the research and development was conducted by RJV. As a result, we acknowledge that inherent biases may exist. We strove to present a balance of both RJ and VS perspectives and hope that this guide is found to be equally useful for both types of programs. We welcome your feedback, should you have any questions, concerns, or suggestions.

6. Conclusions

The majority of respondents from RJ and VS agencies agreed that formal, working relationships between agencies would have a positive impact on the services offered to victims and increase the capacity of each program to meet the needs of victims. Recognizing that the individuals working in each field have the same goals is imperative in strengthening ties: we all want to help people impacted by crime and trauma, reduce the rate of crime and its impact upon victims and the community, and provide services that the traditional criminal justice system cannot, or does not, offer. Although good intentions may not always play out as anticipated, programs can help each other reflect and grow.

Because there are few provincial forums and bodies for VS and RJ programs to collaborate and share their experiences with one another, many programs struggle in building relationships, feeling as though they are starting from scratch. Hopefully this guide will assist programs that wish to strengthen relationships with one another by presenting them with some of the work already completed by RJ and VS agencies. If we continue to work in silos, a lot of effort will be spent on recreating what has already been done, and victims will be missing opportunities for support. Through the sharing of information and experiences between programs, including successes and barriers, we can start to build upon the great work already accomplished by both RJ and VS programs in the province.

The whole is greater than the sum of its parts; by working together to advocate for funding, offer training, conduct joint research, and establish formal working relationships, RJ and VS organizations can ensure that victims feel supported at every step along the way and are better able to achieve a state of well-being.

7. Contact Information

We hope that the information, recommendations, and tools provided in this guide are useful to VS and RJ programs in BC and elsewhere. We are interested in your feedback and hope to continue the conversation. If you have any questions, concerns, comments, or suggestions, please contact us. Additionally, if you would like a separate Word copy of any of the attached appendices or cited resources, we will be happy to provide you with them. Our contact information can be found on the second page of this guide and by visiting the RJV website.

Appendix A: Summary of the 2014 PBVS/RJ Symposium

The 2014 symposium *Building Relationships: Police-Based Victim Services and Restorative Justice Groups Serving Victims Together* took place in Vancouver in 2014 and hosted approximately 60 professionals engaged in RJ and PBVS services throughout BC. The following is a summary of the key findings from that symposium.

Current Relationship
Participants were first asked about their perceptions of the current relationship between VS and RJ in the province. Overall, the relationships were considered to be cautious and unexplored, but also of importance, requiring more focus and effort. Participants highlighted three main reasons why these partnerships remain unexplored:

1. Due to underexposure to one another, there appears to be a distinct lack of clarity between the two groups in regards to roles, responsibilities, and the services offered to victims

2. A lack of direction from the Province in regards to how, and if, VS and RJ programs can work together. Each community works on building partnerships in silos and there is no consistent forum for the groups to share joint work completed and build upon previous dialogues. Participants also expressed that the lack of MOUs is a barrier to building partnerships

3. There is a lack of consistency between RJ programs in the province. This can create a lack of trust in communities where RJ programs are perceived as being too offender-focused, underdeveloped, underfunded, and lacking adequate staff, volunteers, and training. Both groups cited a lack of funding for RJ from the Province as being one of the causes for this.

Working Well
Participants from both groups were next asked to identify what is working well in the current relationship. Although there appears to be a limited number of existing partnerships, these groups were able to identify some key successes:

1. A mutual desire to build a relationship
2. Existing venues for dialogue where the two groups can learn about the other's program
3. A shared interest to best support victims and ensure them access to all available services
4. The sharing of best practices through both formal and informal dialogues
5. Exposure through meetings like the symposium

Barriers
Participants were also asked to identify perceived barriers to building successful partnerships:

1. A distinct lack of dialogue between the two groups. This is due to the absence of both formal and informal opportunities to meet and understand one another's programs

2. Although there appears to be a general understanding of VS programs by RJ participants, this understanding is not as common amongst VS professionals in regards to RJ programs. Specifically, there is a perception that RJ programs are largely offender-focused, and a lack of understanding as to how victims are served in the programs
3. There is also a notable lack of trust and confidence in the services provided to victims by both groups. This is felt most notably in regards to the capacity of RJ programs to effectively work with victims

Moving Forward

The participants were asked to brainstorm next steps in improving the relationship, both short-term and long-term goals. The ideas and hopes generated in this dialogue were then compiled by the facilitator and developed into a list of recommendations:

1. Regular networking opportunities are needed to strengthen the relationship. Although informal discussions and dialogues are encouraged, there is a desire for more formal opportunities

2. Relationships should be formalized. This should be done through the creation of a tool such as a generic MOU template. A desire to formally work together exists in various communities and a template would assist formalizing partnerships

3. Both groups should work together to strengthen the capacity of RJ programs to help victims. Specifically, the groups should brainstorm new options for sustainable funding

4. A pilot project should be developed that focuses on the joint work of a specific PBVS and RJ program. The pilot project could assess how they could work together, what a formalized partnership would look like, and address both barriers and successes in building a formalized relationship. Information from this pilot project could then be made publicly available and used as a model for other programs hoping to develop partnerships in the province

5. A Provincial Working Group should be established that consists of leaders from both VS and RJ programs. The Working Group should focus on identifying barriers between the groups and assist in the design and implementation of solutions

Appendix B: Template Memorandum of Understanding

[TEMPLATE]
Memorandum of Understanding
between

[Name of Victim Services Agency]
and
[Name of Restorative Justice Agency]

This document can be used as a starting point between a victim services agency (VSA) and a restorative justice agency (RJA) interested in formalizing their partnership. Though primarily directed at police-based VSAs, it could be adjusted for community-based agencies as well.

Its content and structure are based on existing memorandums of understanding (MOU) between RJ agencies and criminal justice system agencies, and we encourage you to adjust anything that will better fit your agency's needs.

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1. GUIDING PRINCIPLES

Restorative justice (RJ) and victim services (VS) share many common goals, values, and philosophies. The following principles shall guide the work we do as individuals and agencies:

Best interests of the client: Always keep victims' best interests at heart, and do no further harm; safety is paramount. Honour victims' dignity and treat everyone with respect, compassion, and courtesy.

Empowerment, choice, and agency: Ensure that victims know their participation with any VSA or RJA is voluntary, and whenever possible, offer them choices and decision-making powers. Be flexible in our approaches and tailor our responses to the needs of victims as they define them, to the extent possible.

Holistic responses: Collaborate with community resources to offer well-rounded services to victims. Honour the victims' cultural needs, beliefs, and philosophies.

2. GENERAL AGREEMENTS

The VSA and RJA agree as follows:

1. The VSA and RJA will ensure that their staff and volunteers are familiar with the services offered by each agency, for example by:
    a. Providing introductory and ongoing trainings to, and with, each other (including mutual trainings to encourage networking and dialogue)
    b. Sharing brochures and other marketing materials
    c. Signing up for each other's newsletters, blogs, etc. (and following each other on social media such as Facebook and Twitter)

2. The VSA and RJA will ensure that their clients have access to information about each agency, for example, by:
    a. Keeping each other's brochures and other marketing materials in their office
    b. Including each other's links on their website
    c. Discussing each other's agency and services when a client expresses a need/interest that relates to the agency's mandate

3. The VSA and RJA will support one another as-needed, for example by:
    a. Providing information and resources upon request
    b. Consulting about potential and current cases, and debriefing after difficult cases
    c. Partnering in community events and symposiums (e.g., National Victims and Survivors of Crime Week), fundraising events and grant applications, etc.
    d. Participating in each other's programs in various capacities, for example:
        i. A VSA representative could support a victim who is participating in restorative justice in a manner similar to VS court support programs (only available in some VSAs), or could act as a community member in RJ cases with or without a participating victim
        ii. RJA and VSA representatives could train each other in their respective areas of expertise, or fund joint trainings (e.g., self-care, debriefing after stressful cases, etc.)
        iii. Volunteering or working for each other's programs (e.g., a VSA representative could be trained as an RJ facilitator and an RJA representative could be trained as a crisis responder)
    e. Sitting on each other's boards of directors
    f. Offering in-kind donations, if available (e.g., office/meeting space, tech support, event advertising, volunteer recruitment assistance, letters of support, etc.)
    g. Promoting each other's agencies when appropriate (e.g., to clients and community partners)

4. Participation in the VSA and RJA must be voluntary for the victim; no representative from either agency will pressure a victim to make contact with, or receive services from, any agency, and victims can withdraw their consent to participate at any point. Information will be shared when deemed appropriate by the VSA/RJA representative and in the spirit of supporting the victim according to the victim's individual needs.

3. ROLES AND RESPONSIBILITIES

VICTIM SERVICE AGENCIES:

Background: Police-based VSAs in British Columbia (BC) provide a variety of services to victims of crime and other traumatic events, as directed by their agreements with the Ministry of Justice. VSAs may deliver these services differently (or perhaps not at all), depending on their resources and community needs. Please see Appendix B1 for more information. Participation is always voluntary.

[You may wish to describe the history of your VSA here, for example, when it was formed, anything unique or noteworthy, etc.]

1. The VSA provides the following services/programs:
   [You may want to note specifics about each program/service for clarity, use broad terms to allow for organizational growth and change, or include details in an appendix. Additional information in this section could include the ages of clients you work with and any other criteria that may be useful for RJAs to know]

2. The VSA accepts referrals at any point after a crime or traumatic incident occurs from [delete any that does not apply, and add anything missing]:
   a. Police (doesn't have to be a criminal offence)
   b. Justice system personnel
   c. Community agencies
   d. Victims (self-referrals)

RESTORATIVE JUSTICE AGENCIES:

Background: RJ can take many forms and is flexible to fit victims' needs. Unlike VSAs, there is no provincial or federal legislation mandating what services RJAs can or must provide, which has advantages (RJAs are flexible to their communities' unique needs) and disadvantages (services are delivered with significant differences from community to community). A key feature of all RJAs is that victim participation is always voluntary.

[You may wish to describe the history of your RJA here, for example, when it was formed, anything unique or noteworthy, etc.]

3. The RJA offers the following services/programs:
   a. [You may want to note the ages of clients you work with, types of offences you accept, whether you accept non-criminal cases, whether you do non-diversion cases in conjunction with the courts, etc.]

4. The RJA accepts referrals from [delete any that do not apply and add anything missing]:
    a. Police
    b. Crown
    c. Community members (self-referrals)
    d. Schools (K - 12)
    e. Post-secondary schools
    f. Clients (self-referrals)
    g. Lawyers

5. Participation by victims can range; if a victim consents to a criminal file being referred to the RJA (which can theoretically happen at any point after police are involved, including non-diversion cases done post-sentencing), the victim may ask for:
    a. His/her involvement and communication with the RJA to end there; the RJA can offer its services to the offender, and hold him/her accountable for the offence, in a variety of ways
    b. Some preliminary communication with the offender (could be direct or indirect) to determine if the victim wants to participate any further
    c. Updates from the RJA regarding how the offender is progressing (via telephone, email, in-person, etc.)
    d. The opportunity to make requests/recommendations for the offender's agreement, for example, restitution, location of volunteer hours, a donation to a particular charity, letter of apology, etc.
    e. A letter/statement/set of questions for the RJA to give to the offender
    f. A representative (e.g., one of his/her own friends/family members, a VSA representative, or RJA representative) to meet/communicate with the offender on the victim's behalf
    g. An informal facilitated conversation between the victim and offender before or after the offender participates in the more formal RJ dialogue
    h. The opportunity to Skype with the offender, exchange letters/emails with the offender, or use video recordings to communicate with the offender
    i. Sit in a separate room from the offender and have RJA facilitators do "shuttle mediation" between the two parties
    j. A facilitated face-to-face dialogue with the offender; victims have the choice to participate fully, be present and not speak, stay for part of the dialogue, etc.
    k. A healing circle with or without the offender/a surrogate offender
    l. Other restorative options that would meet his/her needs

4. REFERRALS

FROM THE VICTIM SERVICE AGENCY to the RESTORATIVE JUSTICE AGENCY

If a victim expresses interest to a VSA representative that he/she is interested in some form of RJ, or if a VSA representative believes that a victim may be interested in/benefit from some form of RJ, the VSA representative will:

1. To the best of his/her ability, describe the services provided by the RJA and answer any questions from the victim
2. Offer the RJA's contact information to the victim, if appropriate
3. Ask the victim what steps he/she would like to take, for example:
    a. The victim takes time to consider whether he/she is interested in exploring RJ
    b. The victim decides to contact the RJA by him/herself
    c. The VSA representative contacts the RJA for the victim, with or without the victim being present
    d. The VSA sends the victim's information to the RJA via a formal referral (see Appendix B2 for a template referral form and Appendix B3 for a template disclosure of personal information form)
4. Be clear with the victim that:
    a. Participation in the RJA is voluntary for all participants (i.e., the victim can withdraw his/her consent at any time, as can the offender)
    b. Be clear with the victim that exploratory discussions with an RJA representative are welcome, and there is no obligation to participate in any programs or services
    c. The RJA has criteria for the referrals they accept, and not every case can/will be accepted
    d. The RJA may not be able to contact the offender (e.g., the RJA may need to ask the investigating police officer/Crown Counsel to get the offender's consent for his/her personal information to be released to the RJA, which may be denied by the officer, Crown, or offender)
5. Provide support to the victim as-needed

FROM THE RESTORATIVE JUSTICE AGENCY to the VICTIM SERVICE AGENCY

If a victim expresses interest to an RJA representative that he/she is interested in exploring services provided by the VSA, or if an RJA representative believes that a victim may be interested in/benefit from services provided by the VSA, the RJA representative will:

1. To the best of his/her ability, describe the services provided by the VSA and answer any questions from the victim
2. Offer the VSA's contact information to the victim, if appropriate
3. Ask the victim what steps he/she would like to take, for example:
    a. The victim takes time to consider whether he/she is interested in exploring the VSA's services
    b. The victim decides to contact the VSA by him/herself
    c. The RJA representative contacts the VSA for the victim, with or without the victim being present
    d. The RJA sends the victim's information to the VSA via a formal referral (see Appendix B3 for a template disclosure of personal information form and Appendix B4 for a template referral form)
4. Be clear with the victim that exploratory discussions with a VSA representative are welcome, and there is no obligation to participate in any programs or services
5. Provide support to the victim as-needed

5. MEMORANDUM AMENDMENT/CANCELLATION

1. This memorandum will be effective immediately and will remain in full force and effect until replaced by another memorandum or terminated.
   [OR This memorandum will be effective immediately and will remain in full force and effect until _____, 20__.]
2. This memorandum may be amended by mutual agreement, in writing.
3. This memorandum may be terminated by one party giving written notice 30 days prior to the termination date.

[Signature]

_____

[Name]
[Title]
[Name of VSA]
[Date of signing]

[Signature]

_____

[Name]
[Title]
[Name of RJA]
[Date of signing]

Appendix B1: Laws and Legislation Regarding Victims in B.C.

In the past few decades, both VS and RJ agencies have made considerable advancements in their collective abilities to support and respond to victims of crime. Many of these advancements have been as a result of new legislation, both federally and provincially, and the inclusion of new policies by various police departments and other authorities.

The recognition of the rights of victims in Canada's Criminal Justice System had its start in the 1960s with the enacting of victim compensation programs and legislation in various provinces. This support for victims in terms of restitution continued to develop across Canada, and the 1970s saw the founding of the first transition houses and sexual assault centres in BC. The first victim-offender reconciliation took place in 1974 in Kitchener, Ontario, and RJ principles began developing. Surprisingly, not until the 1980s did concern for victim services and inherent rights for victims become a widespread issue. With Wisconsin becoming the first state in North America to pass a victim bill of rights, its influence could be felt in Canada and various provinces began to roll out their own victim-centred legislation.

The responsibility for responding to victims of crime is shared by both federal and provincial/territorial governments. The federal government's role is primarily defined by the *Criminal Code*, *Corrections and Conditional Release Act*, *Youth Criminal Justice Act*, and the newly-enacted *Canadian Victims Bill of Rights*. The provinces and territories are more broadly responsible for matters such as law enforcement, prosecutions, and a wide range of services for victims of crime.

Canadian law, legislation, and policies continue to progress toward a greater understanding of the needs of victims and how to best meet those needs. Below is a summary of some relevant legislation.

The Canadian Victims Bill of Rights

In August 2015, the *Canadian Victims Bill of Rights* received royal assent and became law. It provides victims with the rights to information, protection, participation, and restitution:

- The right to information provision entitles victims to request and receive information about the criminal justice system and services and programs available to them, including restorative justice programs. They may also request certain case-specific information
- The right to protection provides victims with the right to security, privacy, and protection measures from other threats
- The right to participation provides victims the right to present victim impact statements and have them considered in court proceedings. They also have the right to express any views they may have about how decisions affect their rights
- The right to restitution allows victims to have the court consider making a restitution order, as well as entering unpaid restitution orders in civil court proceedings

The bill defines a victim as "an individual who has suffered physical or emotional harm, property damage, or economic loss as the result of the commission of an offence."

For a summary of the bill and a list of frequently asked questions, please visit the Correctional Service Canada website. A copy of the Bill is also attached as Appendix F.

BC Victims of Crime Act

Established in 1996, the *Victims of Crime Act* sets out the rights for victims of crimes that occurred in BC, including how they are treated, what information they are entitled to, and a general commitment by the province to work to improve victim services. In addition, the act also established the *Victim Surcharge Special Account*, which made funding more widely available for victim services programs in BC.

Much of the federal *Canadian Victim Bill of Rights*, summarized above, reinforced the rights already established in this act for victims of crime in BC. For more information on the rights of victims in BC, visit the Ministry of Justice website or review the list of links to legislation, reports, and other resources attached to this guide as Appendix E.

Crime Victim Assistance Act

Extending from the support for victims already discussed in the *Victims of Crime Act*, the *Crime Victim Assistance Act* outlines the benefits for which victims, their family members, and some witnesses may be eligible, including counselling services, medical expenses, income support, and compensation for loss or destruction of personal property. This act is carried out through the Crime Victim Assistance Program and is directly administered by the Victim Services and Crime Prevention Division of the Ministry of Public Safety and Solicitor General.

For more information on the types of assistance available to victims and witnesses of crime in BC, please visit VictimsInfo.ca.

Referral Policy for Victims of Power-Based Crimes

The Referral Policy for Victims of Power-Based Crimes was created in 2007 to support victims of relational violence that occurs in BC. “Power-based crimes” refer to family and sexualized violence. The intent of this policy is to ensure that victims of power-based crimes are referred as soon as possible to an appropriate VS program(s) for assistance. More specifically, this policy promotes the use of community-based VS programs to support these victims. Although community-based programs differ and often support different groups of people, they are all mandated to support victims of power-based crimes. The goal of this policy is to ensure the safety of victims and increase their comfort and cooperation through the criminal justice system.

The Police Victim Services of British Columbia **website** also describes law and legislation regarding victims in B.C.

Appendix B2: Referral Template for a VSA Client to an RJA

VICTIM SERVICE → RESTORATIVE JUSTICE REFERRAL FORM	
This form is for [name of VSA] representatives to provide direct referrals to [name of RJA] *Please complete the following information and fax/email/give a hard copy to:* ***[RJA Contact Info]***	
Police department and file #	Investigating police/Crown
VS representative's contact phone/email	Date that VS rep discussed RJ with client
Today's date	Date of offence/incident
Synopsis of client interaction and offence/incident:	
Client's Contact Information: Victim(s) name(s) Address Phone Other details	

Appendix B3: Client Consent for Release of Information

CLIENT CONSENT FOR RELEASE OF INFORMATION

This form is for [name of RJA/VSA] representatives to provide direct referrals on behalf of clients to [name of organization receiving referral].
Please complete the following information and fax/email/give a hard copy to:

[Referring Agency's Contact Info]

Today's date	Name & contact info of representative making referral:
Police department and file #	Date of offence/incident

I, _____, consent to [name of RJA/VSA that's making the referral] releasing information and exchanging information regarding the offence(s)/incident(s) in which I was identified as a victim, specifically the police file # above. I agree that all relevant personal information (my name, phone number, address, and the nature of the referral) can be released to, obtained from, and shared with:

Agency name:
_____

Support person name:
_____

Address:
_____

_____

Client's Contact Information:

Victim(s) name(s)

Address

Phone number

Other details to be shared

I acknowledge that [name of referring agency] is unable to release any police information; they may only release relevant, personal, case-specific information to the above-mentioned agency.

_____ _____

Client's signature Date

Appendix B4: Referral Template for an RJA Client to a VSA

RESTORATIVE JUSTICE → VICTIM SERVICE REFERRAL FORM	
This form is for [name of RJA] representatives to provide direct referrals to [name of VSA] *Please complete the following information and fax/email/give a hard copy to:* ***[VSA Contact Info]***	
Police department and file #	Investigating police/Crown
RJA representative's contact phone/email	Date that RJA rep discussed VSA with client
Today's date	Date of offence/incident
Synopsis of client interaction and offence/incident:	
Client's Contact Information: Victim(s) Name(s) Address Phone Other details	

Appendix C: Development of Restorative Justice in Canada

Although RJ programs are very much in their infancy compared to the traditional Canadian criminal justice system, their capacity, impact, and availability have grown substantially since RJ's modern-day introduction as an alternative way of dealing with crime. There is a growing effort by all levels of government to guarantee certain rights to victims through the criminal justice system, including improving the availability and accessibility to both VS and RJ programs.

As aforementioned, the effectiveness and capacity of VS agencies has been boosted significantly by the introduction of new policies and legislations that seek to ensure the rights of victims. There continues to be increased interest and levels of support for RJ programs across Canada. Much of the research exploring ways to improve the criminal justice system and its support of victims has pointed toward RJ programs as a viable alternative and addition to the prosecution and incarceration of offenders.

Both the *Criminal Code* and the *Youth Criminal Justice Act* promote the use of RJ programs as a diversion method. The *Criminal Code* stipulates that any alternative measures must be part of a program authorized by the Attorney General, or other authorized individuals. RJ is one of the only approved alternative measures available to offenders, yet studies indicate that it lacks adequate funding and support by government. As a result, it has yet to reach its full potential.

BC Justice Reform Initiative: A Criminal Justice System for the 21st Century
This 2012 report delivered by Geoffrey Cowper to the BC Minister of Justice recommends, among other things, the development of a province-wide diversion plan, with RJ being one of the central features.

The author makes two specific recommendations to the Province related to RJ:

1. To include a new performance goal for the increased use of RJ programs in The Criminal Justice and Public Safety Plan; and
2. To expand funding for RJ and explore innovative methods of funding, such as funding referrals where the offender would otherwise face a significant criminal penalty

The report stresses the importance of ensuring a professional consistency of RJ programs throughout the province. Finding a balance in which programs are allowed enough independence to flourish yet held accountable to outcomes is imperative. RJ programs offer the potential for reconciliation and healing for victims and communities that are often not achievable within the traditional criminal justice framework. Public confidence is strengthened when the needs of communities are met, and the report concludes that RJ has the ability to meet many of these needs.

Getting Serious About Crime Reduction: Report of the Blue Ribbon Panel on Crime Reduction
Building upon the Cowper report, the Blue Ribbon Panel on Crime Reduction Report, published in 2014, makes six recommendations to the provincial government on how to take a more collaborative and cohesive approach to preventing crime. Headed by Parliamentary Secretary for Crime Reduction, Darryl Plecas, the panel spoke to over 600 stakeholders from various types of organizations including police, treatment and addictions services, First Nations, municipalities, politicians, correctional institutions, and various non-profit and community organizations.

The report looks at reasons why BC's crime rate has dropped at such a dramatic rate in the past decade. Although this drop in crime is consistent with broader trends, it has been steeper in BC than elsewhere in North America. The authors suggest that it can be largely attributed to the work of BC police to shift their focus from being primarily *crime-focused* to being primarily *offender-focused*; to focus on both the

roots and effects of crime. The report provides recommendations on how to continue this trend, and how victims can be better supported.

The recommendations suggest the broadening of existing services and alternatives to the traditional criminal justice system. This includes re-examining approaches to funding, expanding services for people with addiction and mental health issues, strengthening inter-agency collaboration, and developing new approaches to the over-representation of First Nations people in the criminal justice system.

The third recommendation urges the government to make greater use of RJ. This includes developing province-wide standards to manage both implementation and operations of RJ programs. Although more research is needed, existing evidence indicates that RJ can result in benefits outside the scope of the traditional criminal justice system, including victim satisfaction and offenders taking responsibility for their actions. The panel concluded that RJ is one of the most cost-effective and impactful approaches to reducing crime, and that increased investment into these programs is likely to produce long-term savings.

The Restorative Justice Act (Manitoba)

Although many provinces already have acts and legislation specific to the rights of victims, Manitoba has become the first province to pass legislation specific to RJ. The *Restorative Justice Act* provides a new framework to advance the development and use of RJ programs within Manitoba.

One of the common challenges of developing and operating RJ programs across Canada is the lack of existing frameworks and legislation. This act outlines several aspects of RJ programs including their purpose, when they may be used, ways an offender could repair the harm caused by their actions, and what future policies on the subject must include.

Even more notable, the act instructs the *Manitoba Department of Justice* to develop new policies on the use of RJ. These must address how and when requests for RJ programs can be made and how they are handled. The act also establishes a new *Manitoba Restorative Justice Advisory Council* that will monitor the effectiveness of RJ programs and provide advice to the Minister of Justice on various aspects of the programs. The minister also has the power to order the council to conduct studies on specific issues related to RJ.

This legislation was developed along with Manitoba's Strategy for Victim-Centred Restorative Justice. Because this strategy will be implemented over the next five years, the role of VS in regards to the act is expected to evolve. The Advisory Council will continue to explore policies, partnerships, and agreements to ensure the participation of victims throughout the RJ process. This legislation was only brought into effect in 2015, and even though it may take time before many of these changes are felt, it has great potential to further support and empower victims of crime.

Appendix D: Survey Questions to RJ and VS Agencies

Below if a list of the survey questions that we administered to executive directors/program managers/leads of RJ and VS programs in BC. Two separate surveys were administered: one specific to RJ programs, and one specific to VS programs. We have merged them into one list because they were largely the same, the exception being Question 5 which was only asked to RJ programs. Please contact RJV if you have any questions or comments about the survey.

Q1. For approximately how many years has your RJ/VS program been receiving referrals?
Q2. How many paid employees does your agency have?
Q3. How many active volunteers/workers does your agency have?
Q4. From which sources does your agency receive its referrals?
Q5. On a scale of 1-5, with 1 indicating *primarily victim-focused* and 5 indicating *primarily offender-focused*, please indicate which party is the primary focus of your program.
Q6. Which local RJ/VS programs are you aware of?
Q7. What is your understanding of the role of your local RJ/VS?
Q8. In your capacity as Executive Director/Program Coordinator for your victim services agency what, if any, gaps in services for victims have you noticed?
Q9. Has your organization ever collaborated with an RJ/VS program?
Q10. Does your organization have a formal relationship such as a Memorandum of Understanding (MOU) with an RJ/VS program?
Q11. Which RJ/VS program(s) did you collaborate with?
Q12. When did this collaboration take place?
Q13. In what capacity did you work together?
Q14. On a scale of 1-5, with 1 indicating *not at all successful* and 5 indicating *extremely* successful, how successful was your collaboration?
Q15. Please elaborate on what was successful about your collaboration (if anything).
Q16. Please elaborate on what prevented your collaboration from being the most successful it could have been (if anything).
Q17. How do you think a relationship between your agency and a RJ/VS program would impact your services?
Q18. What would an ideal Victim Services-Restorative Justice partnership look like to you?
Q19. What barriers, if any, do you anticipate affecting the creation or sustainability of a VS/RJ relationship?
Q20. Does your organization have any interest in creating a formalized relationship with your local RJ/VS program(s)?
    a. If yes: What resources and supports do you think would be helpful in achieving this?
    b. If no: Why not?
Q21. Please provide your contact info if you would like a copy of the Partnership Guide once completed.
Q22. May we use the information collected in this questionnaire to make data links to your agency in the final partnership guide? If yes is selected, we may identify your organization by region (e.g. “a VS/RJ program in Northwest BC noted...”). If no is selected, we will only use your information completely anonymously.
Q23. May we contact you again for follow-up if necessary?

Appendix E: List of Links and Resources

Restorative Justice and Victim Services Programs

- Restorative Justice Victoria website
- Greater Victoria Police Victim Services website
- Police Victim Services of BC
- Restorative Justice in BC
- List of Restorative Justice Programs in BC
- Directory of Victim Services in BC

Legislation and Policies

- *Canadian Victim Bill of Rights*
  - Summary of Canadian Victims Bill of Rights
- *Crime Victim Assistance Act (BC)*
  - Information on the Crime Victim Assistance Program
- Crown Counsel Policy Manual: Alternative Measures for Adult Offenders
- *Freedom of Information and Protection of Privacy Act*
- Referral Policy for Victims of Power-Based Crimes (BC)
- *The Restorative Justice Act* (Manitoba)
- *Victims of Crime Act* (BC)
- *Youth Criminal Justice Act*

Reports and Guides

- BC Justice Reform Initiative: A Criminal Justice System for the 21st Century
- Report of the Blue Ribbon Panel on Crime Reduction (BC)
- Manitoba's Strategy for Victim-Centred Restorative Justice
- A Review of Complaints and Resolution for Victims of Crime (UK)
- Victims of Crime: Victim Service Worker Handbook
- Victims' Rights in Canada
- Crime Victim Assistance Program Counselling Guidelines 2015

Additional Resources on Victim Services and Restorative Justice

- Annotated Bibliography: Victims and Restorative Justice
- Ministry of Justice's Information for Victims of Crime
- Information on the Crime Victim Assistance Program
- List of Victim Services and Legislation in Canada
- Publications for Victims of Crime (BC)
- VictimsInfo.Ca – An Online Resource for Victims & Witnesses of Crime in BC

Note: The 2014 Symposium Facilitation Report "Building Relationships: Police-Based Victim Services and Restorative Justice Programs Serving Victims Together" mentioned in this guide is not yet posted online but is available upon request to interested RJ and VS programs. Please email Office@rjvictoria.com if you would like a copy of this report.

Alternative Measures in BC

The role of RJ as an alternative to the traditional criminal justice system continues to evolve. This can create difficulty in understanding the roles and responsibilities of RJ programs, including the willingness of VS agencies to refer victims to RJ programs. Thankfully, some existing legislation helps define RJ, including when it should and should not be used.

The Crown Counsel Policy Manual sets out the parameters of Alternative Measures for Adult Offenders in BC. In it, the Province both supports and recognizes that alternative measures can often be the most effective and appropriate way to a) repair harm to a victim and community, b) rehabilitate offenders, and c) enable them to accept responsibility for their actions. Even though the policy uses the broader term "alternative measures," it specifically states that the policy refers mainly to programs that are based on RJ principles.

This policy presents a series of guidelines for when alternative measures should be considered, should not be considered, and when they should not ordinarily be considered but exceptions are possible. Offences listed that must not be considered for alternative measures are generally the most serious violent offences, such as murder, aggravated assault, or kidnapping.

For the full Alternative Measures for Adult Offenders policy, please see the Ministry of Justice website or review our list of resources above.

Appendix F: Canadian Victims Bill of Rights

CANADIAN VICTIMS BILL *of* RIGHTS

An Act for the Recognition of Victims Rights

Whereas crime has a harmful impact on victims and on society;

Whereas victims of crime and their families deserve to be treated with courtesy, compassion and respect, including respect for their dignity;

Whereas it is important that victims' rights be considered throughout the criminal justice system;

Whereas victims of crime have rights that are guaranteed by the Canadian Charter of Rights and Freedoms;

Whereas consideration of the rights of victims of crime is in the interest of the proper administration of justice;

Whereas the federal, provincial and territorial governments share responsibility for criminal justice;

Whereas, in 1988, the federal, provincial and territorial governments endorsed the Canadian Statement of Basic Principles of Justice for Victims of Crime and, in 2003, the Canadian Statementof Basic Principles of Justice for Victims of Crime, 2003;

Now, therefore, Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

RIGHT TO INFORMATION

Every victim has the right, on request, to information about

(a) the criminal justice system and the role of victims in it;

(b) the services and programs available to them as a victim, including restorative justice programs; and

(c) their right to file a complaint for an infringement or denial of any of their rights under this Act.

Every victim has the right, on request, to information about

(a) the status and outcome of the investigation into the offence; and

(b) the location of proceedings in relation to the offence, when they will take place and their progress and outcome.

Every victim has the right, on request, to information about

(a) reviews under the Corrections and Conditional Release Act relating to the offender's conditional release and the timing and conditions of that release; and

(b) hearings held for the purpose of making dispositions, as defined in subsection 672.1(1) of the Criminal Code, in relation to the accused, if the accused is found not criminally responsible on account of mental disorder or unfit to stand trial, and the dispositions made at those hearings.

RIGHT TO PARTICIPATION

Every victim has the right to convey their views about decisions to be made by appropriate authorities in the criminal justice system that affect the victim's rights under this Act and to have those views considered.

Every victim has the right to present a victim impact statement to the appropriate authorities in the criminal justice system and to have it considered.

RIGHT TO RESTITUTION

Every victim has the right to have the court consider making a restitution order against the offender.

Every victim in whose favour a restitution order is made has the right, if they are not paid, to have the order entered as a civil court judgment that is enforceable against the offender.

As passed by the House of Commons on February 23, 2015

RIGHT TO PROTECTION

Every victim has the right to have their security considered by the appropriate authorities in the criminal justice system.

Every victim has the right to have reasonable and necessary measures takenby the appropriate authorities in the criminal justice system to protect the victim from intimidation and retaliation.

Every victim has the right to have their privacy considered by the appropriate authorities in the criminal justice system.

Every victim has the right to request that their identity be protected if they are a complainant to the offence or a witness in proceedings relating to the offence.

Every victim has the right to request testimonial aids when appearing as a witness in proceedings relating to the offence.

Rt. Hon. Stephen Harper, P.C., M.P.
Prime Minister of Canada

Strengthening Ties to Better Serve Victims

A Partnership Guide for
Police-Based Victim Services &
Restorative Justice Agencies
in British Columbia

APPENDICES

Last updated June 9, 2016



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Appendix A: Summary of the 2014 PBVS/RJ Symposium

The 2014 symposium *Building Relationships: Police-Based Victim Services and Restorative Justice Groups Serving Victims Together* took place in Vancouver in 2014 and hosted approximately 60 professionals engaged in RJ and PBVS services throughout BC. The following is a summary of the key findings from that symposium.

Current Relationship
Participants were first asked about their perceptions of the current relationship between VS and RJ in the province. Overall, the relationships were considered to be cautious and unexplored, but also of importance, requiring more focus and effort. Participants highlighted three main reasons why these partnerships remain unexplored:

1. Due to underexposure to one another, there appears to be a distinct lack of clarity between the two groups in regards to roles, responsibilities, and the services offered to victims

2. A lack of direction from the Province in regards to how, and if, VS and RJ programs can work together. Each community works on building partnerships in silos and there is no consistent forum for the groups to share joint work completed and build upon previous dialogues. Participants also expressed that the lack of MOUs is a barrier to building partnerships

3. There is a lack of consistency between RJ programs in the province. This can create a lack of trust in communities where RJ programs are perceived as being too offender-focused, underdeveloped, underfunded, and lacking adequate staff, volunteers, and training. Both groups cited a lack of funding for RJ from the Province as being one of the causes for this.

Working Well
Participants from both groups were next asked to identify what is working well in the current relationship. Although there appears to be a limited number of existing partnerships, these groups were able to identify some key successes:

1. A mutual desire to build a relationship
2. Existing venues for dialogue where the two groups can learn about the other's program
3. A shared interest to best support victims and ensure them access to all available services
4. The sharing of best practices through both formal and informal dialogues
5. Exposure through meetings like the symposium

Barriers
Participants were also asked to identify perceived barriers to building successful partnerships:

1. A distinct lack of dialogue between the two groups. This is due to the absence of both formal and informal opportunities to meet and understand one another's programs

2. Although there appears to be a general understanding of VS programs by RJ participants, this understanding is not as common amongst VS professionals in regards to RJ programs. Specifically, there is a perception that RJ programs are largely offender-focused, and a lack of understanding as to how victims are served in the programs

3. There is also a notable lack of trust and confidence in the services provided to victims by both groups. This is felt most notably in regards to the capacity of RJ programs to effectively work with victims

Moving Forward

The participants were asked to brainstorm next steps in improving the relationship, both short-term and long-term goals. The ideas and hopes generated in this dialogue were then compiled by the facilitator and developed into a list of recommendations:

1. Regular networking opportunities are needed to strengthen the relationship. Although informal discussions and dialogues are encouraged, there is a desire for more formal opportunities

2. Relationships should be formalized. This should be done through the creation of a tool such as a generic MOU template. A desire to formally work together exists in various communities and a template would assist formalizing partnerships

3. Both groups should work together to strengthen the capacity of RJ programs to help victims. Specifically, the groups should brainstorm new options for sustainable funding

4. A pilot project should be developed that focuses on the joint work of a specific PBVS and RJ program. The pilot project could assess how they could work together, what a formalized partnership would look like, and address both barriers and successes in building a formalized relationship. Information from this pilot project could then be made publicly available and used as a model for other programs hoping to develop partnerships in the province

5. A Provincial Working Group should be established that consists of leaders from both VS and RJ programs. The Working Group should focus on identifying barriers between the groups and assist in the design and implementation of solutions

Appendix B: Template Memorandum of Understanding

[TEMPLATE]
Memorandum of Understanding
between

[Name of Victim Services Agency]
and
[Name of Restorative Justice Agency]

This document can be used as a starting point between a victim services agency (VSA) and a restorative justice agency (RJA) interested in formalizing their partnership. Though primarily directed at police-based VSAs, it could be adjusted for community-based agencies as well.

Its content and structure are based on existing memorandums of understanding (MOU) between RJ agencies and criminal justice system agencies, and we encourage you to adjust anything that will better fit your agency's needs.

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1. GUIDING PRINCIPLES

Restorative justice (RJ) and victim services (VS) share many common goals, values, and philosophies. The following principles shall guide the work we do as individuals and agencies:

Best interests of the client: Always keep victims' best interests at heart, and do no further harm; safety is paramount. Honour victims' dignity and treat everyone with respect, compassion, and courtesy.

Empowerment, choice, and agency: Ensure that victims know their participation with any VSA or RJA is voluntary, and whenever possible, offer them choices and decision-making powers. Be flexible in our approaches and tailor our responses to the needs of victims as they define them, to the extent possible.

Holistic responses: Collaborate with community resources to offer well-rounded services to victims. Honour the victims' cultural needs, beliefs, and philosophies.

2. GENERAL AGREEMENTS

The VSA and RJA agree as follows:

1. The VSA and RJA will ensure that their staff and volunteers are familiar with the services offered by each agency, for example by:
    a. Providing introductory and ongoing trainings to, and with, each other (including mutual trainings to encourage networking and dialogue)
    b. Sharing brochures and other marketing materials
    c. Signing up for each other's newsletters, blogs, etc. (and following each other on social media such as Facebook and Twitter)

2. The VSA and RJA will ensure that their clients have access to information about each agency, for example, by:
    a. Keeping each other's brochures and other marketing materials in their office
    b. Including each other's links on their website
    c. Discussing each other's agency and services when a client expresses a need/interest that relates to the agency's mandate

3. The VSA and RJA will support one another as-needed, for example by:
    a. Providing information and resources upon request
    b. Consulting about potential and current cases, and debriefing after difficult cases
    c. Partnering in community events and symposiums (e.g., National Victims and Survivors of Crime Week), fundraising events and grant applications, etc.
    d. Participating in each other's programs in various capacities, for example:
        i. A VSA representative could support a victim who is participating in restorative justice in a manner similar to VS court support programs (only available in some VSAs), or could act as a community member in RJ cases with or without a participating victim
        ii. RJA and VSA representatives could train each other in their respective areas of expertise, or fund joint trainings (e.g., self-care, debriefing after stressful cases, etc.)
        iii. Volunteering or working for each other's programs (e.g., a VSA representative could be trained as an RJ facilitator and an RJA representative could be trained as a crisis responder)
    e. Sitting on each other's boards of directors
    f. Offering in-kind donations, if available (e.g., office/meeting space, tech support, event advertising, volunteer recruitment assistance, letters of support, etc.)
    g. Promoting each other's agencies when appropriate (e.g., to clients and community partners)

4. Participation in the VSA and RJA must be voluntary for the victim; no representative from either agency will pressure a victim to make contact with, or receive services from, any agency, and victims can withdraw their consent to participate at any point. Information will be shared when deemed appropriate by the VSA/RJA representative and in the spirit of supporting the victim according to the victim's individual needs.

3. ROLES AND RESPONSIBILITIES

VICTIM SERVICE AGENCIES:

Background: Police-based VSAs in British Columbia (BC) provide a variety of services to victims of crime and other traumatic events, as directed by their agreements with the Ministry of Justice. VSAs may deliver these services differently (or perhaps not at all), depending on their resources and community needs. Please see Appendix B1 for more information. Participation is always voluntary.

[You may wish to describe the history of your VSA here, for example, when it was formed, anything unique or noteworthy, etc.]

1. The VSA provides the following services/programs:
   [You may want to note specifics about each program/service for clarity, use broad terms to allow for organizational growth and change, or include details in an appendix. Additional information in this section could include the ages of clients you work with and any other criteria that may be useful for RJAs to know]

2. The VSA accepts referrals at any point after a crime or traumatic incident occurs from [delete any that does not apply, and add anything missing]:
   a. Police (doesn't have to be a criminal offence)
   b. Justice system personnel
   c. Community agencies
   d. Victims (self-referrals)

RESTORATIVE JUSTICE AGENCIES:

Background: RJ can take many forms and is flexible to fit victims' needs. Unlike VSAs, there is no provincial or federal legislation mandating what services RJAs can or must provide, which has advantages (RJAs are flexible to their communities' unique needs) and disadvantages (services are delivered with significant differences from community to community). A key feature of all RJAs is that victim participation is always voluntary.

[You may wish to describe the history of your RJA here, for example, when it was formed, anything unique or noteworthy, etc.]

3. The RJA offers the following services/programs:
   a. [You may want to note the ages of clients you work with, types of offences you accept, whether you accept non-criminal cases, whether you do non-diversion cases in conjunction with the courts, etc.]

4. The RJA accepts referrals from [delete any that do not apply and add anything missing]:
    a. Police
    b. Crown
    c. Community members (self-referrals)
    d. Schools (K - 12)
    e. Post-secondary schools
    f. Clients (self-referrals)
    g. Lawyers

5. Participation by victims can range; if a victim consents to a criminal file being referred to the RJA (which can theoretically happen at any point after police are involved, including non-diversion cases done post-sentencing), the victim may ask for:
    a. His/her involvement and communication with the RJA to end there; the RJA can offer its services to the offender, and hold him/her accountable for the offence, in a variety of ways
    b. Some preliminary communication with the offender (could be direct or indirect) to determine if the victim wants to participate any further
    c. Updates from the RJA regarding how the offender is progressing (via telephone, email, in-person, etc.)
    d. The opportunity to make requests/recommendations for the offender's agreement, for example, restitution, location of volunteer hours, a donation to a particular charity, letter of apology, etc.
    e. A letter/statement/set of questions for the RJA to give to the offender
    f. A representative (e.g., one of his/her own friends/family members, a VSA representative, or RJA representative) to meet/communicate with the offender on the victim's behalf
    g. An informal facilitated conversation between the victim and offender before or after the offender participates in the more formal RJ dialogue
    h. The opportunity to Skype with the offender, exchange letters/emails with the offender, or use video recordings to communicate with the offender
    i. Sit in a separate room from the offender and have RJA facilitators do "shuttle mediation" between the two parties
    j. A facilitated face-to-face dialogue with the offender; victims have the choice to participate fully, be present and not speak, stay for part of the dialogue, etc.
    k. A healing circle with or without the offender/a surrogate offender
    l. Other restorative options that would meet his/her needs

4. REFERRALS

FROM THE VICTIM SERVICE AGENCY to the RESTORATIVE JUSTICE AGENCY

If a victim expresses interest to a VSA representative that he/she is interested in some form of RJ, or if a VSA representative believes that a victim may be interested in/benefit from some form of RJ, the VSA representative will:

1. To the best of his/her ability, describe the services provided by the RJA and answer any questions from the victim
2. Offer the RJA's contact information to the victim, if appropriate
3. Ask the victim what steps he/she would like to take, for example:
    a. The victim takes time to consider whether he/she is interested in exploring RJ
    b. The victim decides to contact the RJA by him/herself
    c. The VSA representative contacts the RJA for the victim, with or without the victim being present
    d. The VSA sends the victim's information to the RJA via a formal referral (see Appendix B2 for a template referral form and Appendix B3 for a template disclosure of personal information form)
4. Be clear with the victim that:
    a. Participation in the RJA is voluntary for all participants (i.e., the victim can withdraw his/her consent at any time, as can the offender)
    b. Be clear with the victim that exploratory discussions with an RJA representative are welcome, and there is no obligation to participate in any programs or services
    c. The RJA has criteria for the referrals they accept, and not every case can/will be accepted
    d. The RJA may not be able to contact the offender (e.g., the RJA may need to ask the investigating police officer/Crown Counsel to get the offender's consent for his/her personal information to be released to the RJA, which may be denied by the officer, Crown, or offender)
5. Provide support to the victim as-needed

FROM THE RESTORATIVE JUSTICE AGENCY to the VICTIM SERVICE AGENCY

If a victim expresses interest to an RJA representative that he/she is interested in exploring services provided by the VSA, or if an RJA representative believes that a victim may be interested in/benefit from services provided by the VSA, the RJA representative will:

1. To the best of his/her ability, describe the services provided by the VSA and answer any questions from the victim
2. Offer the VSA's contact information to the victim, if appropriate
3. Ask the victim what steps he/she would like to take, for example:
    a. The victim takes time to consider whether he/she is interested in exploring the VSA's services
    b. The victim decides to contact the VSA by him/herself
    c. The RJA representative contacts the VSA for the victim, with or without the victim being present
    d. The RJA sends the victim's information to the VSA via a formal referral (see Appendix B3 for a template disclosure of personal information form and Appendix B4 for a template referral form)
4. Be clear with the victim that exploratory discussions with a VSA representative are welcome, and there is no obligation to participate in any programs or services
5. Provide support to the victim as-needed

5. MEMORANDUM AMENDMENT/CANCELLATION

1. This memorandum will be effective immediately and will remain in full force and effect until replaced by another memorandum or terminated.
   [OR This memorandum will be effective immediately and will remain in full force and effect until _____, 20__.]
2. This memorandum may be amended by mutual agreement, in writing.
3. This memorandum may be terminated by one party giving written notice 30 days prior to the termination date.

[Signature]

_____

[Name]
[Title]
[Name of VSA]
[Date of signing]

[Signature]

_____

[Name]
[Title]
[Name of RJA]
[Date of signing]

Appendix B1: Laws and Legislation Regarding Victims in B.C.

In the past few decades, both VS and RJ agencies have made considerable advancements in their collective abilities to support and respond to victims of crime. Many of these advancements have been as a result of new legislation, both federally and provincially, and the inclusion of new policies by various police departments and other authorities.

The recognition of the rights of victims in Canada's Criminal Justice System had its start in the 1960s with the enacting of victim compensation programs and legislation in various provinces. This support for victims in terms of restitution continued to develop across Canada, and the 1970s saw the founding of the first transition houses and sexual assault centres in BC. The first victim-offender reconciliation took place in 1974 in Kitchener, Ontario, and RJ principles began developing. Surprisingly, not until the 1980s did concern for victim services and inherent rights for victims become a widespread issue. With Wisconsin becoming the first state in North America to pass a victim bill of rights, its influence could be felt in Canada and various provinces began to roll out their own victim-centred legislation.

The responsibility for responding to victims of crime is shared by both federal and provincial/territorial governments. The federal government's role is primarily defined by the *Criminal Code*, *Corrections and Conditional Release Act*, *Youth Criminal Justice Act*, and the newly-enacted *Canadian Victims Bill of Rights*. The provinces and territories are more broadly responsible for matters such as law enforcement, prosecutions, and a wide range of services for victims of crime.

Canadian law, legislation, and policies continue to progress toward a greater understanding of the needs of victims and how to best meet those needs. Below is a summary of some relevant legislation.

The Canadian Victims Bill of Rights

In August 2015, the *Canadian Victims Bill of Rights* received royal assent and became law. It provides victims with the rights to information, protection, participation, and restitution:

- The right to information provision entitles victims to request and receive information about the criminal justice system and services and programs available to them, including restorative justice programs. They may also request certain case-specific information
- The right to protection provides victims with the right to security, privacy, and protection measures from other threats
- The right to participation provides victims the right to present victim impact statements and have them considered in court proceedings. They also have the right to express any views they may have about how decisions affect their rights
- The right to restitution allows victims to have the court consider making a restitution order, as well as entering unpaid restitution orders in civil court proceedings

The bill defines a victim as "an individual who has suffered physical or emotional harm, property damage, or economic loss as the result of the commission of an offence."

For a summary of the bill and a list of frequently asked questions, please visit the Correctional Service Canada website. A copy of the Bill is also attached as Appendix F.

BC Victims of Crime Act

Established in 1996, the *Victims of Crime Act* sets out the rights for victims of crimes that occurred in BC, including how they are treated, what information they are entitled to, and a general commitment by the province to work to improve victim services. In addition, the act also established the *Victim Surcharge Special Account*, which made funding more widely available for victim services programs in BC.

Much of the federal *Canadian Victim Bill of Rights*, summarized above, reinforced the rights already established in this act for victims of crime in BC. For more information on the rights of victims in BC, visit the Ministry of Justice website or review the list of links to legislation, reports, and other resources attached to this guide as Appendix E.

Crime Victim Assistance Act

Extending from the support for victims already discussed in the *Victims of Crime Act*, the *Crime Victim Assistance Act* outlines the benefits for which victims, their family members, and some witnesses may be eligible, including counselling services, medical expenses, income support, and compensation for loss or destruction of personal property. This act is carried out through the Crime Victim Assistance Program and is directly administered by the Victim Services and Crime Prevention Division of the Ministry of Public Safety and Solicitor General.

For more information on the types of assistance available to victims and witnesses of crime in BC, please visit VictimsInfo.ca.

Referral Policy for Victims of Power-Based Crimes

The Referral Policy for Victims of Power-Based Crimes was created in 2007 to support victims of relational violence that occurs in BC. “Power-based crimes” refer to family and sexualized violence. The intent of this policy is to ensure that victims of power-based crimes are referred as soon as possible to an appropriate VS program(s) for assistance. More specifically, this policy promotes the use of community-based VS programs to support these victims. Although community-based programs differ and often support different groups of people, they are all mandated to support victims of power-based crimes. The goal of this policy is to ensure the safety of victims and increase their comfort and cooperation through the criminal justice system.

The Police Victim Services of British Columbia **website** also describes law and legislation regarding victims in B.C.

Appendix B2: Referral Template for a VSA Client to an RJA

VICTIM SERVICE → RESTORATIVE JUSTICE REFERRAL FORM	
This form is for [name of VSA] representatives to provide direct referrals to [name of RJA] *Please complete the following information and fax/email/give a hard copy to:* ***[RJA Contact Info]***	
Police department and file #	Investigating police/Crown
VS representative's contact phone/email	Date that VS rep discussed RJ with client
Today's date	Date of offence/incident
Synopsis of client interaction and offence/incident:	
Client's Contact Information: Victim(s) name(s) Address Phone Other details	

Appendix B3: Client Consent for Release of Information

CLIENT CONSENT FOR RELEASE OF INFORMATION

This form is for [name of RJA/VSA] representatives to provide direct referrals on behalf of clients to [name of organization receiving referral].
Please complete the following information and fax/email/give a hard copy to:

[Referring Agency's Contact Info]

Today's date	Name & contact info of representative making referral:
Police department and file #	Date of offence/incident

I, _____, consent to [name of RJA/VSA that's making the referral] releasing information and exchanging information regarding the offence(s)/incident(s) in which I was identified as a victim, specifically the police file # above. I agree that all relevant personal information (my name, phone number, address, and the nature of the referral) can be released to, obtained from, and shared with:

Agency name:
_____

Support person name:
_____

Address:
_____

_____

Client's Contact Information:

Victim(s) name(s)

Address

Phone number

Other details to be shared

I acknowledge that [name of referring agency] is unable to release any police information; they may only release relevant, personal, case-specific information to the above-mentioned agency.

_____ _____

Client's signature Date

Appendix B4: Referral Template for an RJA Client to a VSA

RESTORATIVE JUSTICE → VICTIM SERVICE REFERRAL FORM	
This form is for [name of RJA] representatives to provide direct referrals to [name of VSA] *Please complete the following information and fax/email/give a hard copy to:* ***[VSA Contact Info]***	
Police department and file #	Investigating police/Crown
RJA representative's contact phone/email	Date that RJA rep discussed VSA with client
Today's date	Date of offence/incident
Synopsis of client interaction and offence/incident:	
Client's Contact Information: Victim(s) Name(s) Address Phone Other details	

Appendix C: Development of Restorative Justice in Canada

Although RJ programs are very much in their infancy compared to the traditional Canadian criminal justice system, their capacity, impact, and availability have grown substantially since RJ's modern-day introduction as an alternative way of dealing with crime. There is a growing effort by all levels of government to guarantee certain rights to victims through the criminal justice system, including improving the availability and accessibility to both VS and RJ programs.

As aforementioned, the effectiveness and capacity of VS agencies has been boosted significantly by the introduction of new policies and legislations that seek to ensure the rights of victims. There continues to be increased interest and levels of support for RJ programs across Canada. Much of the research exploring ways to improve the criminal justice system and its support of victims has pointed toward RJ programs as a viable alternative and addition to the prosecution and incarceration of offenders.

Both the *Criminal Code* and the *Youth Criminal Justice Act* promote the use of RJ programs as a diversion method. The *Criminal Code* stipulates that any alternative measures must be part of a program authorized by the Attorney General, or other authorized individuals. RJ is one of the only approved alternative measures available to offenders, yet studies indicate that it lacks adequate funding and support by government. As a result, it has yet to reach its full potential.

BC Justice Reform Initiative: A Criminal Justice System for the 21st Century
This 2012 report delivered by Geoffrey Cowper to the BC Minister of Justice recommends, among other things, the development of a province-wide diversion plan, with RJ being one of the central features.

The author makes two specific recommendations to the Province related to RJ:

1. To include a new performance goal for the increased use of RJ programs in The Criminal Justice and Public Safety Plan; and
2. To expand funding for RJ and explore innovative methods of funding, such as funding referrals where the offender would otherwise face a significant criminal penalty

The report stresses the importance of ensuring a professional consistency of RJ programs throughout the province. Finding a balance in which programs are allowed enough independence to flourish yet held accountable to outcomes is imperative. RJ programs offer the potential for reconciliation and healing for victims and communities that are often not achievable within the traditional criminal justice framework. Public confidence is strengthened when the needs of communities are met, and the report concludes that RJ has the ability to meet many of these needs.

Getting Serious About Crime Reduction: Report of the Blue Ribbon Panel on Crime Reduction
Building upon the Cowper report, the Blue Ribbon Panel on Crime Reduction Report, published in 2014, makes six recommendations to the provincial government on how to take a more collaborative and cohesive approach to preventing crime. Headed by Parliamentary Secretary for Crime Reduction, Darryl Plecas, the panel spoke to over 600 stakeholders from various types of organizations including police, treatment and addictions services, First Nations, municipalities, politicians, correctional institutions, and various non-profit and community organizations.

The report looks at reasons why BC's crime rate has dropped at such a dramatic rate in the past decade. Although this drop in crime is consistent with broader trends, it has been steeper in BC than elsewhere in North America. The authors suggest that it can be largely attributed to the work of BC police to shift their focus from being primarily *crime-focused* to being primarily *offender-focused*; to focus on both the

roots and effects of crime. The report provides recommendations on how to continue this trend, and how victims can be better supported.

The recommendations suggest the broadening of existing services and alternatives to the traditional criminal justice system. This includes re-examining approaches to funding, expanding services for people with addiction and mental health issues, strengthening inter-agency collaboration, and developing new approaches to the over-representation of First Nations people in the criminal justice system.

The third recommendation urges the government to make greater use of RJ. This includes developing province-wide standards to manage both implementation and operations of RJ programs. Although more research is needed, existing evidence indicates that RJ can result in benefits outside the scope of the traditional criminal justice system, including victim satisfaction and offenders taking responsibility for their actions. The panel concluded that RJ is one of the most cost-effective and impactful approaches to reducing crime, and that increased investment into these programs is likely to produce long-term savings.

The Restorative Justice Act (Manitoba)

Although many provinces already have acts and legislation specific to the rights of victims, Manitoba has become the first province to pass legislation specific to RJ. The *Restorative Justice Act* provides a new framework to advance the development and use of RJ programs within Manitoba.

One of the common challenges of developing and operating RJ programs across Canada is the lack of existing frameworks and legislation. This act outlines several aspects of RJ programs including their purpose, when they may be used, ways an offender could repair the harm caused by their actions, and what future policies on the subject must include.

Even more notable, the act instructs the *Manitoba Department of Justice* to develop new policies on the use of RJ. These must address how and when requests for RJ programs can be made and how they are handled. The act also establishes a new *Manitoba Restorative Justice Advisory Council* that will monitor the effectiveness of RJ programs and provide advice to the Minister of Justice on various aspects of the programs. The minister also has the power to order the council to conduct studies on specific issues related to RJ.

This legislation was developed along with Manitoba's Strategy for Victim-Centred Restorative Justice. Because this strategy will be implemented over the next five years, the role of VS in regards to the act is expected to evolve. The Advisory Council will continue to explore policies, partnerships, and agreements to ensure the participation of victims throughout the RJ process. This legislation was only brought into effect in 2015, and even though it may take time before many of these changes are felt, it has great potential to further support and empower victims of crime.

Appendix D: Survey Questions to RJ and VS Agencies

Below if a list of the survey questions that we administered to executive directors/program managers/leads of RJ and VS programs in BC. Two separate surveys were administered: one specific to RJ programs, and one specific to VS programs. We have merged them into one list because they were largely the same, the exception being Question 5 which was only asked to RJ programs. Please contact RJV if you have any questions or comments about the survey.

Q1. For approximately how many years has your RJ/VS program been receiving referrals?
Q2. How many paid employees does your agency have?
Q3. How many active volunteers/workers does your agency have?
Q4. From which sources does your agency receive its referrals?
Q5. On a scale of 1-5, with 1 indicating *primarily victim-focused* and 5 indicating *primarily offender-focused*, please indicate which party is the primary focus of your program.
Q6. Which local RJ/VS programs are you aware of?
Q7. What is your understanding of the role of your local RJ/VS?
Q8. In your capacity as Executive Director/Program Coordinator for your victim services agency what, if any, gaps in services for victims have you noticed?
Q9. Has your organization ever collaborated with an RJ/VS program?
Q10. Does your organization have a formal relationship such as a Memorandum of Understanding (MOU) with an RJ/VS program?
Q11. Which RJ/VS program(s) did you collaborate with?
Q12. When did this collaboration take place?
Q13. In what capacity did you work together?
Q14. On a scale of 1-5, with 1 indicating *not at all successful* and 5 indicating *extremely* successful, how successful was your collaboration?
Q15. Please elaborate on what was successful about your collaboration (if anything).
Q16. Please elaborate on what prevented your collaboration from being the most successful it could have been (if anything).
Q17. How do you think a relationship between your agency and a RJ/VS program would impact your services?
Q18. What would an ideal Victim Services-Restorative Justice partnership look like to you?
Q19. What barriers, if any, do you anticipate affecting the creation or sustainability of a VS/RJ relationship?
Q20. Does your organization have any interest in creating a formalized relationship with your local RJ/VS program(s)?
    a. If yes: What resources and supports do you think would be helpful in achieving this?
    b. If no: Why not?
Q21. Please provide your contact info if you would like a copy of the Partnership Guide once completed.
Q22. May we use the information collected in this questionnaire to make data links to your agency in the final partnership guide? If yes is selected, we may identify your organization by region (e.g. "a VS/RJ program in Northwest BC noted..."). If no is selected, we will only use your information completely anonymously.
Q23. May we contact you again for follow-up if necessary?

Appendix E: List of Links and Resources

Restorative Justice and Victim Services Programs

- Restorative Justice Victoria website
- Greater Victoria Police Victim Services website
- Police Victim Services of BC
- Restorative Justice in BC
- List of Restorative Justice Programs in BC
- Directory of Victim Services in BC

Legislation and Policies

- *Canadian Victim Bill of Rights*
  - Summary of Canadian Victims Bill of Rights
- *Crime Victim Assistance Act (BC)*
  - Information on the Crime Victim Assistance Program
- Crown Counsel Policy Manual: Alternative Measures for Adult Offenders
- *Freedom of Information and Protection of Privacy Act*
- Referral Policy for Victims of Power-Based Crimes (BC)
- *The Restorative Justice Act* (Manitoba)
- *Victims of Crime Act* (BC)
- *Youth Criminal Justice Act*

Reports and Guides

- BC Justice Reform Initiative: A Criminal Justice System for the 21st Century
- Report of the Blue Ribbon Panel on Crime Reduction (BC)
- Manitoba's Strategy for Victim-Centred Restorative Justice
- A Review of Complaints and Resolution for Victims of Crime (UK)
- Victims of Crime: Victim Service Worker Handbook
- Victims' Rights in Canada
- Crime Victim Assistance Program Counselling Guidelines 2015

Additional Resources on Victim Services and Restorative Justice

- Annotated Bibliography: Victims and Restorative Justice
- Ministry of Justice's Information for Victims of Crime
- Information on the Crime Victim Assistance Program
- List of Victim Services and Legislation in Canada
- Publications for Victims of Crime (BC)
- VictimsInfo.Ca – An Online Resource for Victims & Witnesses of Crime in BC

Note: The 2014 Symposium Facilitation Report "Building Relationships: Police-Based Victim Services and Restorative Justice Programs Serving Victims Together" mentioned in this guide is not yet posted online but is available upon request to interested RJ and VS programs. Please email Office@rjvictoria.com if you would like a copy of this report.

Alternative Measures in BC

The role of RJ as an alternative to the traditional criminal justice system continues to evolve. This can create difficulty in understanding the roles and responsibilities of RJ programs, including the willingness of VS agencies to refer victims to RJ programs. Thankfully, some existing legislation helps define RJ, including when it should and should not be used.

The Crown Counsel Policy Manual sets out the parameters of Alternative Measures for Adult Offenders in BC. In it, the Province both supports and recognizes that alternative measures can often be the most effective and appropriate way to a) repair harm to a victim and community, b) rehabilitate offenders, and c) enable them to accept responsibility for their actions. Even though the policy uses the broader term "alternative measures," it specifically states that the policy refers mainly to programs that are based on RJ principles.

This policy presents a series of guidelines for when alternative measures should be considered, should not be considered, and when they should not ordinarily be considered but exceptions are possible. Offences listed that must not be considered for alternative measures are generally the most serious violent offences, such as murder, aggravated assault, or kidnapping.

For the full Alternative Measures for Adult Offenders policy, please see the Ministry of Justice website or review our list of resources above.

Appendix F: Canadian Victims Bill of Rights

CANADIAN VICTIMS BILL *of* RIGHTS

An Act for the Recognition of Victims Rights

Whereas crime has a harmful impact on victims and on society;

Whereas victims of crime and their families deserve to be treated with courtesy, compassion and respect, including respect for their dignity;

Whereas it is important that victims' rights be considered throughout the criminal justice system;

Whereas victims of crime have rights that are guaranteed by the Canadian Charter of Rights and Freedoms;

Whereas consideration of the rights of victims of crime is in the interest of the proper administration of justice;

Whereas the federal, provincial and territorial governments share responsibility for criminal justice;

Whereas, in 1988, the federal, provincial and territorial governments endorsed the Canadian Statement of Basic Principles of Justice for Victims of Crime and, in 2003, the Canadian Statementof Basic Principles of Justice for Victims of Crime, 2003;

Now, therefore, Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

RIGHT TO INFORMATION

Every victim has the right, on request, to information about

(a) the criminal justice system and the role of victims in it;

(b) the services and programs available to them as a victim, including restorative justice programs; and

(c) their right to file a complaint for an infringement or denial of any of their rights under this Act.

Every victim has the right, on request, to information about

(a) the status and outcome of the investigation into the offence; and

(b) the location of proceedings in relation to the offence, when they will take place and their progress and outcome.

Every victim has the right, on request, to information about

(a) reviews under the Corrections and Conditional Release Act relating to the offender's conditional release and the timing and conditions of that release; and

(b) hearings held for the purpose of making dispositions, as defined in subsection 672.1(1) of the Criminal Code, in relation to the accused, if the accused is found not criminally responsible on account of mental disorder or unfit to stand trial, and the dispositions made at those hearings.

RIGHT TO PARTICIPATION

Every victim has the right to convey their views about decisions to be made by appropriate authorities in the criminal justice system that affect the victim's rights under this Act and to have those views considered.

Every victim has the right to present a victim impact statement to the appropriate authorities in the criminal justice system and to have it considered.

RIGHT TO RESTITUTION

Every victim has the right to have the court consider making a restitution order against the offender.

Every victim in whose favour a restitution order is made has the right, if they are not paid, to have the order entered as a civil court judgment that is enforceable against the offender.

As passed by the House of Commons on February 23, 2015

RIGHT TO PROTECTION

Every victim has the right to have their security considered by the appropriate authorities in the criminal justice system.

Every victim has the right to have reasonable and necessary measures takenby the appropriate authorities in the criminal justice system to protect the victim from intimidation and retaliation.

Every victim has the right to have their privacy considered by the appropriate authorities in the criminal justice system.

Every victim has the right to request that their identity be protected if they are a complainant to the offence or a witness in proceedings relating to the offence.

Every victim has the right to request testimonial aids when appearing as a witness in proceedings relating to the offence.

Rt. Hon. Stephen Harper, P.C., M.P.
Prime Minister of Canada



Building Relationships: Police-Based Victim Services and Restorative Justice Programs Serving Victims Together

Symposium Facilitation Report

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May 27 and 28, 2014

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INTRODUCTORY COMMENTS

On May 27th and 28th, 2014, key professionals from police-based victim service programs and restorative justice programs across British Columbia came together to participate in a two-day symposium titled: "Building Relationships: Police-Based Victim Services and Restorative Justice Groups Serving Victims Together." The purpose of the symposium was to:

- Create a forum for healthy dialogue and reflection on meeting victim needs more seamlessly
- Identify both good practices and barriers to collaboration between Police-based Victim Services (PBVS) and Restorative Justice (RJ) programs
- Build stronger relationships between the PBVS and RJ sector in order to better serve victims
- Identify next steps required to move this conversation forward in a productive and effective manner

This report contains a summary of the key issues and themes that emerged during the symposium, as well as next steps for consideration as the relationship between police-based victim services and restorative justice continues to evolve. It also includes a compilation of the raw data that arose from the symposium, which was compiled and transcribed by the Victim Services and Crime Prevention Division of the Ministry of Justice.

PROCESS

With funding from the Department of Justice Canada, the Victim Services and Crime Prevention Division of the Community Safety and Crime Prevention Branch undertook the important task of bringing together key professionals engaged in police-based victim support services and restorative justice services across the province of British Columbia. To ensure the symposium was practical, engaging, and useful, an Advisory Group inclusive of representatives from victim services, restorative justice, the RCMP and the Ministry of Justice was formed to guide the development of the two-day symposium.

Approximately sixty professionals from relevant sectors came together with the support of a facilitator to engage in a dialogue with one another, with a focus on building connections and answering the following key questions:

- What does the current relationship look like between police-based victim services and restorative justice groups? How come it looks this way?
- Who is meeting what needs for victims? What needs of victims are not being met?
- What is working well in the current relationship?
- What are the barriers to building a stronger relationship?
- What steps need to be taken to strengthen the relationship so victims receive the best services possible?

To ensure the dialogue was rich and all-encompassing, participants were repeatedly divided into different groups with representation from police-based victim service programs and restorative justice programs. Each group was assigned a group supporter from the Advisory Group, who was responsible for ensuring full participation and a deep exploration of each question. Each group also chose a timekeeper, a note taker, and a group reporter. The A*ppendix* in this report provides each group's responses to the questions.

SUMMARY OF THEMES: CURRENT RELATIONSHIP

The current relationship between police-based victim services and restorative justice programs appears to be seen as an unexplored, tentative, and yet an important relationship that requires focused attention.

The key words used to describe the relationship included:

- Group One: Misunderstood, diverse, cautiously-evolving
- Group Two: Necessary, changing, evolving
- Group Three: Inconsistent, hopeful, developing
- Group Four: Cautiously moving ahead – work to do
- Group Five: Work-in-progress, blossoming
- Group Six: Misunderstood, unexplored but with potential
- Group Seven: Fragmented, mistrust, informal

When asked why this relationship is in its current state, participants provided many reasons with a focus on three key reasons:

1. There exists mystery and uncertainty between the two groups in terms of their roles, responsibilities, and what services are provided to victims. This mystery is described as emerging from a lack of exposure to each other.
2. There also exists a lack of provincial direction outlining how the two groups need to work together. By extension there are no Memorandum of Understandings (MOUs) to guide and govern the joint work of both groups. It is up to each community to decide if and how they will work together.
3. From one community to another, restorative justice programs vary in their level of development, the funding they receive and the capacity of the staff/volunteers. As a result, there is a lack of trust in some communities where restorative justice programs are perceived as underdeveloped and lacking in resources to ensure volunteers and/or staff have the appropriate training and capacity to work with victims.

SUMMARY OF THEMES: WORKING WELL

When asked to discuss what is working well in the current relationship between police-based victim services and restorative justice programs, there appeared to be some trepidation in answering the question due to the lack of exposure to the other's programs. It was certainly easier to answer for those police-based victim services and restorative justice providers who are currently working together. However, these partnerships appear to be small in number.

The majority of the participants highlighted that what is working well is:

- A joint desire to lay the foundation for what could be a collaborative relationship in the future.
- A formal venue exists within which providers from both programs can come together to understand each other's programs.
- A joint desire to work in support of victims and ensure they get access to all of the available services.
- A sharing of best practices through formal and informal dialogue.
- The increased exposure both programs are currently receiving from coming together.

SUMMARY OF THEMES: BARRIERS

When asked to highlight the barriers to building a stronger relationship, participants highlighted three key barriers:

- There needs to be more formal and informal opportunities to dialogue and understand each other's programs. The lack of dialogue appears to have resulted in assumptions being made about how victims are actually supported. These assumptions appear to be based on public perception, individual relationships, standardized processes or lack there of, paid vs. volunteer staff, etc.
- There seems to exist a greater lack of understanding of restorative justice services, ranging from who is served, with the perception that restorative justice programs are often seen as offender focused, to how they are served.
- The result of the above two barriers could be seen to create the third barrier: A lack of trust and confidence in each other's services and, in particular, in the capacity of restorative justice services to work with victims.

SUMMARY OF THEMES: NEXT STEPS

Participants provided a range of short-term and long-term next steps to improve the relationship between victim support services and restorative justice groups.

Short-term:

- Informal dialogues within communities.
- Sharing of success stories.
- Look for opportunities to network.
- Engage in co-presentations to highlight each other's programs.
- Engage in training together.

Long-term:

- Create MOUs to formalize the relationships between police-based victim services groups and restorative justice groups.
- Evaluate the creation of MOUs on the community, victims, and both service providers.
- Jointly explore options for sustainable funding for restorative justice programs.
- Create a provincial restorative justice association. Ensure a yearly symposium occurs.
- Explore how to build restorative justice into police-based victim services deliverables and vice versa.
- Develop paperwork that flushes out:
    - The services provided by each group.
    - The roles and expectations of each group.
    - How referrals are shared.
    - How the success of these two groups working together can be measured, eg. implement evaluation strategies.

CONSIDERATIONS FOR MOVING FORWARD

The following considerations for moving forward were developed by the facilitator after an analysis of the Next Steps that were provided by the participants during the symposium. They are intended to provide a starting point from which stakeholders in B.C. can move forward towards building stronger relationships between police-based victim services and restorative justice programs.

1. **Regular Networking Opportunities:** Police-based victim service programs and restorative justice programs should continue to find formalized opportunities to further explore each other's services and future opportunities to work in collaboration. Although informal conversations are encouraged, it is important that the groups be formally supported to carry on this work, and the collaboration not be totally reliant on the individual relationships in each community.

2. **Formalize Relationships:** A generic MOU template, or similar tool, could be designed to assist these two groups in formalizing their relationship in those communities where a formalized process is preferred and a readiness to work together exists. It may be useful for the template to include:
    a. Roles and responsibilities of each group
    b. Guiding principles for the joint work
    c. Process for working together in the service of victims (e.g. how referrals will be made)
    d. How evaluation of their working relationship can occur

3. **Capacity Building:** In order to begin addressing issues related to capacity within restorative justice programs and trust between the two groups, a larger scale conversation should occur to look at ways to grow and sustain restorative justice programs so that they are capable of supporting and meeting the needs of victims. This could also include taking steps to explore new options for sustainable funding and looking for ways to reduce funding discrepancies between program areas.

4. **Pilot Project:** It would be useful to create a pilot project focused on a police-based victim services program working with a restorative justice program in the service of victims. This pilot project could be used to assess how these two groups could work together, what a formalized relationship could look like, to address possible barriers and to identifying what is required for a successful relationship. This information would then need to be made available across the province and potentially used as a model for example for other communities.

5. **Provincial Working Group:** Consideration should be given to a provincial working group with leaders from police-based victim services and restorative justice programs. The Working Group would be organized to look more closely at the existing barriers between these groups and to design and assist in implementing solutions.

6. **Identifying Additional Next Steps:** It is suggested that key stakeholders read this report and come together to analyze the data further and flush out other actionable items and corresponding timelines.

CLOSING COMMENTS

There clearly exists a strong passion amongst police-based victim service programs and restorative justice programs to meet the needs of victims to the greatest degree possible. There also clearly exists a desire to understand each other's processes, philosophies, and protocols and, wherever possible, begin to work together.

It was a pleasure to witness the deep commitment to victims that each participant brought to the two-day symposium and it is evident that the cumulative passion and commitment of all the participants will result in unique and meaningful next steps to grow the relationship and better serve the needs of victims in B.C.

APPENDIX: RAW DATA

Building Relationships: Police-Based Victim Services and Restorative Justice Programs Serving Victims Together

Symposium Facilitation Report

QUESTION ONE

Q1—What Does the Current Relationship Looks like?

Table 1

- Victims services rep on RJ Board of Directors
- VS see RJ as offender-focused
- Lack of consistent understanding of one another
- Competitive—for limited funding, for clients
- Unclear/Inconsistent referral practices
- Need greater integration/input regarding discretion to refer
- Gaps related to RJ not being reflected in victim service contract deliverables
- Based on individual levels of interest in RJ
- Misconceptions about goals of RJ as a process

HOW COME THIS WAY:

- Lack of understanding of one another's roles and responsibilities
- Absence of provincial direction

Table 2

- Mean well—Falls Through the Cracks
- Better communication
- Meet monthly
- Grass roots
- Timing is important

HOW COME THIS WAY:

- Misperception of RJ
- Timing and protection of victim
- Diversity of programs
- Resources

Table 3

- Referral based relationship
- Not always reciprocal
- Community differences
- VS→RJ→Police→C.C.-->P.O (this diagram is trying to reflect the relationship between a bunch of referral sources and RJ and VS, but it is difficult to type it out!!)
- VS→adult
- RJ→youth
- Desire to partner with RJ→VS
- Parole Board questions
- Work with Crown

- Policy challenges
- Ministry of Justice provides VS parameters
- Capacity within programs
- Aboriginal Justice Elder direction→based on capacity
- Trust in relationships
- Lack of awareness of service/outcomes for victims
- Bureaucratic barriers

Table 4

- No relationship
- No relationship because no RJ program
- Lack of awareness
- VS sits on RJ Board→share training but no shared clients
- Mandates different between VS and RJ
- How RJ program operate
- Disconnect between VS and RJ plus between other VS-VS and RJ-RJ
- VS sits on RJ Community Advisory Committee
- Okanagan Valley RJ Network→ North, Central and South Okanagan
- Understanding each other's process, confidentiality and training
- Two porcupines attempting to make love...proceed with caution and creativity!

HOW COME THIS WAY:

- Sustainable funding
- Systemic approach
- Cowper Report

Table 5

- RJ is minimally involved
- There is a gap between what VS works on and what RJ works on in terms of crime types
- Crime types/files have increased in complexity and no time to refer lower grade filed to RJ like a B&E
- RJ is not present at any of the community coordination tables and committees
- RJ has developed more slowly than VS, so not as recognized, established as an equally involved partner eg. Don't go to morning briefing (presumably at a Police Detachment?)
- Very positive for the police who have been involved. Those members need to mentor to new members who haven't yet experienced RJ
- RJ has not yet been made a priority—this needs to change for the relationship to work differently
- Many detachments don't have a liaison who reviews every file to decide which go to RJ
- There is still uncertainty on which RJ programs are recognized/which to refer to?
- VS response is immediate. RJ is a program that comes in later. Referral on the file happens later

- Swinging pendulum of either victim rights or offender programs, but it is hard for society to imagine a system that addresses both
- RJ and VS are still seen as very separate programs, that should not be mixed
- Our system doesn't support a relationship between the victim and the suspect, so how can we expect the process to accept this without formal mechanisms put in place
- There is still fear that the victim will get hurt in the RJ process
- RJ is still offender focused

Table 6

- Context specific/community-specific
- Isolated/Separate
- Work together in some ways and not others, i.e. public education
- Not always reciprocal relationships
- Absence of understanding/trust at times
- Philosophically different focus' i.e. victim-focused OR victim AND offender focussed
- Sometimes a lack of education/clarity
- Challenged to continually educate all involved program partners (new ppl)
- Lack of agreed upon/shared protocols/processes
- Privacy/disclosure challenges
- Need more direct experience
- Not enough written materials to educate users/community
- Need more resources

Table 7

- Division—not believing in process, conflict of interest, can't do both roles
- Share volunteers
- Starting to have dialogue, baby stages
  --looking to refer to each other
  --thinking about shared volunteers
  Good personal relationship and trust
- CJI: do not have working relationship with PVS but have a good relationship with CSC VS, training federal VS has provided a way to access victims.
- RJ is a lot of diversion, not going to VS
- What would the VS role look like in schools?
- In schools, often police (in Langley) have offender focus, not referring to RJ or considering victims
- CJS (criminal justice system) is concerned with the offender and the state. Both RJ and VS are marginalized
- Expect more crown referrals in near future, need the relationship to strengthen

QUESTION TWO

What is Working Well with RJ and VS?

Table 1

- Willingness to work together
- Government support for dialogue and collaboration
- Raising awareness between RJ and VS groups
- Increasing curiousity and interest
- Fostering informal and formal relationships—lots of cups of coffee
- Diverse community-led board and staff that gently fosters relationships
- No conflict of interest for detachment volunteers
- Strong community vision/mandate statement
- More similarities than differences
- Having everyone at the table together (i.e. justice system partners, Health, etc)
- Maintaining working protocols to keep continuity going

Table 2

- Sharing information
- Expanding each other's knowledge by shared experiences
- Role clarification
- Focussed on same outcomes
- Mutual commitment
- Geography—shared space
- Relationship/connection/shared clients
- Regular meeting with justice groups
- Joint training—VS and RJ (both ways)
- Enhanced collaboration, identified mutual concerns looking outside box to all agencies to collaborate/connect

Table 3

- Aboriginal Justice Programs Work Well with VS (BC Programs)
    - Remote communities smaller—tighter links
    - Relationships out of necessity?
    - Larger communities more difficult to bridge gap (silos)
    - Refer to people, not to programs
- Formed relationship within Department (Williams Lake)
- Intention to support victims through process....both there to meet victims needs
- Shift in Focus→Understanding perspective of victims ...."Listening Project"
- People Championing People...Healing, Community

Table 4

- Passionate/caring (both VS and RJ)
- Walk the talk
- Common goals/foundational values
- Willingness to work together
- Proximity
- Compromise
- Respecting confidentiality
- People-driven/client-centred
- Open communication and trust
- Training and education
- New members meet with RJ
- MOU-LOU (Letter of Understanding)

Table 5

- Know each other exists
- Relationship works and it has been developed over years...stories
- Education and sharing information about each other's services
- Working in many communities and it is important to focus on the relationship
- About the people and the relationships
- Go to an RJ process as a VS worker to see and understand how it works...RJ extended the invitation to support the victim in the process
- Good relationships with RCMP & VS and VS sits on RJ Advisory Committee. VS and RJ go to lunch. VS and RJ both have seats at Unit Head meeting—weekly. VS was involved in original set-up of RJ. Okanagan Valley RJ network
- Theme: Integration and Collaboration

Table 6

- Dialogue
- Curiousity, openness to explore
- Desire to engage
- Mutual respect
- Building relationships
- Recognizing limitations
- Recognizing we are resources for each other (eg. Debriefing with one another)
- Shared philosophy
- The tipping point
- Training back and forth (presentations...etc)
- The general public is becoming more aware of RJ

Table 7

- RJ not common to all programs but share volunteers, training, symposiums when possible
- Mutual respect
- Working together
- VS liaise between police and RJ
- Acceptance of principles in each program
- VS on RJ boards
- Follow-up and contact through process to eliminate duplication of referrals
- Not seeing a conflict of interest but as extension of client support
- VS can be support for client through RJ process
- Mutual trust
- Police buy-in of process
- Support for each other
- THIS event is working (so far!) ☺
- Optimism—moving forward

QUESTION THREE

What are the Roadblocks/Barriers in the RJ-VS Relationship?

Table 1

- Sustainable funding
- No communication—silos
- Public attitudes –punitive culture
- Political messaging "tough on crime", "not safe in your community—we will keep you safe"
- Court process where victims are not heard
- RJ relies primarily on police to refer
- Fear of the unknown—not trusting the process/program→fear of revictimization
- Lack of training on referrals 9e.g. Alt measures)
- Physical distance/isolation
- Different philosophy→ "forgiveness"
- Need training on RJ for judges and crown counsel
- Co-location of VS in police detachments—culture of detachment/awareness of RJ
- Terminology—victims/offenders→ can be limiting and stigmatizing
- Ensuring/trusting there will be safety for victims
- Type of referral RJ takes—i.e. no power-based crimes, lower-level only
- VS not always taking types of cases that RJ typically does
- Varying skill level/capacity of programs
- Different approaches to RJ—no consensus on "best" approach
- Sustainability of front-line service providers—lots of turnover
- Smaller communities—capacity—finding people who want to engage in this work—finding the right people.

Table 2

- "It's not my job"→ whose job is it then?
- Fear or resistance to doing job
- Skillset
- Not enough support or training
- Inconsistencies of experience/expertise→ what is the measuring stick? (expectations/qualifications)
    - Establishing credibility→ community, funders
- Perceptions of the other

    --VS perception of RJ (vice versa)

    --Literature/focus on OFFENDER

    RJ = offender→what does that have to do with victims?

    --view of RJ (get out of jail free)

    --lack of offender accountability

--framing the program (RJ)→optics of the public

--stakeholders?

- Use of terminology...diversion = justice?
- Confidentiality/privacy...how to share information, can create toxic environment
- Competitiveness/Territorial→Referral = pass on client?
- Boundaries→dependent relationships
- Resources to assist facilitating referral
- Time pressure by bureaucracy...push through to meet "other" needs (crown, police, etc.)
- Not understanding pressures/constraints of other program...systems programs working within
- Unhealthy working relationships...non-communicative, unappreciative of others role/constraints of role
- Unwilling to take healthy risks
- Lack of understanding/education of the system and the players within the system...role of crown, police, VS
- Power dynamics of the system....offender, crown, police, others less power...community, victim
- Funding = resources....staff turnover..."smart justice"---Massachusetts model (USA)
- Creative fundraising
- Alternative resources?
- Reallocation to prevention/intervention
- Commitment beyond funding

→legitimizing process/system/relationship

→recognition by "power players" (government)

Table 3

- "Forgiveness" presumption
- Misconceptions on both sides
- Presumed difference in values
- Perceived risk by VS to safety (confidentiality) of victim
- Perceived attitude that "victim should" behave/respond in a certain way
- Conflict of interest (can both sides be served?)
- Ideological differences
- Capacity of both programs→INCONSISTENT
- Do volunteers have enough/relevant training? Trust?
- Funding for RJ programs limited
- Consistency of service delivery from each program questioned
- POLICE (lack of support, referrals) culture shift needed
- VICTIM (awareness, refusal of service)
- Lack of personal relationships to enhance/grow programs
- SYSTEM—lack of options/lack of funding/heavily Crim Justice System based/offender focused/lack of recognition of community based justice
- PUBLIC PERCEPTIONS

Table 4

- Misconceptions of RJ per victims
- Mis-practice of RJ
- No standardization of RJ→different models
- Challenges with funding for RJ→need reliable continuous funding
- Court process stands in the way
- Confidentiality of jurisdictions
- Legislation and policy
- Need more clarity
- Victim Reluctance→ Fear, misunderstanding, not wanting to understand.
- Culture
- How and when RJ is offered
- Criminal Justice System Process
- Community response to increase penalty rather than RJ
- RJ not codified
- Standards
- No RJ program in Community
- Youth Criminal Justice Act

Table 5

- Knowledge/awareness (of RJ)→ no one has approached VS, info not available
- No info/policy on role of RJ for VS workers. May not understand expectations
- Dialogues have not been happening
- Police-based vs. community based programs (with VS)
- Fear/territorialism: "slippery slope, power imbalance perceptions" reinforced by lack of info
- Not knowing who works from what model. Need clarity.
- Lack of trust, community politics, previous history.
- Boards inadequately trained
- VS not knowing about provincial CAP mandate to work closely with VS
- Absence of clarity on where our services mesh—absence of protocols for collaboration
- Lack of collaborative model/framework
- Historical animosities and caution arising from those
- Funding—disparities/lack of/confidence in relation to...
- Contrast in mandated/not mandated for funding...may undermine confidence in lesser funded institutions—speaks to how the service is valued
- Diversity of RJ program capacity...limitations?
- Need more knowledge re: how volunteers are selected, trained, evaluated...safety issues for clients
- Lack of knowledge of models of RJ: what are they? How do they work? Which one?
- Need consistent, dependable core funding that enables professionalism, but that allows for regional/local particularities

- Lack of standardized criteria and evaluation mechanisms
- Issues around information sharing and storage...how/how long/FOI/privacy
- Awareness of safety issues—how are they handled? What are they?

Table 6

- Need to build awareness
- Governance/mandate→ need consistent referral system
- Funding and political climate
- Greater clarity of roles/services/responsibility
- Information protocols
- Lack of training/education
- Eager beavers (RJ practitioners having lots of passion but little training)

Table 7

- Old guard thinking and silos
- Need to build credibility (RJ programs), funding & training
- Evidence-based evaluations—does it work—recidivism...
- Evolution of VS, credibility, funding & training—became RCMP-based
- MOU from provincial-level
- RJ seen as a FN process not something for everyone---buy-in
- Community-based VS not in attendance
- Lack of understanding of members
- City-mouse/country-mouse, funding, training, person-driven, policy-driving, $11mil-$150K, ground in YCJA/CCC
- To increase funding of RJ not at the expense of VS
- Consistence and credibility go hand-in-hand
- Utilization of volunteers
- File management
- Support victim = retribution
  RJ = soft on crime
- Perception of good and evil→RJ humanize both parties
- Resources and access to
- Public orientation to "justice" is that justice needs to be done
- With larger/diverse community the offender is seen as being "bad"

QUESTION FOUR

What needs to happen next to ensue this relationship thrives and victims get the best support possible?

Table 1

S=short-term, L= long term

- S/L-find ways to bring both groups together in the future and ongoing
- L-Create a provincial umbrella organization for RJ
- S-Joint training opportunities eg. Annual PBVS symposium
- S/L—RJ needs champions with influence
- L-long-term, adequate funding to ensure program sustainability and credibility for RJ
- S/L—Public awareness campaign that dispels myths about RJ/VS
- S—more "cup of coffee" conversations to build informal relationships→ a starting place
- S/L—MOUs to reinforce relationships
- S-Identify within community the natural points where to invite RJ into VS and vice versa
- L-Exploring how to build RJ into VS deliverables
- S-Developing best practices
- S-Sharing widely examples of successful RJ-VS partnerships→tangible, concrete, specific examples
- S-Report out and share what we have done here for the last 2 days
- BC representation of VS and RJ FPT (federal-provincial-territorial) working groups

Table 2

S= short term, L=Long term

- S-Go for Coffee
- S-Education about services
- L-Meet with clients at same time → facilitate introductions
- L- update counterpart re: referral→open communication
- L-joint community presentations
- L-development of joint evaluation tool
- L-development of community impact report
- L-Development of MOU—Referral protocols, conversation on "how are we going to work together", fluid document—change with needs (simple or complicated ?!?)
- L-Orientation package—clarify roles and expectations

Table 3

- Needs: Next Steps
- What is the vision for this relationship?

- Explore the programs in your own community to get to know each other
- Look at internal and provincial RJ programs to see what's working and establish standards of practice (communicate and share ideas)
- Expand opportunities to network and create training events
- Focus on strengths and similarities
- VS programs to expand knowledge of RJ to foster more understanding and create more referrals (informed, appropriate)
- Recognize and involve community stakeholders
- Continue conversations re: what's working...have goals been met?
- Establish structure/model
- More exchange of ideas among programs (service providers) and "users" (victims, offenders)
- Work together to identify gaps→How to engage those not accessing services

LONGER TERM GOALS (for T3)

- Federal working groups to address key issues
- Sharing of lessons learned
- National Vision: raise profile of RJ
- Develop system/model for programs...accountability, "satisfaction" of clients with process
- Create public awareness

Table 4

- Acknowledgement that this forum and its participants support the collaboration of RJ and VS.
- Creating a provincial RJ group association to liaise with VS groups/act as political advocate...but moving towards this purposefully and slowly
- Operating guidelines for RJ and VS practitioners to form relationships to help mutually support victims
- Identify, articulate and establish a continuum of care for victims
- Who takes ownership? Who champions RJ? We need a distinct champion that is RJ/VS....who will be the voice? Consistent message that is acceptable to the public is needed

Table 5

SHORT TERM:

- Every person here identify one concrete step that we will take to further the relationship between VS-RJ in the next 30 days.
- Research on best practices re: restorative justice, victim-services relationships
- Initiate conversation with the province about RJ $
- Develop progress indicators

MEDIUM TERM

- Development of "guidelines" for the working relationship between RJ-VS

- Learn each other's terminology/philosophy/language
    - Guidelines→to empower and support and relating to best practice
- Start discussion with province re: funding issues for RJ (priorities)
- RJ credentials = paid staff

LONG TERM (10 years from now)

- Continue appreciative inquiry
- Documented understanding of role (RJ-VS)
- $ $ $ this is how the funding will be distributed equitably
- Evaluating the relationship

Table 6

LONGER TERM

- Funding
- Form Working Group of Interested Parties that Include victim and Offender
- Develop goals/mission statement
    - Identify Needs/Barriers and work to address them such as: funding and training/education

IMMEDIATELY

- Meet with Local RJ and VS re programming, making referrals both ways and flushing out concerns.

6 MONTHS to 1 YEAR

- Formalizing relationship, do joint presentations and offer training and mentoring

Table 7

- Keep conversation going
- Inviting each other to tables
- Look for intentional opportunities and unintentional opportunities to invite
- Who do we clarify "our new relationship" with?
- What are our commonalities...common-ground we share
- VS community-based programs at the table
- Accreditation process for RJ...to build credibility
- Pilot a few RJ programs to the fullest...funding, training and support
- Commitment from VS to work with VIRRJA (Vancouver Island Region RJ Association) and to work together
- Identify the needs of victims...role of VS and role of RJ
- MOUs...perhaps one at the provincial level
- Unified voice of RJ→Standards? An Association?

VICTIM NEEDS

VICTIM NEEDS AS MET BY RJ/VS/BOTH/NEITHER

The victim needs met by RJ are seen to be:

• Express impact on them	• Communication (direct or indirect) with offender
• Funding (all programs) could share or collaborate	• Explanation for why crime occurs/happened to them (2)
• Answers from offenders – why? (8)	• Healing
• Voice heard (9)	• Info about RJ processes/options
• Empowerment/control (6)	• Information
• Acknowledge their responsibility (offender)	• Is it over – won't happen again (2)
• Recovery	• Understanding
• Restitution	• Victims need to address shame

The victim needs met by VS are seen to be:

• Practical assistance navigating systems (3)	• Resources
• Emotional safety and support (7)	• Choices
• Advice/guidance (2)	• To express their emotions
• Answers	• To be heard
• Kindness	• Safety (2)
• The need for information on court processes and CJS and updates (8)	• Referrals to long term resources (counselling etc.)
• Guidance toward financial reparation	• To be updated

The victim needs met by both RJ and VS are seen to be:

• Closure (3)	• Empathy
• Referrals (2)	• To build mutually respectful relationships
• Answers (7)	• Victims need to feel safe (12)
• To be supported (13)	• Justice
• To feel their voice has been heard (8)	• Inter-agency working relationships
• Acknowledgement (4)	• To build trust and maintain relationship
• Information financial/emotional counselling (15)	• Empowered to ask for what they need (update/changes)
• Choice (3)	• To not be re-victimized
• To hear the offender's story	• A say in the outcome
• Validation of their experience as victims (2)	• Community support
• Care	• Consideration and Compassionate understanding

The victim needs that are not met by either RJ or VS are seen to be:

• Individualized responses	• Time
• Counselling (free of charge) ongoing during journey	• Options/choice
• Pragmatic financial support in aftermath of crime (2)	• Legacy, find some good in this
• A voice (2)	• Strategies for self protection from future crimes
• Continuum of care	

Key Considerations for Discussion Moving Forward:

- **Branch Mandate and Leadership**: CSCPB currently holds the mandate for restorative justice and has developed significant expertise in the area.
    - Since 2009, CSCPB has risk managed funding for approximately 50 CAPs across the province.
    - Since 2008, over $900,000 in Civil Forfeiture Grant funding has been provided to support specialized victim-sensitive restorative justice training and development projects.
        - In 2017/18 the Civil Forfeiture grant program included a stream to support restorative justice programs to develop internal accountability mechanisms. The Ministry supported nine projects under this stream, including an innovative provincial project to pilot the implementation of community-responsive standards.

- **Innovative Approaches to Enhancing Services to Victims**: CSCPB has supported a number of initiatives for community-based RJ groups in British Columbia to help build capacity to better serve victims; and to ensure better collaboration with victim-serving organizations. Initiatives supported by the branch through DoJ and Civil Forfeiture funding include:
    - A 2011 symposium bringing together Lower Mainland Victim Services Organizations and Restorative Justice Agencies
    - A 2012 joint 1-day workshop for RJ and PBVS focusing on working with trauma
    - A 2012-13 provincial training program offered in 5 geographic areas to train restorative justice groups in better service delivery for victims through restorative justice processes
    - A 2014 provincial symposium bringing together key stakeholders in RJ and PBVS to explore stronger collaboration for the purpose of better serving victims of crime.

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Restorative Justice: Key considerations
October 16, 2017

Purpose: Guide discussions regarding the scope and structure of the project to increase the use of restorative justice programs in BC.

INTRODUCTION

Mandate letter commitment 2017/18
'Increase support for initiatives that are proven to prevent and reduce crime, and increase the use of restorative justice programs.'

Current RJ activities in BC

- **Community Accountability Programs (CAPs)** operate in 45 communities. Referrals to the programs are mostly from police and some from schools. Funding is primarily from local governments and police forces. BC Prosecution Service (BCPS) has MOUs with a small number of programs for direct referrals.

- **Indigenous Justice Programs (IJPs)** are offered in 34 communities - more than in any other province. Programming is culturally-based and restorative in nature, offered to Indigenous offenders on probation and Alternative Measures. Substantial funding contribution is shared between the federal government and the province.

- **Other access to RJ** is offered through provincial jails, focused on Indigenous inmates and planning for reintegration after custody. Correctional Service Canada offers comprehensive RJ programming. Ministry of Children and Family Development (MCFD) offers RJ programming to youth while in the traditional justice process, delivered by trained ministry staff.

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Public statements about RJ in BC

- "Restorative justice provides victims of certain types of crimes greater participation in the justice system, and makes offenders more accountable for their actions.
- "We have seen restorative justice work in community programs in B.C. and in other jurisdictions."
- "Ensuring restorative justice is available province-wide is a priority for me, but how this will be done, when, and at what cost is being worked on, so it is premature to provide details."
- "There's a lot of room for restorative justice programs. There's a lot of room to bring back some of the historical ways they've dealt with within their own matriarchal society."
- "… I think we need a comprehensive restorative justice program in the province, not the piecemeal, patchwork approach that we have."
- See Appendix 2 for media reports and 2017 Estimates Hansard.

What is restorative justice?

- There is no one definition.
    - **Example 1:** A process whereby all the parties with a stake in a particular offence came together to resolve collectively how to deal with the aftermath of the offence and its implications for the future[1].
    - **Example 2:** A voluntary, community-based response to criminal behaviour that attempts to bring together the victim, offender and community, in an effort to address the harm caused by the criminal behaviour.[2]
    - **Example 3:** A non-adversarial, non-retributive approach to justice that emphasizes healing in victims, meaningful accountability of offenders, and the involvement of citizens in creating healthier, safer communities.[3]

- Based on the principle that crime is a violation of people and relationships, rather than merely a violation of the law, the criminal justice system should provide those affected by the crime, i.e. victim, offender and community, an opportunity to come to some understanding of what can be done to provide for appropriate reparation. [4]

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[1] Marshall, T. (1996). The evolution of restorative justice in Britain. *European Journal of Criminal Policy and Research.*
[2] Latimer, J. (2005). The effectiveness of Restorative Justice Practices: A Meta-Analysis. *The Prison Journal*.
[3] http://www.csc-scc.gc.ca/restorative-justice/003005-0007-eng.shtml
[4] Latimer. The effectiveness of Restorative Justice Practices

- Restorative justice is viewed as a valid third alternative to the traditional debate between rehabilitation and retribution[5].

- The **Centre for Restorative Justice** at the SFU, School of Criminology is available to advise and assist the project. The Centre is an organization grounded in academic research and expertise in the CJS, participating in work with the federal government, FPT and internationally.

Restorative justice in the criminal justice process

- Restorative justice may be initiated at any point in the criminal justice process, and not only as a pre-charge diversion of less serious criminal behaviour or misconduct.

- The points in the criminal justice system where individuals may be referred to an RJ program are:
    - **Police** – pre-charge diversion with a referral to an RJ program; in BC, community-based programs are under contracts for services with CSCP and exclude power-based offences.
    - **Crown** – in BC, after charge assessment, through Alt. Measures managed by Corrections, which frequently involve community work service and a letter of apology and may include a referral to RJ. There are also Crown's direct referrals of Alt. Measures to community-based RJ programs.
    - **Courts** – at sentencing, through Crown, very rare.
    - **Corrections** – almost always limited to referrals to Indigenous programs, through supervision of offender on community orders, mostly probation and some Alt. Measures. Also offered in custody centres, mostly focused on planning for release and reintegration for Indigenous offenders.
    - **Youth Justice** – delivered through MCFD staff with formal Extrajudicial Sanctions or at/post-sentencing. Only a few RJ cases per year.

- RJ is not an alternative to the CJS but rather it is an approach that may be added at any point in the criminal justice process.

Measurable outcomes of restorative justice

- Based on a meta-analysis of a number of studies evaluating RJ initiatives (by a leading researcher in the RJ field), the following outcomes were identified[6]:

[5] Ibid.
[6] Ibid.

- **Victim satisfaction** - participation in restorative justice programs results in overall much higher victim satisfaction.
- **Offender satisfaction** – moderate to weak increase in overall satisfaction.
- **Restitution compliance** – substantially higher compliance with restitution commitments.
- **Recidivism** – uncertain.
    - On average, RJ programs are funded to reduce recidivism; however, the results are impacted by a self-selection bias, i.e. RJ participants are volunteers, wanting to make a change. In addition, RJ most frequently targets offenders who commit less serious crimes and are low risk for reoffending, which contributes to positive results.

    - RJ does not normally target factors linked to criminal behaviour such as antisocial peers, substance use, criminogenic communities, antisocial attitudes, poor self-control, personality factors, family factors, low level of education and employment. Therefore, as an intervention, RJ is not well position to reduce recidivism. In comparison, offender management based on Risk-Needs-Responsivity principles, i.e. the basis for BC Corrections' practices, is found to have a much greater effect on recidivism than RJ.

    - RJ has demonstrated better outcomes when applied in conjunction with traditional offender management programming.

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APPENDIX 2: Public statements respecting RJ

Province seeks restorative reforms for justice system
Globe and Mail
Monday, July 31, 2017
Page S01
By Ian Bailey

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By CBC Daybreak Kamloops

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Man to go through restorative justice after belligerence to cops
Penticton Western News
Monday, August 21, 2017

By Staff
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PSSG ESTIMATES
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