EVE: Amethyst Response Team (ART) Program

A Gender-Based Violence Advocate in Every Hospital

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Introduction

With the support of ER doctors, End Violence Everywhere (EVE) proposes the implementation of a Gender-Based Violence Advocacy Program, The Amethyst Response Team (ART), in hospitals across Ontario. This initiative will place EVE ART Advocates — trained peer support specialists — in emergency rooms and key hospital departments to support survivors of intimate partner violence (IPV), sexual assault (SA), and gender-based violence (GBV).

Fiscal Case

Detecting and responding to private violence earlier isn't just humane — it's fiscally responsible. IPV costs the Canadian economy an estimated $7.4 billion annually in justice system expenses, health care, lost productivity, and social services.[1] Studies suggest that timely, trauma-informed intervention can reduce recurrent ER visits, mental health crises, and prolonged hospitalizations. Each missed opportunity to intervene is not only a personal tragedy but a financial burden on the health system.

The Need for Hospital-Based GBV Advocates

Hospitals are often the first point of contact for survivors of violence, yet *most* cases go undetected due to fear, shame, or a lack of proper support. Medical professionals, while critical in providing physical care, may not have the specialized training or time to guide survivors through the legal, social, and emotional aspects of their trauma. Medical professionals care deeply about all patients but are overburdened and may not have the time to navigate the nuances of treating a survivor.

Current Challenges

- **Low Reporting Rates:** Survivors often leave the hospital without disclosing the abuse due to fear of retaliation, lack of knowledge about their rights, or distrust in the system.
- **Missed Opportunities for Intervention:** Without trained advocates, hospitals may discharge survivors without connecting them to legal aid, counselling, or crisis resources.[2]

[1] Zhang, Ting, et al. *An Estimation of the Economic Impact of Spousal Violence in Canada, 2009*. Department of Justice Canada, 2012. Justice Canada Report PDF.
[2] Kothari, Catherine L., and Karin V. Rhodes. "Missed Opportunities: Emergency Department Visits by Police-Identified Victims of Intimate Partner Violence." *Annals of Emergency Medicine* 47, no. 2 (February 2006): 190-199.

- **Re-Traumatization in the Healthcare System:** Survivors frequently encounter systemic barriers, judgment, or dismissive attitudes from untrained staff.
- **Recidivism:** After a survivor is discharged, they are often further abused for even going to the hospital. This can cause an outburst of abuse from the perpetrator. Studies show 44% of IPV murder victims had been to the ER within two years prior to their death.
- **Burnout:** ER doctors are already overburdened and trying to navigate underfunded hospitals. Handling sensitive IPV/SA cases adds another task to the taxing work of the ER doctors.
- **Inadequate support:** Social workers in hospitals are generally only available from 9-5pm Monday-Friday, and this is not when the majority of IPV/SA occurs, leaving survivors in the ER with no one to turn to.
- **Burden on the government/tax payer:** multiple trips to the hospital equates to more spending. It usually takes a survivor seven times before actually being able to leave an abusive relationship without proper support. This means more money is spent instead of being preventative.

Amethyst Response Team: A Survivor-Centred Solution

ART Advocates will be stationed in hospitals to provide immediate, trauma-informed, peer-based support to survivors. Their presence will ensure that survivors are believed, empowered, and equipped with the resources needed to move forward safely.

A Model Inspired by Proven Ontario Successes

The ART Program draws on the strengths of two high-impact Ontario initiatives:

1. **University Health Network's (UHN) Peer Support Program in Addiction**

   Peer recovery coaches offered 24/7 in-hospital support, dramatically improving patient engagement, reducing stigma, and easing burden on clinicians. Similarly, ART Advocates will provide real-time support to GBV survivors — by those who have walked the same path.

2. **Geriatric Emergency Management (GEM) Nurses Across Ontario**

   These specially trained professionals are embedded in ERs across the province to address the complex needs of older adults. GEM nurses improve outcomes, reduce readmission, and lower costs. We believe ART advocates will deliver similar value to the often-overlooked population of IPV and GBV survivors.

By situating ART between these proven models, we propose a cost-effective, trauma-informed, survivor-centred innovation in hospital care.

Key Responsibilities of ART Advocates

1. **On-Site Crisis Support:**

- Provide emotional support and reassurance to survivors.
- Help survivors navigate the hospital process and understand their options.
- Create an immediate safe environment, making treatment easier to administer.

2. **Increase Reporting Rates:**

- Offer private, survivor-led conversations about legal and reporting options.
- Ensure survivors know their rights and available protections.

3. **Connect Survivors to Resources:**

- Refer survivors to shelters, legal aid, trauma counselling, and crisis hotlines.
- Coordinate with law enforcement, social workers, and legal professionals when needed.
- Help survivors co-regulate so they may report while out in a state of trauma.
- Be trained in emotional regulation therapy techniques.

4. **Support for Hospital Staff:**

- Assist in training nurses, doctors, and administrative staff on trauma-informed care.
- Help staff recognize signs of abuse and respond appropriately.
- Alleviate some responsibility for hospital staff so the burden is reduced.

Implementation Plan

Phase 1: Pilot Program (First 12 Months)

- Launch in five hospitals across Ontario, prioritizing areas with high IPV and GBV rates.
- Train and place one full-time ART Advocate per hospital.
- Evaluate the program's impact on reporting rates and survivor outcomes.
- If successful, roll out Phase 2 and 3

Phase 2: Expansion (Year 2-3)

- Expand to 20 hospitals across multiple provinces.
- Develop a 24/7 hotline for survivors unable to access an in-person advocate.
- Strengthen partnerships with police, legal aid organizations, and shelters.

Phase 3: Nationwide Rollout (Year 4-5)

- Establish ART Advocacy Teams in every major hospital across Canada.
- Advocate for legislation requiring GBV Advocates in hospitals as a standard of care.

Budget & Funding

- **Year 1 Pilot Cost:** $100,000 CAD
- **Funding Sources:** Government grants, hospital funding, corporate partnerships, charitable donations.
- **Long-Term Sustainability:** Partner with provincial health agencies to integrate ART Advocates into healthcare policy — something all regions in Canada can implement.

Current Challenges

Burden on the government/taxpayer: Without proper support, survivors often return to the ER multiple times. It takes an average of seven attempts before someone leaves an abusive relationship for good. This translates into preventable healthcare costs. In the US, for example, women who experience IPV incur 42% higher health care costs, and similar trends are seen in Canada.

Conclusion

The EVE: Amethyst Response Team Program is a life-saving initiative that will bridge the gap between survivors and the support they need. By placing trained peer-support advocates in hospitals, we can increase reporting, improve survivor outcomes, and create a healthcare system that truly supports victims of gender-based violence. We call on policymakers, healthcare leaders, and community partners to stand with us in making hospitals a place of true safety and support for survivors.

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Notes

1. Zhang, Ting, et al. *An Estimation of the Economic Impact of Spousal Violence in Canada, 2009.* Department of Justice Canada, 2012. Justice Canada Report PDF.

The $7.4 billion figure comes from a widely cited 2012 study by Justice Canada titled *An Estimation of the Economic Impact of Spousal Violence in Canada, 2009.* It is still the most comprehensive national estimate of the total societal costs of IPV in Canada.

The study estimates $7.4 billion in total economic impact of spousal violence in 2009, including costs borne by individuals, governments, employers, and society at large.

Breakdown of the estimate includes:

- **$3.7 billion:** Lost productivity (due to missed workdays, reduced work performance, and premature mortality)
- **$1.6 billion:** Health care and medical services
- **$0.9 billion:** Criminal justice system (police, courts, corrections)
- **$0.6 billion:** Social services (such as shelters, crisis lines, counselling)
- **$0.6 billion:** Other costs (legal expenses, pain and suffering, lost education, etc.)

Note: These are 2009 figures. Adjusted for inflation to 2025 CAD dollars, the total cost would be over $9 billion.

2. Kothari, Catherine L., and Karin V. Rhodes. “Missed Opportunities: Emergency Department Visits by Police-Identified Victims of Intimate Partner Violence.” *Annals of Emergency Medicine* 47, no. 2 (February 2006): 190-199.

The study examined ED utilization by women who were identified as IPV victims through police records. It found that, although these women had frequent ED visits, only 5.8% of those visits resulted in positive IPV screen, indicating that approximately 94.2% of IPV cases were not identified during ED visits. This highlights a significant gap in the identification of IPV victims within emergency healthcare settings.