

**Environmental Scan of Services and
Service Coordination
for Woman Abuse in Toronto**

Final Report

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for Toronto Public Health
November 2007**

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Executive Summary

The primary purpose of this project was to carry out an environmental scan of existing services and service coordination systems designed to serve the needs of women abused by intimate partners in Toronto. An environmental scan is a critical component of any effort to formulate plans, policies, or strategy; in short, to plan a future course of action. This scan will enable Toronto Public Health (TPH) to increase its understanding of the response system for women who experience intimate partner abuse and use this knowledge to further policy and practice initiatives related to woman abuse.

Data for the scan were collected from 47 key informants who participated in telephone interviews, in-person interviews or focus groups between October 2006 and January 2007. Key informants were identified through a collaborative approach with TPH. An initial list was augmented by a snowball sampling technique that generated additional key informants who were then subsequently contacted and interviewed. Key informants came from a range of organizations in the social services, criminal justice and health sectors as well as organizations that worked across sectors. The key informant data were supplemented by a review of relevant documents/policies/protocols related to woman abuse in Toronto.

The scan identified that there has been an increase in attention to the issue of woman abuse in Toronto. However, the findings suggest that, similar to other jurisdictions, many women experiencing abuse do not seek help or come to the attention of service providers. Specific factors identified in this scan as contributing to this include:

- limited/inconsistent public awareness raising/outreach activities;
- lack of a consistent approach to identifying woman abuse;
- women not being aware that they are experiencing abuse;
- lack of awareness of existing services;
- limited services in some geographic areas;
- lack of culturally sensitive services and outreach initiatives; and
- societal and structural barriers to women's ability to leave abusive situations, including poverty and a lack of viable economic and housing options.

For those women who are identified and/or choose to leave or to get help in dealing with an abusive relationship, the service system is not always responsive. The scan identifies strengths as well as gaps in services, service coordination, and the service system response across sectors in Toronto.

Services

There is a wide range of services available in Toronto, including a 24 hour crisis phone line, a targeted police response, including heightened protection for women at high risk, hospital-based crisis programs, counselling, support groups, and numerous other community initiatives. There has also been growth in some programs and services over

the last few years, such as the Transitional Housing Support Program for women leaving abusive relationships that is offered through numerous agencies in Toronto.

Many agencies in Toronto espouse a commitment to respond to and eliminate woman abuse. Some agencies have well-established programs with a long history of responding to woman abuse. Other agencies have new programs. The response to women who come to the attention of service providers, however, varies, both within and across sectors. The response also varies related to characteristics of the woman herself, such as her income level, immigration status, language and place of residence.

Grass-roots, feminist organizations have a long history of responding to abuse. As increased numbers of mainstream agencies with multi-service mandates have become involved in responding to woman abuse, bureaucratization of services has increased and flexibility of response has diminished. Funders are also setting stringent criteria regarding service provision and how outcomes are measured, resulting in challenges for small grass-roots agencies who compete for resources with larger multi-service agencies. The feminist orientation that has been at the core of the response to woman abuse is at risk.

The lack of ongoing sustainable funding and mandated services limits the consistency of response and makes it difficult to ensure ongoing programming. Many organizations are granted project money to provide programs and services such as counselling or training and, even though some initiatives are found to be helpful, agencies are no longer able to provide the program or service once the funding stops.

Key informants discussed additional issues and gaps that need to be addressed in order to improve services for woman who are abused in Toronto. These include:

- a shortage of prevention, outreach and educational initiatives for all women, as well as specific subpopulations of women (i.e., new immigrants, specific ethno-cultural groups, low income women);
- a shortage of services for diverse ethno-cultural and immigrant communities coupled with racism and a lack of culturally-sensitive programming in many sectors;
- a shortage of one-to-one counselling, especially long-term and/or for non-English speaking women;
- limitations on funding for ethno-cultural and immigrant services agencies who see women who have been abused (their funding as settlement agencies limits their work to an initial response and information provision);
- insufficient shelter beds, particularly for women with larger families or children with special needs;
- a lack of affordable long term housing;
- the private rental housing market discriminating against women leaving abusive relationships;
- a lack of economic supports and job training for women leaving abusive relationships;

- limited anti-woman abuse educational programs geared to men;
- limited programs and services to intervene with abusive men;
- limited programs and services for children who are exposed to woman abuse; and
- limited training for staff who respond to woman abuse, resulting in inconsistent responses and high staff turnover.

Service Coordination

The commitment to and momentum for service coordination across sectors has increased as a result of Coroner's Inquests and the Joint Committee on Domestic Violence. Some improvements in service coordination have been reported. The Woman Abuse Council of Toronto (WACT) has created best practices for a coordinated approach to woman abuse. The Court Advisory Committees and several committees of the WACT provide a forum for information sharing and coordination. Task forces and issue-focused committees bring people from various organizations together to work towards a common goal. The WACT's High Risk Committee, which is developing a comprehensive strategy for identifying and responding to potentially lethal situations of abuse, and the Scarborough Access project, which is identifying ways to make services more accessible to women and their children, are both working towards enhanced service coordination.

However, programs and services are not yet consistent in their response and oriented toward a common goal. Women are often alone in navigating a myriad of services. Several issues make coordination of woman abuse services in Toronto a challenge. The complexity of the issue and the complexity of Toronto's population require that a multitude of sectors and organizations need to be involved. Limited funding results in inadequate resources, as well as inadequate time for attending meetings, working across and within sectors for joint priority setting, and ensuring a unified and consistent response. Further, the commitment across organizations to a coordinated response is often dependent on whether or not there is an official mandate to respond.

Specific gaps/issues that need to be addressed in order to improve service coordination include:

- territoriality regarding issues and services across sectors;
- varied attendance at committee meetings such as the Court Advisory Committee, making it difficult to follow up on coordination issues;
- the need for more service coordination protocols and guiding documents, including endorsement within/across sectors. Specific examples include:
 - referral by police to hospital-based DV programs
 - referral to shelters
 - coordination between child protection services and other sectors, including the shelter system; and
- the need for better integration and coordination within the court system, including supports for women, coordination between Family and Domestic Violence (DV) courts, and more consistent prosecution of abusers.

Service System Response

Despite improvements in inter-sectoral work, the service system response to woman abuse in Toronto still falls short of consistently identifying women who are experiencing abuse and helping women who choose to leave abusive situations. Understanding the issue of woman abuse and essential responses both across and within sectors varies, resulting in lack of commitment to a common goal. There is no unified system to prevent, identify and respond to abuse. The service system response has improved such that some women receive the help they need when leaving an abusive relationship. Generally, women who speak English, who know they are experiencing abuse and know about available services have an easier time accessing the help they need.

The need for woman abuse services is growing and new subpopulations of women are in need of new services and outreach strategies. The social services sector in particular is seeing increasingly vulnerable women (multiple victimizations) and women who are racialized, especially those who are immigrants and/or without legal status. The criminal justice sector reported an increase in abuse among young women, including in teen dating relationships.

Several key themes related to the service system response emerged from this scan. They include the following:

- lack of accountability for a systemic response which results in an inconsistent response across sectors;
- no universal mandate for protocols that outline a response to woman abuse across sectors and within organizations;
- a trend towards the “de-gendering of abuse” to a more gender neutral framework, resulting in limitations in how shelters and other organizations can work with women;
- a lack of inclusive approaches and models to work with women from disabled, lesbian, racialized, new immigrant communities and women without status; lack of cultural sensitivity and inability to meet the needs of women from specific ethno-cultural communities;
- gaps in the response from the judicial, health, and social services sectors as well as the need to involve the educational sector; and
- dual charging of women by the police and mandatory reporting to child welfare, which deter women from seeking help from the police, shelters and other services.

Most importantly, the scan demonstrates that the service system must go beyond the traditional notion of services and address the political and structural root causes of abuse, and the inequalities that contribute to abuse. Poverty, a lack of housing and child care, shame, and a sense of powerlessness all deter women from leaving abusive relationships or seeking help. There is no substantive policy focus, especially related to broader issues such as economic security and housing policies that trap women in abusive relationships. Political discourse on these issues and policy changes that work towards women’s equality need to be a core component of the response to woman abuse.

Recommendations

It is recommended that:

1. TPH use the findings of this scan to inform the development of best practice guidelines for Healthy Families Public Health Nurses and a TPH Organizational Policy on Woman Abuse.
2. TPH discuss the implications of this scan for its policy, program, prevention, and advocacy initiatives and explore the possibility of enhanced roles for TPH in: outreach to women who may be experiencing abuse; advocacy and education related to the determinants of health and their relationship to abuse; detection and response to abuse; and working with the health sector to enhance its capacity to identify and respond to woman abuse.
3. TPH share the findings of this scan with key informants and other stakeholders involved in responding to woman abuse and encourage key informants and other stakeholders to discuss the findings and implications of this scan for policy, program, and advocacy initiatives within their own organizations/networks.
4. TPH share the findings of the scan with key municipal and provincial stakeholders.

Section 1 Introduction

Early Childhood Development funding provided Toronto Public Health (TPH) with five year funding (ending in December 2006) to embark on a Family Abuse Prevention project. One of the key objectives of this project is to “reduce the incidence of abuse towards pregnant women and women with children aged 0 to 6”. Two key initiatives of the project are:

- 1) A TPH organizational policy on identifying and responding to woman abuse; and
- 2) Best Practice Guidelines for Healthy Families’ Public Health Nurses for identifying and responding to woman abuse, specifically abuse of women by male intimate partners.

To facilitate the development of these two initiatives, TPH hired consultants to carry out an environmental scan of woman abuse services in Toronto. The environmental scan will be one of several inputs that will inform the development of the TPH organizational policy and the Best Practice Guidelines for Healthy Families’ Public Health Nurses.

Section 2 Background

Woman abuse is a pervasive and ongoing problem in Canada and worldwide. It affects many aspects of a woman’s life, including her economic and social equality, physical and mental health, well-being and economic security (Johnson, 2006). There are many definitions of woman abuse. For the purpose of this document, the term “woman abuse” refers to the violence and intimidation that many women experience in intimate relationships (Randall, 2003). It is the intentional and systematic use of tactics to exert and maintain power over women that results in or is likely to result in physical, sexual or emotional harm (Reynolds & Sweitzer, 1998; United Nations, 1993). The abuse can be emotional, financial, physical, and sexual and can include intimidation, isolation, and threats (Reynolds & Sweitzer, 1998).

The consequences and costs of woman abuse have been well documented. Physical and emotional health consequences can be profound and endure long after the abuse has stopped. More immediate physical effects can include the results of injury such as scratches, broken bones, bruises, and knife wounds (Tjaden & Thoennes, 2000). Research suggests that the more prolonged and severe the abuse, the greater the effect on a woman’s health (Leserman et al., 1996). Long-term physical effects of prolonged abuse depend on the severity and frequency of the abuse and can include health conditions such as chronic headaches, hypertension, gynaecological disorders, gastrointestinal diseases, symptoms of post-traumatic stress disorder and adverse pregnancy outcomes such as low birth weight babies and perinatal deaths (Campbell et al., 2002; Heise & Garcia-Moreno, 2002; Plichta, 2004). Abuse can also have psychological, emotional and behavioural effects on women, including depression, anxiety, low self-esteem, isolation, and alcohol and other substance abuse (Heise & Garcia-Moreno, 2002; Plichta, 2004).

There is a growing body of research that indicates that, in addition to the effects of abuse on women, witnessing abuse can have severe psychological and behavioural effects on children. These effects can include aggressive and non-compliant behaviour, anxiety, depression, low self-esteem, somatic complaints, hampered school development and post traumatic stress disorder (Suderman & Jaffe, 1999).

A study by the Centre for Research in Women's Health in London conservatively estimated the direct and measurable health costs of woman abuse to be at least \$1.54 billion (Canadian) per year (Day, 1995). A subsequent report by Health Canada (2002) estimated the measurable health-related costs of violence against women in Canada to exceed \$1.5 billion a year. These costs included short and long-term medical, dental and psychological care, lost time at work and the use of shelters and crisis centres.

Estimating the prevalence of violence against women is difficult because of the private nature of the experience (Johnson, 2006). Not all women report abuse to the police nor do they necessarily disclose the violence or abuse that they experience to anyone. Many factors such as the definitions used, socio-demographic factors and whether or not there is a socio-political context that permits or encourages women to name the abuse in their lives, contribute to varied rates (Registered Nurses Association of Ontario, 2005; Cohen & MacLean, 2003). A report summarizing results from the General Social Survey estimates the five-year prevalence rate of "spousal assault" for women in Ontario as 7% (Statistics Canada, 2005). This figure remained unchanged between 1999 and 2004. An earlier Canadian study, the Violence Against Women Survey (Statistics Canada, 1994) showed that of 12, 300 women surveyed, 25% reported that they had been abused by an intimate partner, with 10% having been assaulted at least once in the previous 12 months.

While statistics show that men experience abuse in intimate relationships, research, such as the 1999 and 2004 General Social Surveys (Statistics Canada, 2000, 2005), has shown that women continue to experience abuse at greater rates and that the consequences of abuse in spousal relationships are more severe for women. For example, in the 2004 General Social Survey (Statistics Canada, 2006) women were more likely than men to report being beaten, choked, or either threatened with, or having a knife or gun used against them by their intimate partner (23% versus 15%). The survey also showed that women were more likely to report that they were the targets of more than ten violent acts by their partners (21% versus 11%) and more likely to state that they had been injured as a result of the violence (44% versus 18%). Female victims of spousal violence were three times more likely than male victims of spousal violence to fear for their life and three times more likely to take time off from their everyday activities because of the violence. Police data from 68 police forces across Canadian urban centres from 1998 to 2004 indicated that women represented 87% of victims of partner assault (Johnson, 2006).

Over the past few decades, society has begun to acknowledge the problem of woman abuse. In the last 10 years, efforts for a coordinated approach to woman abuse by multiple sectors have intensified in Ontario. Following the murder of a number of women by their partners, the Ontario Provincial Coroner held an inquest in 1997 into the murder

of Arlene May, by her ex-partner Randy Iles (who then killed himself). The Inquest Jury made 213 recommendations on a broad range of issues, including the need for improved coordination of community programs and services. Subsequent reports from the Joint Committee on Domestic Violence (1999), another inquest into another murder-suicide (Gillian and Ralph Hadley), and a Domestic Violence Death Review Committee have all strongly emphasized the need for better coordination of services among the sectors and agencies working with abused women.

Various sectors have paid increased attention to addressing the issue of woman abuse, improving coordination and creating a service system response. The health sector has joined other sectors in strongly acknowledging and developing a response to woman abuse. Since woman abuse is now a well-documented health issue internationally (Chamberlain, 2004; World Health Organization, 2002), nationally (Canadian Nurses Association, 1992; Canadian Public Health Association, 1994; Health Canada, 1999), provincially (OPHA, 1999, 2003; Registered Nurses Association of Ontario, 2005) and locally (Woman Abuse Council of Toronto Health Committee, 2005), public health professionals are being called to become more involved in providing a coordinated public health response (Chamberlain, 2004). This response can only help in the progress towards an improved coordinated community response to woman abuse.

Section 3 Purpose

The primary purpose of this project was to carry out an environmental scan of existing services and service coordination systems designed to serve the needs of women abused by intimate partners in Toronto. An environmental scan is a report that captures a broad view of the environment around an issue and its purpose includes detecting new, relevant events and facts. A scan is a critical component of any effort to formulate plans, policies, or strategy; in short, to plan a future course of action. Through the environmental scan, TPH will increase its understanding of the response system for women who experience intimate partner abuse and use this knowledge to further policy and best practice initiatives related to woman abuse.

Section 4 Scope

This report discusses the results of a scan of the Toronto woman abuse service system. While it is not exhaustive it has been based on extensive in-person and telephone interviews, and a document review. The methodological details are provided in the following section.

The scan is intended to capture an overview of the services offered, as well as strengths and weaknesses in service coordination and the service response system. It is not intended to be an inventory of services.

A range of key informants (47 in all) from the social services sector (child welfare; community and social support; and shelter and housing), the health sector, and the criminal justice sector, as well as organizations which work across sectors as system wide organizations participated in the scan. The data are aggregated by sector and include an overview of the services provided as well as a discussion of service coordination and service system response issues in each sector.

Analytic comments and issues identified by key informants are presented in Section 6 of the report, which provides an overview of the data, by sector. The STEEP framework used to analyse the data provides an interpretive view of the findings as it discusses their meaning and implications for the system and for women who are experiencing abuse by their male partners. The concluding section of this report summarizes the key issues and includes recommendations based on the results of the scan.

Section 5 Methodology

The STEEP framework was used to guide the data collection process for the scan. This framework, in identifying the Social, Technical, Environmental, Economic and Political (STEEP) dimensions of the environment, directed that the inquiry include sources that could provide information relevant to each of these areas.

Key informant interviews were the primary data collection technique used to obtain information on existing services and service coordination systems designed to serve the needs of women abused by intimate partners in Toronto. A wide and diverse range of informants were interviewed, adding to the breadth and scope of the data. The key informant interviews were supplemented by two focus groups and a review of relevant documents/policy/protocols related to woman abuse services in Toronto.

Key informants were identified through a collaborative approach with TPH. An initial list was augmented by a snowball sampling technique that generated additional key informants, who were then subsequently contacted and interviewed. Appendix A contains a list of the key informants. Informed consent was obtained by providing potential key informants with a letter that outlined the nature of the research and delimited how the data were to be used. Confidentiality of individualized responses was assured, consent obtained, and an interview scheduled. A copy of the consent letter can be found in Appendix B of this report.

The interview guide was jointly developed by TPH and the consultants. Thirty-five individual interviews were conducted as semi-structured processes allowing informants to add comments in a more open-ended manner as desired. Most respondents addressed all of the interview questions, however, in some cases the guide was used selectively depending on the informant's role, agency represented, and the relevance of individual questions. Please see Appendix C for a copy of the interview guide.

Generally, key informants were interviewed either in person or by telephone at a pre-arranged time by one of the consultants. In some cases two individuals from an organization participated in an interview. In two cases, both consultants participated in the interview. Two focus groups were held, each with 4-8 informants. In both cases, following the focus group, selected individual interviews were scheduled to obtain additional information. The duration of interviews and focus groups ranged from 45 minutes to 2 hours. Detailed notes were taken during the interviews and focus groups. Interview notes were then reviewed and coded to identify key themes regarding available services, service coordination, and the service system response.

The scan also included a review of relevant documents. Documents were identified through a literature search and by key informants. These documents provide additional information on the nature of services delivered, assessment instruments, the mandates of the agencies providing services to abused women, and evaluations of service system elements and policies. The documents supported the work of the scan in enabling the consultants to develop an overview of the system, its players and issues, and in augmenting, reinforcing and triangulating the interview data.

There were no ethical issues either foreseen or encountered in conducting the scan.

Section 6 Results by Sector

The following section presents a summary of the results of the environmental scan by sector. Information regarding specific organization's services and responses to woman abuse, obtained from Key Informants, and in some cases, the organization's website, can be found in Appendix D. The information in Appendix D has been reviewed by the relevant key informants for accuracy.

6.1 Social Services Sector

Twenty-two key informants representing 19 agencies in the social services sector participated in interviews. Three general types of agencies are included in this sector: child welfare, shelter and housing, and community and social support.

A. Child Welfare

Key informants from all four child welfare agencies in Toronto (Children's Aid Society of Toronto [CAST], Catholic Children's Aid Society [CCAS], Jewish Family and Child Service [JF&CS] and Native Child and Family Services [NC&FS] were interviewed individually, 3 in-person and 1 by telephone.

Services Provided

The primary responsibility of child welfare agencies is to assess risk to children and protect them from harm. This role is provincially mandated by the Child and Family Services Act. All of the child welfare agencies provide services in addition to these mandated services.

All agencies provide screening, assessment and referral, and limited counselling. Some provide additional services. These include Partner Abuse Response (PAR) groups and “Here to Help” groups for children. PAR groups are funded by the Victim Services Unit of the Ministry of the Attorney General to provide an intervention for men charged with abuse.¹ “Here to Help” groups for children of women who have left abusive relationships are 12 weeks long.

As the longest standing child welfare organizations in Toronto, and those established specifically to undertake legislatively mandated child protection roles, CAST and CCAS have much in common. They provide the vast majority of child protection services in Toronto. While each has added additional services oriented to supporting families and addressing woman abuse, mandated child protection services define their role and organizational focus. Both agencies have introduced new programs to improve their support to abused women (e.g., the CAST’s specialized domestic violence team), as they are aware that abuse is a significant factor contributing to family breakdown.

JF&CS and NC&FS provide an extensive range of non-mandated services in addition to their child welfare role. These organizations developed to provide family supports in their respective communities and subsequently included legislated child protection. This history is important in understanding how these two child protection organizations differ from CAST and CCAS. Services offered include one-to-one counselling, groups for abused women, PAR, Here to Help programs, and public education and outreach. Both organizations see themselves as advocates and as service providers to the abused *woman* herself, going beyond their official child protection mandate. As well, both feel that it is incumbent on their agency to advocate for woman abuse services and to ‘take on’ other elements of the woman abuse system, especially advocacy in the courts and in the case of NC&FS, advocacy with the police.

All four agencies report that they are seeing an increase in the number of low income, new immigrant, non-English speaking women in abusive relationships. This increase is perhaps explained by an increased willingness to seek help after a period of establishing oneself as a newcomer. A concern for the child welfare organizations is that these women are particularly vulnerable to child welfare involvement as they often have few other supports.

Service Coordination

All key informants from the child welfare agencies believe that coordination of services has improved. They reflected that these changes have had an impact on their connection with the rest of the service system. They believe that community suspicion and mistrust of their agencies and their response to child abuse has to some extent been mitigated.

¹ Informants in child welfare and other agencies stated that while the courts usually make referrals, increasingly men are self-referring. Often, these men have been advised to do so by their lawyer, so that they are already participating in the groups prior to their court appearance. These groups are typically 16 week psycho-educational groups, informing men about the nature of abuse and encouraging them to see themselves as responsible. If a man misses 3 groups he can not continue to participate and the courts are notified.

They all follow the general protocols of the Woman Abuse Council of Toronto (WACT). They do not have specific service agreement protocols with other agencies, although one agency has developed an informal service coordination plan with a number of shelters to improve their clients' access to shelter beds.

Service System Response

A range of comments were made about the service system response focusing mostly on gaps in prevention and public education, the value of the Transitional Housing and Support Program, and gaps in the PAR and Here to Help programs. The lack of a substantive public policy focus in abuse prevention was widely acknowledged. Informants expressed concern that more public attention had been given to woman abuse a decade or more ago, but that it has slipped from the public gaze. Interventions were seen to be more likely to be effective if programs and services were being delivered in a social environment where the issues and prevalence of woman abuse were visible. For example, informants commented that in some communities, male power in the family is supported by cultural tradition and there are few public education programs or the involvement of the educational system and/or clergy to counter these perceptions. A broad public education strategy was identified as a need by several informants who felt that TPH could play a lead role, especially in advocating with other levels of government for such a strategy. Although this role is undertaken in part by the WACT, key informants were of the view that TPH would add an important voice.

All four informants acknowledged the value of the Transitional Housing and Support Program (THSP) funded through the Ministry of Community and Social Services (MCSS). Transitional Support workers in this program are hired through a variety of agencies in the social services sector and provide concrete supports and services to women experiencing abuse, ranging from apartment hunting to court support. The program is focussed on a premise of self-determination and workers assist women to access whatever supports they need.

Two key informants from child welfare agencies offered critiques of the meaningfulness of the PAR program. They had concerns that programming was limited, restrictive and not sufficiently intense to change the behaviour of male perpetrators. One informant referred to PAR as having the capacity to “plant the seed” rather than effect change. There was a general view that to be effective, programs such as PAR need to be able to vary their delivery to particular client's service needs. In addition, although a key element of the PAR program is periodic contact with the abused partner, several key informants reported that there is very little funding to do this effectively, as sometimes the woman is difficult to locate.

Some informants commented that the “Here to Help” programs should be more family-focused. They are funded to operate as child-only groups, although some agencies include mothers. Some informants argue that this approach does not support strong families, as children live in, and need to function within their families.

B. Housing

Three key informants working either in a shelter or an association representing shelters participated in telephone interviews.

Services Provided

Services provided within shelters vary from safety, risk assessment and temporary accommodation and meals to more extensive services with indefinite lengths of stay, counselling, respite child care, court accompaniment and other resources offered through transitional support workers. Most shelters provide accommodation for women and their children, although informants stated that there is variation in how well children are accommodated, especially in the case of large families or families with children who have special needs. Some shelters have been established to serve particular cultural communities. Most informants identified that a key factor in determining length of stay in a shelter is the ability of women to find suitable and affordable longer term housing, which remains a critical issue in Toronto.

Many of Toronto's shelters for abused women are members of the Ontario Association for Transitional Houses, which serves primarily as an advocacy organization for the shelters and the issues that abused women face.

Service Coordination

Within the broader shelter sector, a centralized intake process has been established to ensure that available beds are identified and shelter users have a central point of intake. Both agencies and prospective service users are expected to contact Central Intake. Shelters for abused women have been part of this intake process in the past and some continue to use this coordinating resource. However, some of the shelters are now foregoing the centralized intake process as several issues with the process have been identified.

Persons contacting Central Intake are "assigned" to a shelter. Key informants from shelters and from other social service agencies noted that there are many factors that affect the appropriateness of a shelter for an abused woman and her children. These include issues of culture, language, dietary restrictions, location and length of stay. Thus, a woman may be assigned a shelter that does not meet her needs as effectively as another shelter in the system might. This is a significant issue hampering effective coordination of a resource that is in short supply.

Under the provisions of the Child and Family Services Act, which mandates child protection in the province, anyone who has reason to suspect child abuse or neglect has a duty to report. An unintended consequence of this provision is that abused women can be reluctant to use the centralized intake process, as Central Intake must call CAS if a woman identifies that she has been abused or is at risk, and has children. Thus, abused women face an additional barrier in securing emergency or short term housing and may in fact be more likely to remain in an abusive situation because of fear that a call for help

will expose her children to a child welfare assessment. All of these complexities limit the effective coordination of shelter beds.

Service System Response

Shelters for abused women in Toronto have tended to be established as a result of the identification of a particular service need and according to particular ideological and/or service philosophy. Thus, some shelters are run according to feminist or anti-oppressive principles, some are focused on hard to serve clients, and some focus on specific populations. Very few shelters are targeted to specific ethno-cultural communities, especially those reflected by more recent immigration patterns. Informants identified that women from these communities may be reluctant to leave an abusive partner if they know they will have to rely on a shelter that may be culturally unfamiliar.

Informants talked about a shift in the last few years in how shelters deliver services. Funding criteria and increasingly large shelters have increased the bureaucratization of shelter operation, allowing less flexibility for shelter workers to provide women-centred services.²

Many informants, including those within the shelter system, report that there are insufficient shelter beds. Often, certain shelters that provide extensive support to abused women are difficult to access as they fill their beds quickly. Women with larger families were identified as having a difficult time finding a shelter. They are most likely to access shelters run by the City, which tend to provide fewer support services, due, in part, to their larger size and their general, rather than woman abuse-specific, orientation.

Almost every informant from all sectors commented on the lack of affordable and accessible housing. Informants advised that the poorest women are also those with the fewest non-material resources and social capital to obtain housing in the private rental market. Social housing waiting lists now top 70,000 people and as described above, the system that is intended to prioritize access to shelters does not always work effectively.

Finding long-term housing for women leaving an abusive partner is a challenge. Although abused women are supposed to have priority for housing administered by Toronto Community Housing, several informants reported that the bureaucratic processes employed in applying for social housing compromise this priority. Women are required to provide documentation - often including a lease - to prove that they cohabitated with an abusive male partner whom they have left. A requirement for medical documentation of abuse is also a deterrent for a priority application. Informants advised that women sometimes cannot obtain these documents or are embarrassed to supply medical details of their injuries. These rules cause some women to give up on applying as victims of abuse.

² For example, there are strict rules that a woman cannot spend a night outside the shelter because her bed needs to be accounted for in program statistics. Another example provided is that there is less time for staff to talk to women.

C. Social Services

Thirteen interviews (10 telephone and 3 in-person) were carried out with key informants from social and community support agencies, which include a wide range of traditional social service agencies and more specialized agencies providing services to survivors of woman abuse. Agencies included large multi-service organizations such as the YWCA and the Family Service Association, agencies serving primarily immigrant communities, and more specialized agencies such as the Barbra Schlifer Clinic.

Services Provided

Services within this sector vary widely but almost always include support or counselling groups of various kinds for differing populations of women who have experienced abuse. Most support groups are offered to women who are thinking about leaving or who have left an abusive partner. Most groups follow a psycho-educational model, but an eclectic range of models are used across organizations.

Some agencies offer therapeutic groups as well as counselling services. Many of these are free, but some agencies have a sliding fee scale. These services are in high demand, most often with waiting lists. There are a range of models used in counselling, but most organizations stated that they incorporate a feminist, self-determination model. Some informants suggest that most women who have experienced intimate partner abuse want counselling at some point. Wait times for counselling vary from 2 weeks to 4 months, although some agencies identified that they did not have a wait time. Groups are sometimes provided as a response to counselling wait times as they enable more women to receive support. An additional emerging response to counselling wait times is to limit the number of counselling sessions a woman may receive. These short term and “solution-focussed” counselling programs are identified by key informants as focusing on more practical rather than therapeutic concerns, due to the time restrictions. They range from 4 or 6 to 12 or 16 sessions in contrast with long term counselling where there is no predetermined end point and counselling often extends to years of service.

In this service sphere, there are numerous agencies serving specific ethno-cultural communities or immigrant communities. A few agencies have specific funding to respond to woman abuse. Many others, however, are funded strictly as settlement agencies. In the course of their settlement work they often encounter women experiencing of abuse. Due to funding limitations and heavy demands on their services, their responses are most often limited to an initial response, and provision of information and referral.

Other services in this sector include a confidential 24 hour crisis phone line for women who are experiencing abuse or the women’s family and friends, Here to Help groups, and PAR programs.

Service Coordination

Many key informants talked about how the system suffers from a lack of integration and coordination. Women fall through the cracks. There may be enough services, but there are poor connections and no consistent response to woman abuse. Some informants talked about how coordination has improved over the last few years, but has “far to go” to be effectively coordinated. As one informant said: “There’s been advancement in coordination, but not to a place of a unified system.” Committees such as those sponsored by the Woman Abuse Council of Toronto (WACT) have helped in “getting people around the table”, which is often seen as a first step in coordinating services.

Agency staff meet regularly through various committees such as the PAR, High Risk, Support Services and Cultural Issues Committees of the WACT. They may also attend Court Advisory Committees in their area (described later in the report) or other localized committees such as one that existed in North York.

There are few protocols or service agreements. Some informants mentioned following the CAS/VAW protocol. Some informants also mentioned that they followed guidelines set out by WACT (2002), which outline best practice guidelines for a coordinated approach to woman abuse. Their use, however, does not appear to be universal across programs.

Many key informants commented on the lack of integration and coordination within the court system, including lack of support for women as they negotiate the system. Specific issues identified were the lack of coordination between Family Court and the Domestic Violence courts and the lack of coordination between the Courts and those agencies involved in providing supports to abused women.

Service System Response

Informants were in general agreement about the major issues in this sector. Three major themes emerged. The first is that services are least available to particular and vulnerable population groups including poor and racialized women, women with disabilities or other special needs, recent immigrants, and women without immigration status. Almost all informants made similar comments with respect to the increasing vulnerability of the women they see. They report women with multiple needs, more women with complex un-addressed needs and more multi-generation trauma (e.g., women who have experienced war trauma, lost their whole family and now experience violence at home). The system was seen to work less well for immigrant women with language barriers. Racism was also reported to be an ongoing factor in accessing support services, housing, health care and a fair process in the criminal justice system.

Women who do not have landed immigrant status lose access to most services. Non-status women are often completely vulnerable to and dependent upon a male partner. In many cases, women are sponsored and are without status but have Canadian born children. The husband can simply say, “if you tell, I will call Immigration”. The lack of funding for settlement agencies dealing with abuse is problematic because women tend to readily use settlement services and these provide both anonymity and a legitimate basis

for the woman's presence there. Settlement agencies are already in high demand and without specific funding their responses to abused women are not adequate. A related issue occurs in situations where a man is charged with abuse, as his deportation can destabilize the family.

A second theme is that a major obstacle to women leaving an abusive relationship is their likelihood of becoming poor and there are almost no services that focus on developing the income earning capacity of abused women. Almost all informants in the support services sector mentioned the lack of real economic supports for women leaving abuse. Informants described women frequently having to make a choice between poverty or an abusive relationship. Faced with such a choice, women's concerns for their children were seen to influence a decision to return to an abusive male partner. Job training and economic self-sufficiency are critical to women staying out of abusive relationships yet there is no service focus in this area. One informant advised of an extremely successful job-training program that failed to receive ongoing funding. Other informants challenged the de-gendering of employment programs, suggesting that women and lone mothers had unique employment training needs. Other issues related to women's economic self-sufficiency were the very low social assistance benefit levels and the bureaucratic obstacles that often accompany receiving such supports.

A third theme discussed by informants is a chronic shortage of funding, especially funding which is stable, long-term, and oriented to providing core services. Services remain in short supply for those considered 'hard to serve' – e.g., very poor, non-English speaking and/or those with mental health issues. There are too few agencies doing case management. Informants also identified a significant gap in the availability of long-term counselling in Toronto because funding for this is unavailable. Both the training of staff working in the system and outreach work is inconsistently done as these areas are sacrificed due to insufficient funding. Program continuity suffers because of funding instability; program rather than core funding shapes the services that get delivered. Continued funding is through re-application for another project while existing and effective staff and good programs are terminated.

There were some less universal but nonetheless frequently reported issues and problems. Numerous informants from smaller and more grass roots agencies and those who have been serving survivors of abuse for extensive periods identified a change in the composition of the service system. In areas where funding has been stabilized, they report an increasing presence of what were described as "mainstream agencies" with broad multi-service mandates. Concern was expressed about the increasing dominance of these types of agencies in well-funded areas of service and whether abuse survivors in these agencies receive holistic service. Concerns were also raised about an increasing bureaucratization among services. Services were seen to have become less flexible, and less oriented to meet women's individualized needs.

Several social service agency key informants commented that child welfare authorities often inadvertently put women at risk of being re-victimized through mandated child access arrangements. In some cases, women reported that their concerns about having

contact with a former abusive partner were ignored in favour of enabling the father to have access to his children.

Cultural communities are often more isolated and women from these communities have more limited options as they may feel compelled not to breach cultural norms or break the silence in their own community.

Turnover among staff was also reported by many key informants to be an ongoing challenge. Staff turnover is often attributable to stress, poor availability of ongoing education and training, and poor pay. Workers are often hired for specific programs and on short-term contracts. Turnover was especially noted as a problem in large agencies where good inter-agency working relationships are established between workers which are then disrupted when workers leave, taking knowledge as well as coordination and collaboration endeavours with them.

There is a need for the involvement of the education system. The education system should be engaged in violence prevention education with children at an early age. Children may disclose abuse at home while at school and there *may* be a school social worker responding but schools are not integrated into the woman abuse response system.

Numerous comments were made about improvements needed in the Criminal Justice System. Some informants discussed how there is a significant gap in police response and how the response varies by Division. The issue of dual charging, where both the male partner and the woman are charged, was also mentioned as a significant barrier for women. Dual charging often occurs where the woman has hit back in an attempt to defend herself. Even in cases where an abused woman made the 911 call she may also be charged with assault if the partner claims to have been hit.

6.2 Health Sector

Seventeen key informants from a range of health services, including hospitals, community health centres and public health participated in interviews and/or one of two focus groups (5 participated by telephone interview, 9 participated in focus groups, 2 participated in both telephone interviews and focus groups and 1 person was interviewed in person).

Services Provided

Key informants talked about the lack of a consistent or universal response to woman abuse across health care organizations. However, many health care organizations do play a role in the service response to woman abuse. Health sector organizations offer a range of programs and services. These include prevention and education, outreach, screening for abuse, nurse-examiner programs, crisis intervention, counselling, support groups, and research.

The health sector plays a role in prevention, with outreach and education being offered through organizations such as community health centres as well as some public health and hospital programs.

Education and training about woman abuse is offered to health care professionals through some specialized programs such as the Centre for Research in Women's Health, St Joseph's Women's Health Centre and the Sexual Assault and Domestic Violence Care Centre Programs.

Screening or asking about abuse takes place in a limited number of programs in some hospitals, TPH programs, and community health centres. Although some organizations use guidelines such as WACT Woman Abuse Best Practice Guidelines (WACT, 1998) and the Registered Nursing Association of Ontario guidelines (2005), there is no consistent response to asking about abuse. Individual programs create their own protocols and tools.

Funding is provided through the Ministry of Health and Long-Term Care for Sexual Assault/Domestic Violence Care Centre Programs across the province. In Toronto, these are located at Women's College Hospital and Scarborough Grace Hospital. The Women's College program also offers mobile services to St. Joseph's Health Centre and Sunnybrook. Women who have been physically assaulted come into the Emergency Department of the hospital (either through a referral, on their own, or with the Police) and are triaged into the program. The program includes an examination, safety planning, documentation and referrals.

Hospitals and community health centres offer some counselling for abused women through social work or mental health programs or, in a few cases, through specialized woman abuse counsellors. Counselling models vary, but most use a feminist approach that focuses on the self-determination of the women. Some informants also described using an eclectic approach to meet the multiple layers of needs and issues faced by women who have experienced abuse. Some organizations offer counselling in languages other than English. Counselling programs vary in duration with the maximum amount of time being described as up to one year. Support and therapeutic groups are also offered in some hospitals and community health centres. These also vary in approach and duration.

Some of the counselling and groups offered in health care organizations are specifically for clients of that organization and participants in one of the key informant focus groups noted that many community health centres are closed to new clients, thus limiting the accessibility of their woman abuse services. Other organizations will take clients by referral. Some hospital-based programs do not have long waiting lists and can accommodate new clients requiring counselling.

Service Coordination

The informants from the health sector appear to be connected to other sectors in their response to woman abuse through committees of the Woman Abuse Council (including

the High Risk and Health Committees), Court Advisory Committees and other initiatives such as the Scarborough Access Project (an initiative to locate services for abused women under one roof). However, as one key informant noted, the front-line work that people in the health care system do, does not allow much time for involvement in committees.

There were few comments made about service agreements or protocols within the health sector or between the health sector and other sectors, with organizations linked primarily through the committees described above and the responses being, as discussed earlier, inconsistent. A few hospitals and community health care centres have policies or protocols in place, but their use again, is inconsistent.

Some key informants commented that coordination has improved as a result of coordinating committees and ongoing work across sectors (e.g., improvements in working with child welfare teams), however, informants stated that the system still has a way to go in terms of coordination. Key informants agreed on a need for improved coordination, but there was little consistency in the types of comments or examples they provided.

Comments included:

- the need to increase police referral to hospital-based domestic violence programs;
- women access many services; this makes it difficult for women and for the numerous services to function in a coordinated manner;
- a co-location model like the one being planned in Scarborough will improve coordination by bringing together different agencies that work with abused women in one building;
- relationship building within and across sectors is a key component of coordination; and
- all sectors need to identify woman abuse as a priority in order to ensure a coordinated response.

Service System Response

The service system response to woman abuse in the health care sector in Toronto appears to be inconsistent and in some organizations almost non-existent. The majority of informants commented that there is no universal response to woman abuse in the health sector. The health care response to woman abuse was also described as “fragile”, since a service response to woman abuse is not yet mandated and funding is precarious. Informants discussed numerous reasons why they believe the response has not been more consistent and universal:

- Attitude: There is hesitation and discomfort among some health care professionals to address the issue. Family doctors were identified as a key resource that has so far not been amenable to a systematized response to woman abuse. Informants suggest that they are uncomfortable in dealing with woman

- abuse or do not see it as an issue within the scope of their practice. As one informant said: *“Some get it and some don’t.”*
- Lack of organizational commitment and mandate: Informants described how mandates to respond to abuse are needed to ensure a consistent response. Numerous informants suggested that a mandated response must come from the province. Related to a lack of mandate is a lack of consistent commitment from health organizations. Without this, the response to woman abuse in a setting depends on individual staff commitments that are affected by staff changes and re-structuring. While some organizations have policies and procedures related to woman abuse, these are not being followed or are outdated, having been developed prior to a merger or institutional change. A more consistent and universal response requires a commitment that, as one informant said *“permeates all sectors and all departments”*.
 - Reliance on Evidenced-Based Research: Informants in a focus group discussed how the momentum to set up universal screening within their organizations is stalled due to the reliance in the health sector on evidence-based research. This requirement stalls initiatives for which there are no empirical data or where empirical evidence may be hard to obtain as some things are not so easily measurable. For example, the benefits of asking all women about abuse are difficult to measure because such screening will not always result in a “fixing” of the problem or an end to the abuse.
 - Lack of consistent funding: It is difficult to respond adequately to woman abuse without sufficient ongoing sustainable funding. One informant described how it could be difficult for those in hospitals to get external funds for specific woman abuse programs because they are seen as resource-rich. However, hospitals do not always see woman abuse as a priority for their existing funds.

Some informants discussed progress in the health sector’s response to woman abuse over the last few years. For example, informants described training health care professionals and new initiatives to expand personnel training (e.g., provincial projects to develop training for emergency room personnel as well as training of EMS workers). One informant identified that abuse is now acknowledged as a determinant of health. Newer doctors are seeing abuse as an issue relevant to their practice as a result of medical school training. Another informant identified that the Registered Nurses Association of Ontario Best Practice Guidelines on Screening for Woman Abuse (2005) had legitimized screening as a health care practice.

In all interviews and focus groups with health care sector informants, there was consensus that the general response system across sectors is not working for all women. Some informants specified that the system works better for some women than others. As one informant said: *“Certain women...articulate, English speaking who are strong advocates are more likely to not fall through the cracks.”* One informant described the services that women access as a “maze”. She said that presently women access multiple services and thus might have many people helping them. Women need one person to *“help get through the maze”*, otherwise they get lost as they do not understand the services and what they can access.

Most informants in the health sector stated that systemic barriers are the biggest factor deterring women from leaving an abusive relationship. Poverty, lack of housing, and lack of childcare are all “*stacked against women*”. As one informant said: “*What women face is the fact that nothing is guaranteed in terms of housing, welfare and child care. This is perennial. Women stay because of this ...*”

For immigrant and refugee women these issues are only compounded. The lack of immigration status makes it even more difficult to disclose abuse and access services. The lack of language specific services, including counselling, is another barrier for immigrant women. Even if services were available and accessible, many new Canadian women are not familiar with Canadian social services.

Several health sector informants talked about the need to hold men accountable, suggesting that until men are held responsible for the abuse they have inflicted on their partners and until men are educated, woman abuse will not change. According to one of the informants, men need to take up the challenge and speak out about abuse, as per the example of the White Ribbon Campaign.³ These types of campaigns are one of the keys to the prevention of woman abuse and support a full spectrum response to woman abuse.

6.3 Criminal Justice Sector

Four key informants related to the Criminal Justice Sector response to woman abuse in Toronto participated in key informant interviews (1 in-person and 3 by telephone). These informants have varied roles with the Toronto Police Service, the Crown Attorney’s office, Victim Services and Victim/Witness Assistance Programs.

Services Provided

Within the sector, a range of responses relate to woman abuse through charging and prosecuting abusers and through more service-oriented responses to abusers and the survivors of abuse. Police respond to domestic violence calls and lay charges when there has been an act of physical abuse. They investigate and gather evidence and refer victims to other services, such as the hospital-based Sexual Assault/Domestic Violence programs and Victim Services. The police depend on the support of the Victim Services program, which is involved in the crisis response to the victim. Victim Services run two programs for high-risk abuse cases. The Domestic Violence Emergency Response Program (DVERS) provides a personal alarm and case management to women who are high risk when there has been a restraining order against the abuser. The Support Link Program has criteria that are a little less strict than the DVERS program (e.g., no restraining order against the abuser). Women have access to the Support Link program if they are at a lower risk than those in the DVERS program, yet still of sufficient risk to need protection. Women in the Support Link program are given a cellular phone that is linked directly to 911.

³ The White Ribbon Campaign is an organization initiated by men to stop violence against women. It is involved in public education and fund raising to support initiatives for abused women.

After the police have laid a charge related to woman abuse, the Domestic Violence Court (DVC) process is initiated. There are five specialized domestic violence courts in Toronto, in College Park, Old City Hall, Etobicoke, North York and Scarborough. The specialized DVC Program consists of Early Intervention (EI) and Coordinated Prosecution (CP) models. In the EI process, which is for men who do not have a previous conviction, the accused man can choose to plead guilty and be ordered by the Court to attend a PAR⁴ program as a condition of bail. When an offender is not eligible for, or declines to participate in EI, the focus is on CP. Trained police officers conduct enhanced evidence gathering to improve the possibility of a successful prosecution. A Crown Attorney designated and trained to prosecute Domestic Violence cases is assigned to the case. If a conviction occurs, the court may still choose to order completion of a PAR program as a condition of a probation order in addition to other sentencing (Ontario Ministry of the Attorney General, 2006).

The Victim/Witness Assistance Program's (VWAP's) mandate within the specialized Domestic Violence response is to assist victims through the criminal justice process and improve their understanding and participation in the criminal justice process. Staff establish early contact with victims by telephone or letter of introduction, assess the needs of the women, and provide information on the court process (including court updates). They assess for safety and refer, if needed, to Victim Services for the DVERS or Support Link programs, or to other agencies for counselling and community supports.

The police also have a role in community mobilization and prevention. They are involved in outreach and raising awareness through partnerships with community agencies and the schools as well as direct outreach to the community.

Service Coordination

Comments on the coordination of the response to woman abuse varied. There was some agreement that coordination is improving and women are getting better service as a result. Coordinating committees have helped reduce the amount of work done in silos. Five Domestic Violence (DV) Court Advisory committees support each of the courts in Toronto. These committees bring together, in regular meetings, representatives of the various organizations and sectors connected to DV cases in each of the court areas (e.g., shelters, counselling, police, Victim Services, the VWAP, and the hospital Sexual Assault/Domestic Violence Care Centre program). They help facilitate the effective implementation and operation of the DVC Program by coordinating the services and providing a mechanism for information sharing, problem solving and linking the sectors involved in DV cases (Ontario Ministry of the Attorney General, 2006). Several informants mentioned that these committees have helped people get to know each other and "put a face to a name".

⁴ While PAR programs are part of the Domestic Violence Court process, they are discussed in the Social Services Sector because they are provided by social service agencies.

The Scarborough Access project, with which the Police have a direct involvement, was described positively as an endeavour to improve coordination of services across sectors and consequently improve services for women. Some informants identified that coordination still requires improvement as sometimes the system works for women and sometimes it does not. One informant specified that because there are so many players in Toronto there is no consistency in attendance at DV Court Advisory Committee meetings. The lack of consistent agency representation makes it very difficult to follow-up on issues from meeting to meeting.

Service System Response

Most informants in the justice sector identified the cultural diversity of the Toronto community as a major issue. In their respective roles, they all have access to language interpreters, however, the challenges go beyond such access. For example, many new Canadian women are reluctant to engage with the authorities and so will not call the police if they have been assaulted. There is also a gap in outreach to various communities. When immigrant women do enter the system they often withdraw because they need to access multiple services and navigating the system becomes very complex. In addition, while some immigrant women do have access to culturally-based services, many basic services, like housing and social assistance, are not culturally-based and women face access barriers to these services.

Many of the informants talked about limitations in their roles, including limits on services they provide, how they can help women, or their ability to advocate for systemic changes. These limitations were due to limited funding, their mandate, or their specific role. With respect to funding, two key informants identified that the number of clients they have is staggering and yet program funding is inadequate. Staff shortages limit the provision of adequate service and follow-up to women. One informant specified that cuts have occurred across the board, affecting all organizations and sectors that provide any type of service to women who have been abused. Limited resources, for example, make it difficult to ensure contact with women who are involved in a court process. Narrow mandates also limit roles. For example, advocacy for systemic change, which is not part of most organizational mandates, is needed in order to have an adequate response to woman abuse. Finally, one respondent mentioned that the criminal justice system is only one piece of the response to woman abuse and many women do not use the criminal justice system when dealing with an abusive relationship.

Other comments made by some informants about issues or limitations in the response system include:

- the lack of affordable housing in Toronto is a significant issue for women trying to leave abusive relationships;
- limited services for women without immigrant status;
- an increase in abuse in teen relationships; and
- the system is not equipped to respond to the diversity in Toronto. For example, Toronto police serve a diverse population, yet most officers are English speaking.

6.4 System-Wide Organizations

The Metropolitan Action Committee on Violence Against Women and Children (METRAC), the Woman Abuse Council of Toronto (WACT), and Springtide Resources (formerly know as Education Wife Assault) have a long history of involvement in Toronto's response to woman abuse. They work in supporting all sectors involved in a response to woman abuse and thus have been grouped here as system-wide organizations. Three in-person interviews were conducted with four key informants from these organizations.

Services Provided

METRAC, WACT and Springtide Resources differ from other agencies involved in a response to woman abuse. Their primary role is not direct service to women and they work across sectors. All three have primary mandates related to woman abuse or violence against women and are involved primarily in policy development, advocacy, and education (although some direct service programs have been/are provided).

The WACT's mandate is to ensure a coordinated response to woman abuse in Toronto. They identify gaps and needs and are involved in policy development and facilitating communication between the sectors as well as individual initiatives to fill gaps such as research, best practice guidelines and educational initiatives. The WACT also plays a direct role in supporting the intake, case management and delivery of PAR programs and a PAR program for women who have been charged. They also coordinate the centralized intake for men on probation in relation to charges of abuse and case management with agencies delivering PAR for Early Intervention cases.

Springtide Resources has a long history of providing primary and secondary prevention programs related to woman abuse. They focus on building a community's ability to respond to woman abuse (e.g., building the capacity of disabled women to identify, advocate and organize to respond to woman abuse).

METRAC does outreach and education, policy development, and has a safety audit program to help build safer communities for women. They also have a Justice program which helps demystify the legal system for women who are very vulnerable to violence, though the development of written material and workshops.

Service Coordination

Each of the system-wide agencies is well connected to and works closely with various sectors and their corresponding agencies. For broader coordination, they all come together through the WACT's Council as well as its various standing committees. They also lead or participate in ad hoc committees developed to address specific issues related to the abuse of women. The three organizations work together to coordinate system-wide policy, advocacy and education issues.

All informants from the system-wide agencies agreed that while there has been some advancement in the coordination of services, there is still a need for improved coordination. As one informant said: *“Coordination of services is still a relatively new idea. There has been some improvement because people are sitting around the table through WACT committees.”* Informants believe that inter-sectoral work has improved, but *“not to a place of a unified system.”* Several barriers limiting movement towards a coordinated system were mentioned, including:

- coordination not presently mandated through funders;
- organizations are free to opt out of service coordination agreements;
- effective coordination between sectors requires a common goal of a consistent and effective response from each sector; presently all sectors are not responding effectively or consistently;
- while WACT does coordination at the policy level, there is an absence of coordinated front-line service delivery; and
- sectors are still somewhat territorial about their specific services, hindering coordination with other sectors.

Finally, informants from the system-wide agencies made numerous suggestions for changes required to facilitate an improved coordinated system for survivors of abuse. Political will and mandate are important and informants believe that until there is a strong political will to address the issue of woman abuse, the approach will not be unified or consistent. There is a need to mandate the use of protocols that outline a response to woman abuse across sectors and within organizations (e.g., health sector). Unless an agency sees the need or the benefit, they will not follow a protocol and will not respond to the issue in a consistent way. Accountability is a missing component of service coordination; systems must be made accountable for their response to woman abuse. Other suggestions included the need for a clearing house of information on programs and services and the need for broader community engagement and the inclusion of other stakeholders (e.g., clergy, the education sector).

Service System Response

One key theme that emerged is the presence of many agencies committed to respond to and eliminate woman abuse. Many of these organizations have been in existence for a long time and have survived with little support. Presently the agencies responding to woman abuse are a combination of long-standing programs and emerging new players.

All three agencies mentioned limited funding as a struggle for agencies working in the area of woman abuse. In fact, all three identified their own agency’s struggles with funding and, as one informant mentioned, funding is even more precarious for organizations that do not provide direct support to women.

Informants discussed the importance of ensuring that the system response to woman abuse is embedded in an inclusive framework. That is, woman abuse needs to be looked at in relation to other forms of oppression. There must be an increased effort to include

the voices and perspectives of many groups (e.g., racialized and disabled women) in approaches and models that respond to woman abuse. For example, racism was mentioned as a significant barrier for women who experience abuse. The abuse is unlikely to be adequately addressed if racism alters the way constituent elements of the service system respond.

Some agencies are exploring working from an inclusive framework and responding to accessibility issues in a meaningful way. One informant said that accessibility has been addressed in the past only superficially. For example, language interpreter programs do not have interpreters in all languages. She thinks that dealing with accessibility is key because “*Women become marginalized when it comes to service accessibility.*”

Three informants identified that the system and their individual agencies have changed over time. While their agencies’ mandates have not changed, there has been an “*expanding nature*” to the work because of technology, funding, community priorities, and an increased number of players working on woman abuse.

Technology has allowed the creation of innovative programs and ways of reaching the community (e.g., a computer game to educate children about abuse; a project to develop an “online community for service providers”). One informant identified that technology has a down side. It has resulted in fewer face-to-face meetings which has contributed to de-politicizing woman abuse work. Technology has also created a faster pace of work and has led to more time spent on administrative activities.

Funding sources and community needs have also driven the expanding nature of the work. As issues come to the surface and funding becomes available agencies move into different areas. The precarious nature of funding, along with what informants framed as the “backlash”, has also made it more difficult to do certain types of work (e.g., advocacy). The feminist backlash has created a “push” from funders to frame woman abuse in a gender neutral way. These organizations and many other women’s organizations see woman abuse as gendered and related to women’s overall inequality. Informants reported that while they will not compromise their mandate and their ideals, they have to find ways to frame their work so that it is accepted and they do not lose their funding. Lack of funding for advocacy does not stop advocacy from happening, but again the work needs to be framed differently (e.g., policy work).

Additional changes in system-wide work have been shaped by the fact that there are many more players involved in addressing woman abuse. There has also been progress with some groups in terms of education and awareness of the issues. Thus, many groups that were being supported by VAW agencies are now doing their own work (e.g., unions).

Informants discussed a range of gaps and issues in the current service system, including:

- Public education is less present than it has been in the past and there are still women who are not aware of existing services.

- Education needs to begin early in schools, yet there is no school board engagement at a system-wide level.
- Toronto Public Health is missing as a player involved in outreach to women.
- The system works well for very few women (one informant estimated 10%). A woman needs to get connected with somebody who can help her with the system. The quality and effectiveness of the services a woman receives depends on the agency response at point of entry and whether she has an entry point, since many women do not seek services.
- Staff in agencies are not fully aware of the criminal justice system and the role of child welfare agencies within a response to woman abuse.
- There continue to be gaps in the judicial system.
- There is a lack of discourse on violence against women and the political and structural causes that are at the core of the issue. The discussion focuses on how to intervene, but not on the inequalities that contribute to and perpetuate abuse.
- Those developing policy and establishing funding and program priorities do not reflect the communities that they serve.
- The system does not have the responses needed for women without status and thus these women fall through the cracks.

Section 7 Analysis and Discussion

An understanding of the environment is gained from a scan of factors and trends that have the potential to influence a policy or service issue and responses to it. Thus, an environmental scan captures a view of the environment around an issue. Its purpose is to detect new, relevant events and facts including, but not limited to, interactional effects among and between actors and issues across the environment being studied.

The most effective and user-friendly scans begin with an appropriate and sufficiently broad appreciation of *what, or the elements* that will comprise the scan environment. A variety of scan templates or frameworks have been developed to provide a broad and encompassing structure that helps to frame the scan (Morrison, 1992). One of the most enduring of these is the STEEP framework. The macro-environment is effectively captured under five broad areas expressed in the acronym, STEEP: S socio-cultural; T technological; E economic; E environmental; and P political (governmental). The STEEP, or other similar structural frameworks, have several strengths (Abraham, 2006; Fletcher, 1998). They add rigour, when properly utilised, by shaping the interview guide, document review and other aspects of the data collection. They offer analytic utility by helping to ensure that the scan data are analysed comprehensively in light of the relevant spheres of the environment.

In this environmental scan the elements of the STEEP framework were applied as follows:

Socio-Cultural:

- Who are the users of woman abuse services, including their cultural and ethnic backgrounds? What determines their willingness to use services?
- What is the range of ethno-specific services and how do their costs compare to generic services?
- Are services equally available across the geography of Toronto? Are they accessible in terms of linguistic, social, cultural and physical factors?
- Are there socially determinative or predictive indicators of what services will be accessed and in what sequence? Are there services that appear to be more or less user-friendly to particular groups?
- Are there indications of change in public attitudes to woman abuse? Are there changes in service system response?
- Are programs in place to mitigate the effects of woman abuse on children?

Technological:

- Are there protocols, policies and practice guidelines?
- Are protocols, policies, and practice guidelines followed? Has their use had an impact on response time/follow up/protective factors/treatment/support?
- Are technical and/or legal jurisdictional factors positively or negatively affecting services and responses?
- Are technological interventions (e.g., security alerts, electronic bracelets, and video monitoring) available? Are they being implemented?

Economic:

- Are there funding issues? What are they?
- Are there access issues for economically disadvantaged women? Does the service system look the same regardless of economic status?
- Are there reliable estimates of the social and economic costs of woman abuse (e.g., reduced productivity and work interruptions)?
- What service gaps or service coordination issues derive from a shortage of resources?
- Is access to funding equitable across spheres of service and by neighbourhood?

Environmental:

- Are there geographic disparities in services and/or responses?
- Are there territorial or jurisdictional disputes that hamper coordination and access?
- Are there neighborhoods that need (sensitively) more support regarding prevention of and response to abuse?

Political:

- Are government responses (federal, provincial and municipal) improving the response to woman abuse?
- Are coordination/oversight systems appraised? Who appraises them?

The data from the environmental scan were analyzed using the STEEP framework. The STEEP categories are not mutually exclusive. Although STEEP adds an objective structure to the analysis, it does not preclude the researcher's judgments about which material fits where. For example, data showing under-servicing in a particular region can be analyzed within the environmental category, the political category if under-servicing is related to political factors, or the socio-cultural category if particular cultural communities reside in the geographic area.

Socio-Cultural

This sphere considers the social and cultural dimensions of woman abuse, including service barriers, obstacles, and achievements. It also inquires about the dominant social context in which woman abuse and responses to it occur.

Toronto is a challenging service milieu as it is a major immigrant reception centre and has one of the most culturally diverse populations of any city in the world. In this context, a major issue is the significant number of new immigrants and/or women from non-western cultures who require - and have difficulty obtaining- culturally appropriate services. There are shortages of cultural interpreters, shelters that can accommodate women's diverse linguistic and dietary needs, and counseling services in languages other than English.

A number of agencies have attempted to respond to these needs, offering group supports in a variety of languages and partnering with ethno-specific agencies to enable them to more effectively support abused women. In spite of these efforts, service shortfalls continue and many agencies report that women from some cultural communities are very unlikely to use generic or mainstream, western-based services. Some groups of Muslim women were identified among those particularly reluctant to use western services, as well as some Asian populations. Thus, many women seek out ethno-specific service agencies (some are funded and/or train staff to respond to woman abuse, but some are not). The 2005 Domestic Violence Death Committee Review recognized this as an issue and recommended that agencies that assist immigrant women and their children have access to ongoing training on education, awareness and interventions related to woman abuse (Office of the Chief Coroner, Ontario, 2005).

Some geographic communities appear to be under-served, particularly northwest Toronto (covering a large area north and west from Jane/Finch) and Scarborough. These two areas tend to be important immigrant reception communities and hence these shortages exacerbate the issues raised above, for immigrant women.

More generally, counseling services are inadequate with long waiting lists and there is a lack of language-specific services in spite of widespread acknowledgement of their importance in supporting abused women. Some informants believe that funding for counseling reflects short term, crisis-focused, less-expensive solutions and that the more expensive services which go beyond crisis supports are those that are most likely to be in short supply.

There are few programs and services to treat male perpetrators. While the PAR program may have some psycho-educational impacts on men participating, it is not intended as a treatment program. This leaves little by way of funded interventions for male perpetrators. Informants acknowledged that abusers who are incarcerated are unlikely to receive treatment (although one innovative program has been piloted at a Toronto correctional facility), which means that the only system response to male abusers is a punitive one. Many men who abuse are not incarcerated, thus punishment is not routinely applied, even if it were to be effective at changing an abuser's behaviour. Some informants suggested that funding programs for men may be seen to be politically problematic because the focus should be on the woman. While this is true, efficacious programs for men would reduce repeated violence.

Children too, need effective support after witnessing violence. "Here to Help" programs are not systematically available or sufficiently varied or intense; they are not intended as treatment programs. One informant speculated that treating children would be a social admission of the magnitude and pervasiveness of woman abuse, which our society is unwilling to face.

All informants saw ensuring a woman's immediate safety as the first step in an abuse response. Secondly or concurrently, once a woman is clear about being unsafe and wants to leave, she often turns first to shelters. The centralized shelter system does not always serve abused women well. There is a shortage of beds and some women feel uncomfortable in particular shelters because of strict rules or because of cultural and linguistic barriers. These issues cause both agencies and service users to bypass shelter intake. As well, some women are hesitant to call shelter intake because of the agency's mandated reporting to CAS if they suspect child abuse or neglect.

Some informants suggested strongly that there is a major difference in the kind and intensity of the support provided by feminist, woman-abuse-specific services and mainstream agencies. Mainstream agencies are often large multi-faceted service organizations that over the last 10-15 years have begun to deliver woman-abuse specific programs funded on a contract basis by government. They differ from the "traditional" woman abuse services that tend to be feminist in orientation and often 'grass roots' in organizational style. Informants suggested that "traditional" feminist services were more likely to vary to meet the needs of individual women, and were more holistic and less bureaucratic, often going the extra distance to ensure that a woman had the support she required.

Service coordination was seen to be improved, although there are major gaps between

services to women, the courts and the police. Coordination within the criminal justice system was seen to be a major issue. Informants told stories of women being scheduled into domestic violence court and family court at the same time, and sentences imposed in one court being unavailable to a subsequent proceeding in the other court.

Informants described an important social shift in how woman abuse is perceived and hence treated. The strong feminist analysis that underpinned services in the 1970's and 80's has changed. Services tend to be less ideologically based which means that an analysis of men's power in intimate relationships and society as a whole is less visible. Some informants fear that with this shift has come a view that woman abuse is less of an issue, that men are also abused so the circumstances are more equal, and that there are services in place and the issue has been addressed. Dual charging by police is offered as an illustration of the shift that has occurred. While it has always been possible for the abused partner to be charged if she responded to abuse with violence, it had been very uncommon. While specific data were not accessible, informants advise that the incidence of dual charging has dramatically increased. These changes are consistent with a more conservative social milieu. This issue is further discussed under the political component of the STEEP analysis.

Technological

This sphere includes protocols, practice guidelines and other technical elements that are part of a 'routinization' of the service system, wherein a problem becomes both socially accepted and acknowledged and organized, and bureaucratic responses to it are formulated. Routinization can also mean that an issue has become bureaucratized and accepted as an enduring social issue rather than a problem to be rallied against. Technological interventions that may be used to improve women's safety are also considered in this sphere.

There were surprisingly few protocols that were actively followed. WACT has developed best practice guidelines for effective responses within each sector and between sectors (WACT, 2002). While key informants were largely aware of the protocols, most acknowledged that they were not closely adhered to. Some informants indicated that with the entry of mainstream services there has been less interest in developing service agreements or practice guidelines for the system, as some large agencies already have existing practice guidelines which are non-specific to woman abuse and hence these organizations have less interest in common protocols that focus on woman abuse.

Informants in the health sector referred to protocols and documents that clearly articulate a role for the health care system (e.g., WACT position Statement and RNAO guidelines). The Registered Nurses Association of Ontario (RNAO, 2005) has developed Best Practice Guidelines, outlining practices for screening, identification and the initial response for woman abuse within nursing practice. The best practice guidelines recommend routine, universal screening for all females over the age of 12. As well, they suggest mandatory education programs for nurses on woman abuse, work place policies and procedures on woman abuse and that health care organizations work with the

community at a systems level to improve collaboration and integration of services between sectors in responding to abuse. The RNAO nursing best practice guidelines identify that, with respect to woman abuse, screening means embedding questions about woman abuse in a health history or incorporating validated screening instruments into the history/assessment process (p.15). Local documents from the Woman Abuse Council of Toronto (1998, 2005) also recommend consistent responses from the health sector that include screening and identification, training and education for health care professionals and coordination with other sectors. However, many informants said that for the most part, these guidelines are not followed by health care organizations and there is very little universality or consistency in the health sectors approach to a response to woman abuse.

A number of informants commented on the bureaucracy of the criminal justice system, the lack of coordination between the courts, and the lack of protection afforded to victims. With respect to this latter point, one informant offered the example of an abused woman being threatened by her abusive partner while they both sat in a court hallway waiting for trial. There were no systems in place to prevent this type of incident from occurring. Key informants also suggested that court systems could readily be established to ensure that appropriate information was shared across jurisdictions.

Some informants alluded to gaps in the family law system, which unfortunately was not represented among the scan's key informants. Women do not always turn to the criminal justice system, but they do find themselves in court, dealing with separation, divorce and child custody after leaving an abusive partner. The 2005 report of the Domestic Violence Death Review Committee identified that, while the criminal justice system had recognized domestic violence for some time, the situation differs within the practice of family law, where there is no systematic focus or attention given to woman abuse. The Committee recommended that domestic violence be a regular part of the family law curriculum, the bar admission course, and continuing education programs for family law lawyers (Office of the Chief Coroner of Ontario, 2005).

A number of informants report that some technical aids such as the internet and email have improved service accessibility. As part of the scan, the websites of many woman abuse services were reviewed. The information available is detailed and extensive. Most sites advise a woman how to disguise that she has visited their site as an extra safety precaution. While email was reported as an aid to coordinating with other agencies it was also seen to be part of a growing level of de-personalization within the system. Some respondents reflected that these personal connections had supported service and coordination agreements.

Finally, the absence of technical devices such as video monitoring, alarm bracelets and other security systems that could be employed to keep women safe was highlighted. Instead of a receiving a passive restraining order, male perpetrators could be required to wear an alarm band that advises a probation officer or police officer if the restraining order is breached. There were many such devices reported to be more actively used in US jurisdictions. Informants advised that these devices are effective but not widely employed in the woman abuse sphere, possibly related to a lack of resources or other complex

socio-political factors. Some respondents speculated that the lack of use of technology to control male perpetrators was symptomatic of how abused women are seen and that we do not have a system vigorously investigating and employing diverse strategies to keep women safe. An increased political and social emphasis on the problem of woman abuse was seen to be a necessary precursor to a more fulsome interest in exploring technological innovation.

Economic

The analysis of the economic environment includes the micro environment of funding, the ‘richness’ of the service environment, as well as a consideration of the broader economic context in which the service environment exists. The economic well being of service consumers is also considered.

Informants across all sectors reported that the demand for service exceeds supply. These problems were more acute in certain service areas – services for men and children, long term counseling for women, affordable housing, and services to minority communities. Both the levels of service funding and funding consistency were reported to be inadequate.

Particularly problematic was the lack of funding for abused women to develop economic self-sufficiency. One respondent noted that an effective pilot project, in which a very high percentage of program participants obtained and kept jobs and did not return to abusive partners, did not receive ongoing funding. The respondent identified that there were no other similar programs specific to abused women.⁵ Even more generally, there has been a dramatic reduction in employment training programs that equip women to obtain sustainable employment. The welfare model of “shortest route to work” tends to provide the most minimal training necessary to secure minimum wage, non-standard work.

Almost all informants from all sectors pointed to women’s poverty as a factor in determining which women could escape abuse. Poor women, respondents said repeatedly, have fewer service options and manage the court system less well because, in part, they rely on over-worked legal aid lawyers. Even when a woman with a low level of employment skill manages to cobble together the supports that enable her to leave, she is often forced to return to an abusive partner, as she will be unlikely to have sufficient earnings to support her children. Many informants across sectors described these scenarios repeatedly.

In acknowledging the determinative power of economics, even in cases of woman abuse, respondents continually reported that higher incomes tend to be accompanied by higher levels of education – so women have available information and social networks that provide many of the supports that poor women need to obtain from the service system.

⁵ When reviewing her agency’s section of the template in Appendix D, the informant noted that a similar program had now been funded. However, the lack of ongoing and consistent funding for these types of programs remains an issue.

Thus, the experiences of middle and upper income earning women tend to be very different than those of poor women experiencing abuse. Middle class women can often stay with friends or in a hotel, likely have existing social supports, can hire a lawyer, find new housing etc. This is not to minimize the struggles that these women face, perhaps having to re-establish their economic independence after being controlled by an abusive partner, acknowledge their abuse to family and friends, face court and custody challenges and so on, but their experience in the system differs markedly from that of poor women.

Women without financial supports often turn to social assistance to support themselves and their family. An Ontario study exploring the impact of the welfare system on women who were experiencing or had experienced abuse in an adult relationship, found a lack of support for abused women from Ontario's Welfare system (Mosher et al., 2004). The 64 women who were interviewed reported their experiences to be profoundly negative. The level of funding provided through social assistance was insufficient to survive. Women also encountered a system that was not clear about entitlement and rules. The women also talked about demeaning treatment from workers. The report clearly articulated that the inadequacy of the welfare system played a pivotal role in a woman's decision about whether to leave an abusive relationship. Nine of the women they interviewed had not left the abusive relationship because they knew how much money they would receive on welfare and that they would not be able to support themselves and their children. Seven women reported returning to an abusive relationship, claiming that one of the reasons, or the main reason, was the struggle to survive on social assistance. Six other women were contemplating going back to an abusive relationship for the same reasons. In addition, almost 50% (17 out of 35) of the welfare area administrators surveyed knew of cases where a woman had left welfare and returned to an abusive relationship because she could not adequately support her family.

Economic deficiencies in the system were also seen to be related to the public profile of woman abuse as a social issue. As it receives less public attention, there is less innovation, less funding and shorter funding cycles. Overall, as workers in all sectors are stretched because of a tightened service-funding environment they too have fewer extra resources to support abused women.

Environmental

The environment sphere can be considered both broadly, as in the sphere of woman abuse services, and more narrowly as geography. Both aspects are analyzed here.

In terms of the overall woman abuse service system environment, it might be characterized as having some excellent, highly responsive services. These tend to be services that have a specific woman abuse focus, or a focus on a particular ethno-cultural community. While there are other good quality services, these were the types of services that informants across sectors commented on as exemplary models.

These high quality services exist within a system that is under-funded, with long waiting lists for counseling and an increasingly mainstream or generic approach to service

delivery. At the same time the women needing services - are more likely to be very poor, racialized, new immigrants and non-English speaking and require more specialized services.

A major initiative, which will address issues of coordination as well as under-service in Scarborough, is a plan for co-location. A number of woman abuse serving agencies are working on access issues in Scarborough and looking at the possibility of locating together so that a woman may receive a range of supports under one roof. This holds promise as a new direction for services and is a model found in a number of US jurisdictions.

In terms of geography, as has been previously mentioned, Toronto suburbs, especially Scarborough and northwest Toronto (the area ranging north and west from Jane/Finch) appear to be underserved. This is true for all types of services from shelters to agencies that provide counseling. Some agencies have made significant attempts to address service needs in these communities by establishing satellite offices or locating staff that serve abused women on a periodic basis in existing local services.

These two communities tend to receive the new immigrants who have been previously identified as groups facing additional risk and challenges related to woman abuse. Key informants advised that war trauma, status as an illegal immigrant and the overwhelming cultural, financial and social issues faced by new immigrant families contribute to abuse and the ability to seek help or leave an abusive relationship. Women in these situations, especially those who have fled military dictatorships but, even more generally, many recent immigrants, have a reluctance to engage with the authorities. Thus, abused women in these communities may be especially reluctant to call the police.

Several informants mentioned services acting territorially as an impediment to effective coordination. Services which had carved out particular turf – either geographic or by type of service were sometimes reluctant, or even oblivious of the need, to work with others. New service delivery agencies were reported to not always be appropriately sensitive to services that had long histories and traditions in serving abused women.

The health and criminal justice sectors were seen to be the most inconsistent in the woman abuse service system. Informants noted that police need- not new rules- but significant training in understanding woman abuse, rather than seeing woman abuse more generally as assault. There was some consensus among informants that police response was inconsistent and depended on the attending officers – rather than there being a protocols and best practice guidelines for responding to woman abuse. Some police divisions were singled out by key informants as having either good or problematic responses.

A recent report released by the WACT (2006) outlines the results of a Court Watch project that monitored woman abuse cases in four of the specialized domestic violence courts in Toronto. They found that in almost every area they tracked, the criminal justice response in 2006 was less vigorous than three years ago and concluded that the domestic

violence courts in Toronto are less rigorous and less consistent in providing an effective and accountable response to woman abuse.

Another issue is the location of the Domestic Violence (DV) Courts and their geographic separation from Family Court as these courts are most often both in play in the lives of women leaving an abusive partner. Women often have to be in both places on the same day and access by public transportation can be difficult. Furthermore there are no systems of coordination between these two courts. Informants told many stories of problems relating to this issue, including that of a Family Court enabling a father's access to his children hours before a DV Court convicted the man of assaulting his wife and children. As well, certain DV Courts have reputations as being better serviced and more accommodating of women's needs. This issue spans a number of STEEP categories as the coordination or lack thereof in the courts is also raised in the Technological and Political discussions.

With respect to the health sector, emergency rooms and family doctors do not routinely screen for abuse. Community Health Centres (CHCs) appear to be a very important resource in this sector and protocols for screening and coordination are currently being developed among CHCs. CHCs were noted by many informants as being especially effective because they can offer many of the different types of services abused women may need and they tend to be well connected to other types of services within the system. However, CHCs are limited in who they can service. Some are not taking on new clients because they are full.

There are ongoing, recent, and some new initiatives to train health care professionals, but many health care workers remain reluctant to incorporate a proactive response to woman abuse in their practice. Doctors have been identified as a leading group that could dramatically improve the identification and access to services for abused women, if woman abuse screening was to be routinely undertaken. Public health nurses were also identified as being in key roles to identify and respond to abuse and again this was felt to be done inconsistently rather than as a routine part of every client contact. Service demands and professional practice freedom were seen to be the basis for some health care professionals not embracing a protocol of routine screening.

The Toronto housing environment was identified by many informants as highly problematic for abused women. The lack of housing in Toronto compounds the shortage of shelter beds as women must remain in a shelter while they look for or await affordable longer-term housing. Housing is unaffordable for a single mother with children, either on social assistance or in a low-wage job. There is a shortage of social housing and although abused women are supposed to be prioritized, demands for documentation often cause women to lose their priority status as they are required to produce documents such as leases or medical evidence of abuse that are either difficult to obtain, unavailable, or seen to be too intrusive. For these reasons, many women who experience abuse give up on applying for social housing

A recent research report by the Canadian Mortgage and Housing Corporation (2006)

identifies that private landlords generally prefer to not have women who have left abusive male partners as tenants for fear of “trouble” and that they also tend to discriminate against lone mothers with children. The lack of affordable housing is a primary reason why women either do not leave or return to abusive partners (Mosher, 2004).

Those shelters that have reputations in the community for being particularly responsive to the needs of abused women tend to fill quickly and stay full, in part, because of their more flexible rules about lengths of stay. Women looking for a shelter bed will often contact these shelters directly. Thus, the effectiveness of the service coordination system is diminished as women make arrangements directly with a shelter and even service organizations noted that they have established relationships to enable direct referral to specific shelters. Overall, for abused women the central intake system of shelter services coordination appeared to be more detrimental than advantageous.

A notable omission in sectors taking up the issue of woman abuse is the educational sphere. Many informants talked about the role schools could play in both educating students about abuse but also in supporting children who witness abuse. Children will often disclose to a teacher or a teacher will notice something amiss and inquire about abuse. Key informants reported that there were no protocols in place and a very short supply of counselors and mental health professionals within the system to provide support. It must be noted that the key informants did not include informants from the educational sector, thus these issues have not been confirmed. Informants indicated that, if school officials have evidence of woman abuse, they have a responsibility and duty to call a child welfare agency. This sometimes, as in the case of such calls from Shelter Central Intake, can inadvertently put the child at further risk as he or she may be punished or removed from school for ‘telling’. Overall the educational sector was seen as a key sphere that needs to be included as an active part of the woman abuse service system.

Political

The political area of analysis considers the broad political climate, the politics of intergovernmental relations and jurisdictional responsibility, the broad public ‘politics’ of certain actions or commitments made by governments, as well as the politics of interagency relations and the political importance and risks associated with the issue itself.

A limitation of the scan became apparent through the STEEP framing. Information was not gathered from relevant potential informants in the political realm. This limitation must be acknowledged, especially in light of the numerous comments made by informants on funding and overall policy directions with respect to the system. Informants in the Ministry of the Attorney General, Ministry of Community and Social Services, Ministry of Health and Long-Term Care, and the Ontario Women’s Directorate may have offered useful perspectives on such matters as funding priorities, mandated services and the ongoing assessment of initiatives such as the PAR program and the Domestic Violence Courts.

Although there is no information directly from funders and those developing policy at all levels of government, key informants commented on the political realm. Key informants identified under-funding of services for women as well as men. Most often funding was described as being inconsistent, with a short-term view of appropriate responses. The programmatic response from funders with regard to male perpetrators was described as punitive rather than treatment oriented, which may not be in an abused women's best interests, given the number of women who return to abusive partners for economic and other reasons. This was but one example of what were seen to be shortsighted and incrementalist approaches to the funding and delivery of woman abuse services.

In the shelter system, narrower funding criteria have reduced support for some types of services oriented to raising women's consciousness about equality issues. An effort to standardize shelters, without a gendered analysis of woman abuse has also resulted in inclusion/exclusion criteria and a more institutional approach with strict rules that can make a shelter an "unfriendly" place for a woman who has left an abusive relationship in which she was highly controlled. These changes were seen to be political- derived from a more conservative political climate that seeks to fund minimal rather than enhanced services. In this same climate, attention to women's issues and equality issues is seen as diminished, which further affects the funding climate.

Programs for economic development for low-income women, which are seen as essential to women's ability to sustain themselves and their children independently, are almost non-existent. Some informants identified this gap as related to the broader social politics of how woman abuse is viewed. Their perspective was that woman abuse has become one more issue warranting a social service response rather than a matter of equality rights or public policy. Given this purported shift in view, what follows are social service responses rather than more political 'feminist' interventions aimed at changing women's power, both within the private and public realm. Women are more likely to be 'treated' rather than empowered.

The previously described perspectives support a major issue identified by a number of key informants. Public education programs, as evidence of a belief that woman abuse is a broad societal issue, have fallen off. Many key informants believe that there were more visible and effective campaigns a couple of decades ago and that the issue has become less socially important and, correspondingly, less visible. Many informants suggested that the focus should go beyond available services for women, and also be on increasing the visibility of the issue and reaching out to women, so that those who are abused recognize the signs and seek help. Woman abuse continues to be seen as a private issue by many and women often do not even recognize the signs of abuse and what services exist. A number of informants discussed clients who accepted being hit by their male partner, being denied access to friends, family and the outside world, and having their every move monitored as 'normal'. Especially for recent immigrants, knowing that Canadian society offers certain protections from such abuse is a critical public education message.

Ongoing reports of the Domestic Violence Death Review Committee have pointed to "a need to generally heighten awareness and provide education about abuse" (Office of the

Chief Coroner of Ontario, 2005, p.3). The report stated that in all cases reviewed in 2005, family members, friends and others had knowledge of the situation between the perpetrator and victim, but did not “appreciate the significance of the situation”. (p.3)

Many informants described the changes referred to above as a “backlash” against feminist approaches and philosophies that have guided the development and operation of many woman abuse services. This view is supported in the literature on woman abuse. Randall (2003) describes this backlash as coming “from right wing anti-inequality organizations and from so-called “father’s rights” groups – which attempt to minimize and deny that there is any problem at all.” (p.2) She states that the backlash has also resulted in public institutions engaging in a “degendering” of woman abuse, resulting in attempts at an “inclusive” framework that can obscure the true nature of the problem and “miss opportunities to address it directly”. This is seen to be happening in the woman abuse service system.

Some informants suggested that the political realm, which has changed police charging practices (not always for the better), funded services, and established a separate court system, views the job as done. Other informants, particularly those who view themselves as advocates for abused women, suggest changes in the political climate go further - that there is no concerted effort at making woman abuse unacceptable. A broad social consensus about the problematic nature of woman abuse could be developed, similar to what has occurred with the issue of drunk driving. If this were to occur, the prevalence rate of woman abuse could be significantly reduced and those who are abused would feel safer in coming forward. This change would require a focused and long standing commitment to re-insert the issue into the public discourse.

Section 8 Key Issues and Recommendations

The issue of woman abuse is complex and requires a response from many sectors, including the political and criminal justice systems, community and social services, housing, education and health. This scan has outlined some of the key gaps and issues with the inter-sectoral response to woman abuse in Toronto. A key issue identified suggests that, despite the increased attention to the issue of woman abuse in Toronto, many women experiencing abuse do not seek help nor come to the attention of service providers. Specific factors identified in this scan as contributing to this issue include:

- limited/inconsistent public awareness raising/outreach activities;
- lack of a consistent approach to identifying woman abuse;
- women not being aware that they are experiencing abuse;
- lack of awareness of existing services;
- limited services in some geographic areas;
- lack of culturally sensitive services and outreach initiatives; and
- societal and structural barriers including poverty and a lack of viable economic and housing options.

A first step in breaking the cycle of violence is awareness. Women will not seek help if they are not aware that they do not have to live with abuse and that there are services that could help them. Organizations across sectors are involved in some awareness raising/outreach activities, but most agree that more needs to be done to reach women. Some initiatives, such as a computer game to educate children, have been developed but there needs to be greater involvement by schools to reach both boys and girls at a younger age, before patterns of male abusing are formed. The scan also pointed to a need for more programs to educate men or to intervene with men who have been abusive.

Overall, there is a lack of a consistent approach to identifying woman abuse. While WACT (1998; 2005) recommends a consistent response from the health sector that includes screening and identification and RNAO (2005) has set out guidelines for screening and identification, efforts to implement universal screening within the health sector are stalled. In other sectors, women may come in seeking help for other issues and abuse is sometimes disclosed. However, key informants did not comment on the development of a consistent approach to identification across sectors.

It is clear that, women who are new Canadians and/or from specific ethno-racial groups and/or those who lack immigrant status have increased barriers to accessing help. Abuse in these communities remains hidden due to factors such as not wishing to “break the silence” and a reluctance to involve police and other service providers.

The results of the scan point clearly to numerous larger societal and structural barriers that prevent women from seeking help and putting an end to the abuse that they are experiencing. Poverty, a lack of housing and a lack of economic options for women are key to women having the necessary power to make independent choices. Leaving an abusive relationship often puts a woman in a position of having to choose between living with abuse or a life of poverty. Many women choose to stay in abusive situations because they see no other option. Advocacy and public education must be core components of any systematic response to woman abuse. Organizations need to be able to advocate for policy changes that will benefit women. In spite of this need, there are many limitations on advocacy across sectors. Funding, mandates and roles either limit advocacy or preclude the advocacy activity of organizations.

For those women who are identified and/or choose to leave or to get help in dealing with an abusive relationship, the system often poses challenges. The scan identifies strengths as well as gaps in services, and service coordination issues across sectors in Toronto.

Services

There are a wide range of services available in Toronto, including a 24 hour crises phone line, a woman abuse focussed police response, including heightened protection for women at high risk, hospital-based crisis programs, counselling, support groups, and numerous other community initiatives. There has also been growth in some programs and services over the last few years, such as the funding of the Transitional Housing Support

Program for women leaving abusive relationships, which is offered through numerous agencies throughout Toronto.

Many agencies in Toronto have a strong commitment to respond to and eliminate woman abuse. The response to women who come to the attention of service providers, however, varies both within and across sectors. The response also varies related to characteristics of the woman herself, such as her income level, immigration status, language and place of residence.

Grass-roots, feminist organizations have a long history of responding to abuse. As increased numbers of mainstream agencies with multi-service mandates have become involved in responding to woman abuse, bureaucratization of services has increased and flexibility of response has diminished. Funders are also setting stringent criteria regarding service provision and how outcomes are measured, resulting in challenges for small grass-roots agencies that compete for resources with larger multi-service agencies. The feminist orientation, which has been at the core of the response to woman abuse, is at risk.

The lack of ongoing sustainable funding limits a consistent and sustained service response and makes it difficult to ensure ongoing programming. Many organizations obtain project funding to provide programs and services such as counselling or training and, even though some initiatives are found to be helpful, agencies cannot continue the program or service once the funding stops.

Key informants discussed a number of additional issues and gaps that need to be addressed to improve services for abused women in Toronto. These include:

- a shortage of prevention, outreach and educational initiatives for all women, as well as specific subpopulations of women (i.e., new immigrants, specific ethno-cultural groups, low income women);
- a shortage of services for diverse ethno-cultural and immigrant communities coupled with racism and a lack of culturally-sensitive programming in many sectors;
- a shortage of one-to-one counselling, especially long-term and/or for non-English speaking women;
- limits on funding for ethno-cultural and immigrant services agencies who see many women who have been abused; the funding of settlement agencies limits their work to an initial response and provision of information even though these agencies are uniquely positioned to be accessible to new immigrant women;
- insufficient shelter beds, particularly for women with larger families or children with special needs;
- a lack of affordable long term housing;
- the private rental housing market discriminating against women leaving abusive relationships;

- a lack of economic supports and job training for women leaving abusive relationships;
- limited educational programs geared to men;
- limited programs and services to intervene with abusive men;
- limited programs and services for children who are exposed to woman abuse; and
- limited training for staff who respond to woman abuse, resulting in inconsistent responses and staff turnover.

Service Coordination

The commitment to and momentum for service coordination across sectors has increased as a result of the Coroner's Inquests and the Joint Committee on Domestic Violence. There have been some improvements in service coordination. The WACT has created best practices for a coordinated approach to woman abuse. The Court Advisory Committees and several committees of the WACT provide a forum for information sharing and coordination. Task forces and issue-focused committees bring people from various organizations together to work towards a common goal. The High Risk Committee that is developing a comprehensive strategy for identifying and responding to potentially lethal situations of abuse and the Scarborough Access project which is identifying ways to make services more accessible to women and their children are both working towards enhanced service coordination.

In spite of all of these efforts, programs are not coordinated, consistent in their response, or working consistently toward a common goal. Women are often alone in navigating a myriad of services. Several issues make coordination of woman abuse services in Toronto a challenge. The complexity of the issue and the complexity of Toronto's population require the involvement of multitude sectors and organizations. Limited funding results in inadequate time for attending meetings, working across and within sectors for joint priority setting and ensuring a unified and consistent response. The commitment across organizations to a coordinated response is often dependent on whether or not there is an official mandate to respond.

Specific gaps/issues that need to be addressed in order to improve service coordination include:

- territoriality regarding issues and services across sectors;
- varied attendance at committee meetings such as the Court Advisory Committee, making it difficult to follow up on coordination issues;
- the need for more service coordination protocols and guiding documents, including endorsement within/across sectors. Specific examples include:
 - referral by police to hospital-based DV programs
 - referral to shelters
 - coordination between child protection services and other sectors, including the shelter system; and

- the need for better integration and coordination within the court system, including supports for women, coordination between Family and Domestic Violence (DV) courts, and more consistent prosecution of abusers.

Service System Response

Despite improvements in inter-sectoral work, the service system response to woman abuse in Toronto still falls short of consistently identifying women who are experiencing abuse and helping women who choose to leave abusive situations. Understanding of the issue of woman abuse and essential responses both across and within sectors varies, resulting in no true commitment to a common goal. The service system response has improved such that some women receive the help they need when leaving an abusive relationship. Generally women who speak English, who know they are experiencing abuse and know about available services have an easier time accessing the help they need.

The need for woman abuse services is growing and new subpopulations of women are experiencing abuse and so require new services and outreach strategies. The social services sector in particular is seeing increasingly vulnerable women (multiple victimizations) and women who are racialized, especially those who are immigrant and/or without status who have more limited options. The criminal justice sector reported seeing an increase in abuse among young women, including women in teen dating relationships.

Several key themes related to the service system response emerged from this scan. They include the following:

- lack of accountability for a systemic response which results in an inconsistent response across sectors;
- no universal mandate for protocols that outline a response to woman abuse across sectors and within organizations;
- a trend towards the “de-gendering of abuse” to a more gender neutral framework, resulting in limitations in how shelters and other organizations can work with women;
- a lack of inclusive approaches and models to work with women from disabled, lesbian, racialized, new immigrant communities and women without status; lack of cultural sensitivity and inability to meet the needs of women specific ethno-cultural communities;
- gaps in the response in the judicial, health, and social services sectors as well as the need to involve the educational sector; and
- dual charging of women by the police and mandatory reporting to child welfare, which deter women from seeking help from the police, shelters and other services.

Most importantly, the scan demonstrates that the service system needs to go beyond the traditional notion of services and address the political and structural root causes of abuse and the inequalities that contribute to abuse. Poverty, a lack of housing and child care,

shame, and a sense of powerlessness all deter women from leaving abusive relationships or seeking help. There is no substantive policy focus, especially related to broader issues such as economic security and housing policies that make it very difficult for women to leave abusive relationships. Political discourse on these issues and policy changes that work towards women's equality need to be a core component of the response to woman abuse.

Recommendations

It is recommended that:

1. TPH use the findings of this scan to inform the development of best practice guidelines for Healthy Families Public Health Nurses and a TPH Organizational Policy on Woman Abuse.
2. TPH discuss the implications of this scan for its policy, program, prevention, and advocacy initiatives and explore the possibility of enhanced roles for TPH in: outreach to women who may be experiencing abuse; advocacy and education related to the determinants of health and their relationship to abuse; detection and response to abuse; and working with the health sector to enhance its capacity to identify and respond to woman abuse.
3. TPH share the findings of this scan with key informants and other stakeholders involved in responding to woman abuse and encourage key informants and other stakeholders to discuss the findings and implications of this scan for policy, program, and advocacy initiatives within their own organizations/networks.
4. TPH share the findings of the scan with key municipal and provincial stakeholders.

Bibliography

- Abraham, D. (2006). The “trend” before the storm: How to use trend analysis and foresight to improve new product development success rates. *Visions Magazine*, Product Development and Management Association.
- Campbell, J.C., Jones, A.S., Dienemann, J., Kub, J., Schollenberger, J., O’Campo, P. et al. (2002). Intimate partner violence and physical health consequences. *Archives of Internal Medicine*. 162(10): 1157-63.
- Canadian Mortgage and Housing Corporation. (2006). *Housing Discrimination Against Victims of Domestic Violence, Research Highlight*. Ottawa, ON: CMHC. Available at www.cmhc-sch.gc.ca/odpub/pdf/65096/pdf
- Canadian Nurses Association. (1992). *Family Violence: Clinical Guidelines for Nurses*. Ottawa, ON: National Clearinghouse on Family Violence.
- Canadian Public Health Association. (1994). *Violence in Society: A Public Health Perspective*. Ottawa, ON: Author.
- Chamberlain, L. (2004). *Making the Connection: Domestic Violence and Public Health*. San Francisco, CA: The Family Violence Prevention Fund. Available at <http://fypfstore.stores.yahoo.net/macodovia.ndp.html>
- Children’s Aid Society. *Guidelines for Assessment of Abused Women*. Toronto, ON: Author.
- Children’s Aid Society of Toronto. (2006). *Intake Domestic Violence Team, Pilot Project Report*. Toronto, ON: Author.
- Chinese Canadian National Council Toronto Chapter, Chinese Family Services of Ontario, Metro Toronto Chinese and Southeast Asian Legal Clinic, South Riverdale Community Health Centre. (2004). *A Study of Community Services for Female Victims of Domestic Violence*. Toronto, ON.
- Cohen, M. & MacLean, H. (2003). *Health Surveillance Report. Violence Against Canadian Women*. Ottawa, ON: Women’s Canadian Institute for Health Information.
- Day, T. (1995). *The Health Related Costs of Violence Against Women in Canada: The Tip of the Iceberg*. London, ON: Centre for Research in Women’s Health.
- Fletcher, R.N. (1998). Finding Your Future In Uncertain Times. *The Lone Star Librarian*, Dec., Vol 51(2), Texas Chapter, Special Libraries Association.

- Health Canada. (2002). *Violence Against Women*. Ottawa, ON: Author
- Health Canada. (1999). *A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy*. Ottawa, ON: Author.
- Heise, L. & Garcia-Moreno, C. (2002). In. E. Krug, L.L. Dahlberg, J.A. Mercy et al., (Eds.). *World Report on Violence and Health* (pp 87-121). Geneva, Switzerland: World Health Organization.
- Jewish Family and Children's Service (N.D.). *Assessing Violence in the Home Assessment Tool*. Toronto, ON: Author.
- Johnson, H. (2006). *Measuring Violence Against Women: Statistical Trends*. Catalogue No. 85-570. Ottawa, ON: Statistics Canada.
- Joint Committee on Domestic Violence. (1999). *Working Towards a Seamless Community and Justice Response to Domestic Violence: A Five-Year Plan for Ontario*. Toronto, ON: Author.
- Leserman, J., Drossman, D.A., Zhiming, L., Toomey, T.C., Nachman, G., & Glogau, L. (1996). Sexual and physical abuse history in gastroenterology practice: How types of abuse impact health status. *Psychosomatic Medicine*, 58, 4-15.
- Mendoza, J. *Fathering Without Violence: A Manual for Group Facilitators*, Prepared for Catholic Children's Aid Society, Children's Aid Society of Toronto, Native Family and Child Services, and Jewish Family and Child Service. Toronto, ON.
- Morrison, J. L. (1992). Environmental scanning. In M. A. Whitely, J. D. Porter, & R. H. Fenske (Eds.). *A Primer for New Institutional Researchers* (pp. 86-99). Tallahassee, Florida: The Association for Institutional Research.
- Mosher, J. et al. (2004). *Walking on Eggshells: Abused Women's Experiences of Ontario's Welfare System. Final Report of the Research Findings from the Women and Abuse Welfare Research Project* Available at <http://dawn.thot.net/walking-on-eggshells.htm>
- Office of the Chief Coroner of Ontario. (2005). *Domestic Violence Death Review Committee: Annual Report to the Chief Coroner*. Toronto, ON: Author.
Available at http://www.mcscs.jus.gov.on.ca/english/publications/comm_safety/DVDRC_2005.pdf

- Office of the Chief Coroner of Ontario. (2004). *Domestic Violence Death Review Committee: Annual Report to the Chief Coroner*. Toronto, ON: Author.
Available at www.womanabuse.ca/Domestic_Violence_Death_Review_Committee_Annual_Report_2004.pdf
- Ontario Association of Children's Aid Societies. *Eligibility Spectrum for Child Welfare*. Toronto, ON: Author.
- Ontario Association of Interval and Transition Houses. (2001). *Standards and Ethics*. Toronto, ON: Author.
- Ontario Ministry of the Attorney General. (2006). *Evaluation of the Domestic Violence Court Program: Final Report*. Toronto, ON: Author
- Ontario Public Health Association. (2003). *Public Health and Violence Prevention: Maintaining the Momentum*. Toronto, ON: Author.
- Ontario Public Health Association. (1999). *A Public Health Approach to Violence Prevention*. Toronto, ON: Author.
- Ontario Women's Directorate, Ministry of Citizenship and Immigration. *Domestic Violence Action Plan for Ontario*.
Available at www.citizenship.gov.on.ca/owd/english/preventing/dvap.pdf
- Plichta, S.B. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence*. 19(11): 1296-323.
- Pollack, S., Green V., Allspach, A. (2005). *Women Charged with Domestic Violence in Toronto: The Unintended Consequences of Mandatory Charge Policies*, Toronto, ON: Woman Abuse Council of Toronto.
Available at www.womanabuse.ca/womenchargedfinal.pdf
- Pollack, S., & MacKay, L. (2001). *Report of the Women's Safety Project Pilot Study: Evaluation of Batterers' Programs*.
Available at www.crvawc/documents/WomenSafetyProject_withcover_001.pdf
- Randall, M. (2003). *Understanding Women Abuse: Social and Political Challenges*. Toronto, ON: Education Wife Assault.
- Registered Nurses Association of Ontario. (2005). *Woman Abuse: Screening, Identification and Initial Response*. Toronto, ON: Author
Available at <http://www.rnao.org/Page.asp/PageID=924&ContentID=821>
- Reynolds, C., & Sweitzer, A. (1998). *Responding to Woman Abuse: A Protocol for Health Care Professionals*. London, ON: Abused Women's Centre.

- Statistics Canada. (2005). *Family Violence in Canada: A Statistical Profile*. Ottawa, ON: Author.
- Statistics Canada. (2000). *General Social Survey 1999*. Ottawa, ON: Author.
- Statistics Canada. (1994). *Violence Against Women Survey 1993*. Ottawa, ON: Author.
- Suderman, M., & Jaffe, P. (1999). Incidence and prevalence of children exposed to woman abuse. In Ministry of Public Works and Government Services (Eds). *A Handbook for Health and Social Service Providers and Educators Exposed to Woman Abuse/Family Violence*. (pp. 7-14). Ottawa, ON: Ministry of Public Works and Government Services.
- Sunnybrook and Women's College Hospital. (2000). *Abuse by Intimate Partners or Former Intimate Partners*. In *Patient Care Manual*. Toronto, ON: Author
- Tjaden, P., & Thoennes, N. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey*. Publication No. NCJ 181867. Washington, DC: Department of Justice.
- United Nations, General Assembly. (1993). *Declaration on the Elimination of Violence Against Women*. Proceedings of the 85th Meeting, Geneva, Switzerland, December 20, 1993.
- Woman Abuse Council of Toronto. (2006). *Women's Court Watch Project, Court Watch IV, Annual Report, Findings and Recommendations*. Toronto, ON: Author.
- Woman Abuse Council of Toronto, Health Committee (2005). *An Effective Approach to Intimate Partner Abuse in Health Care Settings: A Position Statement*. Toronto, ON: Author.
Available at www.womanabuse.ca
- Woman Abuse Council of Toronto. (2002). *Woman Abuse Best Practices Guidelines and Implementation Checklist (Revised)*. Toronto: ON: Author.
Available at www.womanabuse.ca/Best_Practice_Guidelines.pdf
- Woman Abuse Council of Toronto. (2001). *High Risk Response Pilot Project: An Integrated Model for Creating Safety*. Toronto, ON: Author.
- Woman Abuse Council of Toronto.(1998). *Best Practice Guidelines for Health Care Providers Working with Women Who have been Abused*. Toronto, ON: Author.
- World Health Organization. (2002). *World Report on Violence and Health*. Geneva, Switzerland: Author.

APPENDICES

APPENDIX A
LIST OF KEY INFORMANTS

Key Informants⁶

Social Services Sector

Louise Galego
Executive Assistant
Program and Policy
Catholic Children's Aid Society

Lisa Tomlinson,
Intake Supervisor, Domestic Violence Team
Children's Aid Society of Toronto

Roxanne Miller
Partner Abuse Response Coordinator
Naive Child and Family Services of Toronto

Laine Sanderson
Community Mental Health Worker
Native Child and Family Services of Toronto

Virginia Koehler
Violence Against Women Supervisor
Catholic Family Services of Toronto

Debra Feldman
Supervisor, Woman Abuse and Group Programs
Jewish Family and Child Service

Lynda Kosowan
Executive Director
Scarborough Women's Centre

Lisa Manuel
Manager, VAW Program
Family Service Association of Toronto

Vince Pietropaolo
General Manager
COSTI Immigrant Services

Cristina Santos
Clinical Director
Abrigo Centre

Verlia Stephens
Program Manager
Assaulted Women's Helpline

Kripa Sekhar
Executive Director
South Asian Women's Centre

Felicidad Rodrigues
Social Work Counsellor
Working Women's Centre

Anika Raskobic
Transitional Support and Housing Worker
St. Christopher House

Frank Chu
Coordinator
Chinese Family Services of Ontario

Amanda Dale
Director of Advocacy and Communications
YWCA

Margarita Mendez
Executive Director
Nellie's Women's Hostels Inc.

Eileen Morrow
Coordinator
Ontario Association of Interval and Transition
Houses (OAITH)

Carol Latchford
Program Director
Ernestine's Women's Shelter

Jodie Salerno
Shelter Manager
Ernestine's Women's Shelter

Darlene Lawson
Executive Director
Barbra Schlifer Commemorative Clinic

Cherie Miller
Director, Counselling Services
Barbra Schlifer Commemorative Clinic

⁶ This list includes participants in individual interviews and focus groups. Some interviews included 2 members of an organization.

Health Sector

Sonja Nerad
Community Health Programs Manager
Access Alliance Multicultural Community
Health Centre

Irene Gabinet
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Program
St. Joseph's Women's Health Centre

Margo Kennedy
Woman Abuse Response Coordinator
Toronto Western Hospital

Petra Norris
Sexual Assault/Domestic Violence Nurse
Examiner and Outreach Coordinator
Sexual Assault and Domestic Violence Care
Centre
Women's College Hospital

Zaria John
Social Worker
St. Michael's Hospital

Liz Janzen
Director, Healthy Communities
Toronto Public Health

Anna Stewart
Manager, Healthy Families-
Reproductive and Infant Health
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Angela Loconte
Health Promotion Consultant
Planning and Policy Urban Issues
Toronto Public Health

Marnie Kraguliac
Manager, Sexual Health Clinics
Toronto Public Health

Celia Fernandes
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Access Alliance Multicultural Community
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Mercedes Umaña
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Women's Health In Women's Hands
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Robin Mason
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Violence and Health Research Program
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Shirley Broekstra
Manager
Sexual Assault and Domestic Violence Care
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Kathleen O'Connell
Counsellor
Parkdale Community Health Centre

Jan Lancaster
Manager, Mental Health
Toronto Public Health

Elaine Kingsley
Manager, Healthy Living
Sexual Health Promotion Program
Toronto Public Health

Valerie Elliott-Carthew
Manager, Healthy Families-
Child Health
Toronto Public Health

Criminal Justice Sector

Erin McCahery
 Manager
 Victim Witness Assistance Program

Bonnie Levine
 Executive Director
 Victim Services Program of Toronto

Catherine Finley
 Deputy Crown Attorney
 Ministry of the Attorney General

Sgt. Lorna Kozmik
 Domestic Violence Coordinator
 Community Mobilization Unit
 Toronto Police Service

System-Wide Organizations

Vivien Green
 Executive Director
 Woman Abuse Council of Toronto

Marsha Sfeir
 Executive Director
 Springtide Resources
 (formerly Education Wife Assault)

Wendy Komiotis
 Executive Director
 Metropolitan Action Committee on Violence
 Against Women and Children (METRAC)

Andrea Gunraj
 Outreach Manager
 Metropolitan Action Committee on Violence
 Against Women and Children (METRAC)

APPENDIX B
LETTER TO KEY INFORMANTS



Dr. David McKeown
Medical Officer of Health

Susan Makin, Interim
Director
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Dear,

Thank you for agreeing to be a Key Informant for Toronto Public Health's (TPH's) Environmental Scan of services, including the service system for woman abuse in Toronto. TPH has contracted Judit Alcalde and Lea Caragata to conduct the Environmental Scan.

Through Early Child Development funding, TPH has embarked on a Family Abuse Prevention project. One of the primary objectives of this project is to "reduce the incidence of abuse towards pregnant women and women with children aged 0-6 years". The Environmental Scan will provide input to facilitate the development of two initiatives within the Family Abuse Prevention Project: 1) a TPH organizational policy on identifying and responding to woman abuse and 2) Best Practice Guidelines for Healthy Families Public Health Nurses for identifying and responding to woman abuse, specifically woman abuse by male intimate partners.

The scan will collect information on programs and services in the criminal justice, social services, education and health sectors. Information will be collected on services available in Toronto for women who are abused by male intimate partners, for men who abuse, and service coordination systems among/within sectors that provide service to women abused by male intimate partners. Through the scan, TPH hopes to increase its understanding of the response system for women who experience intimate partner abuse. The scan will provide an analysis of services, including identifying strengths and gaps in services, service coordination, and the service system.

Information for the scan will be collected through interviews with key informants across sectors as well as a review of relevant reports, protocols, agreements and practice guidelines. Key informants are being identified by TPH staff, by other key informants, and from existing lists of services for woman abuse in Toronto.

The names of key informants, their position, and their organization will be listed in an appendix of the report. The list of participants will be kept separately from the data. In the analysis and reporting of the data, your responses will be aggregated with others and stripped of identifying information before being circulated in any form. If, however, any information is to be attributed directly to you or your organization, you will be contacted for permission and for review of accuracy. Upon completion of the project, you will receive a summary of the final report.

You will be interviewed by *Judit Alcalde/Lea Caragata* on *date and time*. by telephone. The interview should take approximately 45 minutes to an hour. The attached interview guide contains questions regarding your role, the role of your agency or organization, the spectrum of services delivered, operating or practice protocols or agreements, strengths and challenges in interagency collaboration and coordination, referral sources, funding and costs of service, and profiles of the women served. Please take a few minutes to read the attached interview guide before the interview. You may need to gather specific information from others prior to the interview. Some of the questions may not be relevant to your organization. You may feel free to decline to answer any question. If you choose not to answer any of the questions or to not participate, it will not have an impact on your, or your organization's, relationship with TPH.

If you have any questions about this letter or the interview, please contact Judit Alcalde at (*phone number and e-mail.*)

If you have any questions about the Environmental Scan and/or the Family Abuse Prevention project, please feel free to contact me at 416-338-7443 or Fordham@toronto.ca.

Sincerely,

A handwritten signature in black ink that reads "Jan Fordham". The signature is written in a cursive, flowing style.

Jan Fordham
Manager, Planning & Policy
Healthy Families & Communities

APPENDIX C
INTERVIEW GUIDE

**Toronto Public Health
Woman Abuse Environmental Scan**

Interview Guide for Key Informant Interviews

The interview consists of questions about your agency and the specific programs and services that you provide. We will also ask more general questions about your perception and judgment (based on your experience) of the issues, gaps and strengths of services, service coordination systems, and the service system response in Toronto related to woman abuse. We are interested in hearing about both services for women who have experienced abuse by male partners as well as those for men who abuse.

A. ROLE OF ORGANIZATION

- 1) Can you please describe your role, including your title?
- 2) What is your organization's role related to woman abuse? (Probes: awareness raising/education, direct service, service coordination, advocacy)?
- 3) How long has your agency had this role? Has it evolved over time? How?
- 4) What are the sources of funding for your services? (Probes: permanent funding, time limited funding, project funding)

B. DESCRIPTION OF SERVICES

- 1) Can you please describe in detail the services you provide? (Probes: counselling, support groups, legal support, transitional support, awareness raising/education, high-risk identification, crisis intervention, job skills, men's programs...) Do you have written information describing your services that we may have?
- 2) Have there been any changes in service provision over the last few years? If yes, can you please describe these changes?

C. DIRECT SERVICES

- 1) If your agency/organization provides counselling or support groups for women/men: a) who provides the service? b) is a specific model of intervention used? (Please describe) c) what is the intensity and duration of the service?
- 2) Does your organization assess for level of risk? Do you use specific safety interventions in high-risk cases? (Probes: safety plans, technological approaches, case-consultation/coordination)
- 3) Does your organization provide services/programs for children of women who have experienced abuse/are experiencing abuse? If yes, please describe. If no, are you aware of any specific programs in Toronto?

D. ACCESS TO DIRECT SERVICES

- 1) Can you describe the women (or men) your organization provides service to? Are there any characteristics that stand out among those you serve? (Probes: age, ethno-cultural background, socio-economic status, education...)
- 2) Does your organization have specific inclusion/exclusion criteria, catchment areas or other priorities or limits on who you serve? Please describe.
- 3) How many women who have been abused (or men who have abused) does your agency serve in each of the programs/services you have described? (Probes: in support groups, over a month? a year?)
- 4) Do you maintain a waiting list? If yes, what is the average length of time people wait before accessing service?
- 5) Do clients pay for the services you provide? If yes, what is the range /average cost of services by type of service?
- 6) What specific things does your organization do to increase access to your services? (Probes: translation/interpretation services, staff who speak other languages, outreach services, barrier-free, physical accessible premises, training for staff) Are there specific groups of women who have been abused (or men who abuse) who are eligible for your services but who you believe do not access them? If yes, what leads you to believe this? Do you believe their needs are being met somewhere else? Do you have recommendations for meeting the needs of this group of women/men?

E. SERVICE COORDINATION-AGENCY SPECIFIC

- 1) How do your specific programs or services and your organization relate to other sectors and service providers?
- 2) Do you have protocols or service agreements? Practice guidelines? How does your organization follow these? What impact has the development of specific practice guidelines, protocols, and/or service agreements had on service provision or coordination?
 - If you have such documents, may we have copies?
 - Do you know of other key documents or protocols in place in Toronto? If yes, do you know who we could contact to obtain a copy?

F. THE SERVICE SYSTEM RESPONSE, INCLUDING SERVICE COORDINATION

- 1) When a woman discloses abuse, is there a coordinated or integrated response in place involving multiple agencies? Please describe the response, including how women flow through the system? Please describe what is working well/not working well? Have there been any changes in the past several years?
- 2) What do you see as some of the strengths and gaps to a coordinated response when a woman is experiencing /discloses abuse in Toronto as well as in dealing with abusive men? (Probes: specific services, access, coordination, consistency, geography.)

- 3) Please describe what you think the barriers and challenges are in addressing and responding to women who have experienced/are experiencing abuse? (Probes: at a policy level? other services? coordination? access? funding? education?)
- 4) What do you think needs to happen to improve services and the service system for women who have been abused (and men who abuse)? (Probes: different levels – services, coordination, policy).
- 5) Are you (your organization) involved in any advocacy initiatives to address gaps in services, service coordination, or the service system response for women who experience abuse (and men who abuse) in Toronto?

G. OTHER

- 1) Are there any other organizations that work in the area of woman abuse that you believe we should talk to for this environmental scan?

Thank you for participating in this interview. If in the next few weeks, you think of any additional information you would like to provide, you could contact Judit Alcalde at (e-mail address) or at (phone number).

APPENDIX D

**SUMMARY OF PARTICIPATING AGENCIES’
RESPONSES TO WOMAN ABUSE**

Summary of Participating Agencies' Responses to Woman Abuse

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
Social Services Sector: Child Welfare Agencies		
<p><u>Children's Aid Society of Toronto (CAST)</u></p> <p>Provincially mandated child protection agency</p> <p>Funded primarily by the Ministry of Children and Youth Services (MCYS); other funders for specific programs</p>	<ul style="list-style-type: none"> ▪ Intake screens all telephone calls and refers, as appropriate, to specialized Domestic Violence (DV) team ▪ 90% of the DV team's work is related to violence against women (VAW) ▪ The DV team has 7 front line workers, responsible for all direct DV work in the agency (5000+ DV referrals/year) ▪ The team cannot absorb all of the DV cases ▪ Standard protocol: interview the woman first, then interview the children and follow up with the man ▪ Uses the Campbell Danger Assessment tool for risk assessment ▪ Major questions in assessment: Is the child safe? What is the man's level of risk to the child and woman? Is parenting compromised? ▪ Assessment within 24 hours or 7 days, depending on whether there is an immediate risk to the children and the woman or an indication of compromised parenting (based on initial intake screening) ▪ Assessment determines the nature of the response with follow-up services ranging from safety planning and support, referral and limited counselling to apprehension of any involved children (although apprehension is rare) ▪ The DV team coordinates access to VAW shelters directly using 13 shelters ▪ A DV team staff member is assigned to these shelters to ensure coordination (each staff member works with 4-5 shelters) ▪ Beginning a volunteer program to provide court accompaniment ▪ Services for children include assessment and referral, supervised non custodial parent visits, referrals to VAW services for women and referrals to programs for men 	<ul style="list-style-type: none"> ▪ MCYS mandate shapes their role as their primary obligation is child protection ▪ Has established a separate DV team indicative of prioritization of VAW ▪ More integrated into VAW system now than in the past ▪ New immigrants are often most vulnerable

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Catholic Children's Aid Society (CCAS) of Toronto</u></p> <p>Provincially mandated child protection agency primarily serving the Catholic community</p> <p>Funded primarily by the MCYS</p> <p>CCAS is not a VAW agency, however, in the work of providing child protection services, it works with families experiencing woman abuse</p>	<ul style="list-style-type: none"> ▪ Centralized Intake Department screens all calls for the presence of domestic violence and the cases are assigned to a child protection worker ▪ Standard protocol: Customized approach that generally engages the woman first; arranges to interview the child and then has follow-up interview with the woman's partner/husband and/or the child's father ▪ Assessment within 12 hours or within 7 days. The response depends on whether there is an immediate risk to the child and/or woman or an indication of compromised parenting (based on initial intake screening) ▪ Key question in assessment: "Is the child safe?" and "Is the mother safe?" ▪ Services offered to women are focused on supporting family involvement while reducing risk of further abuse ▪ Assessment determines the nature of the response with follow-up services ranging from safety planning and support, referral and coordination of services, limited counselling, advocacy and court intervention, if necessary, to ensure the protection of children ▪ Services for children and their mothers include assessment and referral, advocacy, supervised non-custodial parent access and parent support to increase knowledge of the impact of exposure of children ▪ The agency's response to families dealing with woman abuse issues is shaped by their internal Domestic Violence response Committee, best practice protocols and internal policies and procedures ▪ Works collaboratively with Catholic Family Services to offer groups for fathers who have perpetrated violence against their partners and/or children and have not been criminally charged. CCAS also works collaboratively with community agencies that offer the "Fathering Without Violence Program" 	<ul style="list-style-type: none"> ▪ MCYS mandate shapes their role as their primary obligation is child protection.

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Jewish Family and Child Service (JF&CS)</u></p> <p>Provincially mandated child protection agency primarily serving the Jewish community of Toronto</p> <p>Funded by the MCYS; other funders for specific programs</p> <p>Provides a broad range of support services to families; emphasis on services to the Jewish community</p>	<ul style="list-style-type: none"> ▪ Has delivered VAW programs for 30 years ▪ Intake screens calls and refers to woman abuse program, as appropriate ▪ Assessment within 24 hours, 7 days or within 2 weeks depending on whether there is an immediate risk to the woman or an indication of compromised parenting or risk to the child (based on initial intake screening) ▪ Provides crisis, individual and group counselling, both long and short term ▪ Approximately 350 women/year served in counselling and groups; all women in groups receive individual counselling ▪ Provided service to 1060 women, children and men in 2006/2007 ▪ 1 worker is assigned to housing, court, lawyer referral, and accompaniment ▪ Provides one program for men – Men's Abuse Prevention group – 16 week closed voluntary group for men who have been abusive ▪ Services for children include assessment and referral, supervised non custodial parent visits, supportive family counselling and placement as well as "Here To Help", a program specific to children from families where VAW has occurred. ▪ Provides "Here to Help" program for approximately 96 children/ year in partnership with a diverse range of North Toronto agencies; women and children from those agencies eligible in addition to those referred directly by JF&CS ▪ Conducts outreach - e.g., video "Women's Voices, Women's Choices" ▪ All practices conform to best practice guidelines from Woman Abuse Council of Toronto (WACT) ▪ Sliding scale, very few fees collected 	<ul style="list-style-type: none"> ▪ MCYS mandate shapes their role as their primary obligation is child protection, with some deviation/ specialization to serve their cultural community

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Native Child and Family Services of Toronto (NC &FS)</u></p> <p>Provincially mandated child protection agency primarily serving the Aboriginal community</p> <p>Funded by the MCYS; other funders for specific programs</p>	<ul style="list-style-type: none"> ▪ Intake screens all telephone calls and refers to woman abuse program, as appropriate ▪ Assessment within 24 hours, 7 days or 2 weeks depending on whether there is an immediate risk to the woman or an indication of compromised parenting (based on initial intake screening) ▪ Services for children include assessment and referral, supervised non custodial parent visits, supportive family counselling, “Here to Help” program, and placement ▪ Other services include an Empowerment Circle, a 2 week family focused program for women who have left an abusive relationship, and the PAR program for men ▪ Provides native specific programs; majority of clients are internal referrals through their child protection intake ▪ Developing a “Fathering without Violence” program - 12 weeks; more solution-focused than PAR program ▪ 1 Transitional housing and support worker ▪ Innovative Aboriginal Circle run out of Toronto East Detention Centre cited as an effective intervention with the abusing partner 	<ul style="list-style-type: none"> ▪ MCYS mandate shapes their role as their primary obligation is child protection, with some deviation/ specialization to serve their cultural community ▪ Services emphasize re-assertion of First Nations culture, culturally relevant responses and innovation ▪ NC&FS differs from some VAW services in their attention to men’s treatment, (e.g.,strong support for men to have individual counselling, in which a major focus is rebuilding their sense of culture, knowledge, and attachment)
Social Services Sector: Shelter and Housing		
<p><u>The Ontario Association of Interval and Transition Houses (OAITH)</u></p> <p>Provincial coalition primarily of first stage emergency shelters for abused women and their children</p> <p>Funded primarily by Status of Women Canada and through membership fees</p>	<ul style="list-style-type: none"> ▪ Represents 75 shelters across Ontario, including 11 in Toronto ▪ Main role is advocacy, focussing on issues relevant to abused women and their children (e.g., cuts to funding) 	<ul style="list-style-type: none"> ▪ Funding at risk due to changes to Status of Women Canada—no longer funds advocacy

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Nellie's Women's Hostels Inc.</u></p> <p>Shelter serving homeless women or women who have experienced abuse</p> <p>Funded by the City of Toronto, VAW programs and the Ministry of Community and Social Services (MCSS)</p>	<ul style="list-style-type: none"> ▪ Has operated for more than 30 years ▪ 36 beds ▪ Strong service focus on most vulnerable women; majority of clients are women who have either been abused, live in poverty, are immigrants, or have mental health problems ▪ 2 full-time and 1 part-time outreach workers and 1 transitional support worker ▪ All women meet at least once weekly with a counsellor for support ▪ Maximum length of stay is 4 months; some flexibility ▪ New immigrants often stay for 6 months as they face additional barriers to finding permanent housing ▪ Advocacy is a critical part of Nellie's mandate; directed by a standing committee of their Board of Directors 	<ul style="list-style-type: none"> ▪ Will take women directly as well as through central shelter intake as calls by an abused woman to central intake can trigger a call to child protection services if the woman has children and does not come to the shelter; thus some women are reluctant to use central intake
<p><u>Ernestine's Women's Shelter</u></p> <p>Emergency shelter for women and children escaping situations of violence</p> <p>Core funding through United Way and MCSS</p>	<ul style="list-style-type: none"> ▪ Programs include: Temporary Shelter for Women; Youth and Children Fleeing Violence services; Child and Youth Services; Legal Support; Transitional Housing and Support; Housing program, Skills Exchange; Outreach and Follow-up; and Volunteer Program ▪ 28 FTE staff with 22 languages; 90 women in shelter-2005/2006 (with 22 beds); recent increase to 32 beds; average stay is 4 to 6 months ▪ Sees approximately 80 women per year in Transitional Support Program ▪ 24 hour Crisis Line ▪ Fully accessible 	<ul style="list-style-type: none"> ▪ Program changes over the years have come about because of program evaluation ▪ Primary referral has never been through Central intake - women can call directly

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
Social Services Sector: Social and Community Support Agencies		
<p><u>Barbra Schlifer Commemorative Clinic</u></p> <p>Counselling, legal, interpretation, information and referral service for women who are survivors of violence</p> <p>Funded by the City of Toronto, The Law Foundation of Ontario, Ministry of the Attorney General (MAG), Ministry of Citizenship and Immigration (MCI), MCSS, Ministry of Health and Long Term Care (MOHLTC) and United Way of Greater Toronto</p>	<ul style="list-style-type: none"> ▪ Numerous programs for survivors of abuse ▪ About 24 staff – dealing with many forms of VAW ▪ 4 Transitional and Housing Support Workers provided service to 395 women in 2005/06 ▪ Provided individual counselling up to 6 months, to over 750 women survivors of partner abuse in 2005/06 ▪ Provides open trauma groups and partner abuse groups (continual groups that are not closed to new members) ▪ Waiting list for counselling services is an average of 2 months – kept to 2 months by providing open groups and referring women to other counselling services ▪ Over 200 interpreters provide free interpreter service for not-for-profit organizations in 62 languages; 7 days per week; over 1017 women served in 2005/06 ▪ Provides legal services to women whose income is higher than Legal Aid cut-off, but who cannot afford a lawyer; 1,061 women served in 2005/06 ▪ Provides advocacy and case management for clients 	<ul style="list-style-type: none"> ▪ Women who have money resolve issues without seeking help of a non-profit organization; serve the most vulnerable women; many refugees ▪ Insufficient funding is a key issue ▪ Needs to continuously adapt to meet capacity; hence open groups ▪ Spends time meeting needs of women accessing the Clinic ▪ Needs more outreach to reach women who don't make it in to the system ▪ Works in multiple languages ▪ Committed to assessing safety ▪ Huge shortage of long term counselling
<p><u>Assaulted Women's Help-Line</u></p> <p>24 hour telephone and TTY crisis line for women throughout Ontario, since 2001</p> <p>Started as a Toronto program</p> <p>Funded by the MCSS and the City of Toronto</p>	<ul style="list-style-type: none"> ▪ Crisis line for abused women, their friends and family members, service providers, and other professionals in contact with abused women ▪ 50,000 calls per year across province ▪ Access to 154 languages, including 3 Aboriginal languages ▪ Discusses safety planning with all women who call ▪ Provides emotional support ▪ Has a list of referrals ▪ Works from an anti-racist, anti-oppressive framework ▪ Provides community training on woman abuse and on the Feminist Anti Racist Anti Oppressive (ARAO) Framework 	<ul style="list-style-type: none"> ▪ Lack of funding is a key issue; fundraising required to cover agency budget ▪ Women call following outreach

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Abrigo Centre</u></p> <p>A multi-service agency geared to Portuguese speaking communities, with a primary focus on abuse</p> <p>Funded by the MCSS for VAW programs</p>	<ul style="list-style-type: none"> ▪ Provides VAW individual counselling in Portuguese and English ▪ Provides group counselling in Portuguese ▪ Counselling includes full spectrum from risk assessment to crisis intervention to long term support ▪ Counselling is not time limited; emphasizes women becoming independent ▪ Works from a feminist anti-oppressive framework ▪ Provides four 16 week open Partner Abuse Response (PAR) groups for men; 1 Portuguese and 3 English ▪ Includes partner contact ▪ Provides transitional housing and support program ▪ Serves approximately 780 women per year in VAW program(s) and 170 women/men per year in the PAR program ▪ Follows WACT protocol for PAR program and WACT Best Practice Guidelines for other programs ▪ Follows VAW/Children's Aid Society protocol 	<ul style="list-style-type: none"> ▪ Seeing second generation of abused women; increased number with multiple complex issues
<p><u>COSTI Immigrant Services</u></p> <p>Multi-service agency that has historically served Italian Canadians across Toronto; reaches out to other ethno-cultural communities</p> <p>Funded by a range of sources: including the MAG, the MCSS, and the United Way</p>	<ul style="list-style-type: none"> ▪ VAW specific staffing includes access to 6 social workers, one of whom is located in a satellite office - 2 full time staff equivalents respond only to woman abuse ▪ Serves 279 women/year in DV program (2005 data) ▪ Provides individual counselling, crisis and safety planning, a legal aid clinic with Italian speaking lawyers working pro bono, a PAR program, a women's education and support group related to abuse and a Violence Against Women group ▪ Provides a children's group, as needed ▪ Coordinates and delivers a 12 week psycho-educational group for Spanish speaking women, with Barbra Schlifer Clinic ▪ COSTI North York Centre located across the hall provides housing and settlement services for newcomers who may be experiencing woman abuse 	<ul style="list-style-type: none"> ▪ Flexible service maximizes flexibility; will meet anywhere, provide TTC tickets, and respond with appropriate linguistic support ▪ Abuse is a priority for service

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
	<ul style="list-style-type: none"> ▪ Works with ethno-specific organizations to provide prevention programs focussed on immigrant communities ▪ Wait time for counselling is kept to a 2 week maximum 	
<p><u>St. Christopher House</u></p> <p>A multi-service neighbourhood centre working with diverse individuals, families, and groups</p> <p>Funding from various sources, including the MCSS</p>	<ul style="list-style-type: none"> ▪ The Woman Abuse Program assists abused women and their children to deal with immediate, urgent situations and to increase their knowledge, skills and strength for dealing independently with these issues in the future. The program values self-determination and self-reliance in order to promote violence-free lives ▪ Working from an anti-oppression, feminist perspective, the Woman Abuse Program offers: individual counselling in multiple languages; group counselling, 6-8 weeks/2-3 groups per year; individual and group counselling for children who have witnessed abuse; and advocacy ▪ Focus is primarily women who are new immigrants 	<ul style="list-style-type: none"> ▪ The Woman Abuse Program is committed to encouraging diversity, eliminating barriers to participation and taking action against improper discrimination in the populations it serves - including discrimination based on colour, race, ancestry, ethnic origin, place of origin, citizenship, creed, age, gender, sexual orientation, disability and family or marital status ▪ To maximize participation, women, youth and children must have access to linguistically appropriate and culturally sensitive services ▪ Language barriers exist despite using cultural interpreters
<p><u>Chinese Family Services of Ontario</u></p> <p>A non-profit family service agency with a focus on Chinese Canadians</p>	<ul style="list-style-type: none"> ▪ Provides a women's program, including education, transitional support, crisis intervention, referral and counselling ▪ Counselling and case management are provided through agency social workers/counsellors and 2 transitional and housing support workers in Mandarin, 	<ul style="list-style-type: none"> ▪ Women experience language barriers and feelings of shame ▪ Need more community education regarding violence

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p>Abuse programs funded by numerous sources, including the MAG, United Way of Greater Toronto, MCSS and community donations</p>	<p>Cantonese and English</p>	<ul style="list-style-type: none"> ▪ Serve newcomers, refugees, first and second generation Chinese ▪ Vietnamese clients and families are served only in the Partner Assault Response Program
<p><u>South Asian Women's Centre</u></p> <p>Settlement agency serving women and their families in 17 South Asian languages</p> <p>Raises awareness, both within and outside the community, about cultural, economic and social needs</p> <p>Provides direct support</p> <p>Funded by Citizenship and Immigration Canada, Ontario Ministry of Citizenship and Immigration, the City of Toronto, and United Way grant money</p>	<ul style="list-style-type: none"> ▪ On issues of violence and abuse, SAWC focuses primarily on abuse faced by women and children ▪ Assesses for risk and provides information and referral when abuse disclosed ▪ Calls police if woman agrees ▪ Developed a mentoring program in which women share information about how they left an abusive situation ▪ Programs include: Youth group for young South Asian women and girls (13-18), language-sensitive wellness groups, and seniors' groups ▪ Sees about 10,000 clients - women and family members yearly ▪ Large percentage of women who seek SAWC support have experienced abuse and violence 	<ul style="list-style-type: none"> ▪ Not funded to work on abuse; VAW is not always seen as a settlement issue ▪ Needs to be recognition that VAW issues are linked to settlement ▪ Trying to increase awareness of the link between VAW and settlement through the Ontario Coalition of Agencies Serving Immigrants (OCASI), the Council of Agencies serving South Asian (CASSA), and the South Asian legal clinic of Ontario (SALCO) ▪ OCASI provides VAW training to settlement agency staff ▪ Had 3 year temporary funding for abuse counsellor – presently no funding ▪ Gap in terms of referral to agencies - many South Asian women do not feel safe outside their community

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Scarborough Women's Centre</u></p> <p>Assists women who want to leave an abusive or isolating situation to make long-term changes</p> <p>Funded by the City of Toronto and the Ontario Women's Directorate (OWD)</p>	<ul style="list-style-type: none"> ▪ Telephone information referral about community resources ▪ Educational courses and workshops such as Re-Building Self Esteem After Leaving an Abusive Relationship: Dealing with Anger; a group for women who are parenting children with disabilities, etc. ▪ Young Women's Outreach ▪ Outreach to women with disabilities ▪ Individual counselling; 3 week wait for brief solution focused counselling (6-12 weeks) ▪ Serves 300 women a year for counselling ▪ Trained volunteers can provide one-to-one mentoring for women in transition ▪ Trained volunteers can provide tutoring for women who wish to improve their conversational English ▪ 50% of clients are newcomers ▪ 90% of clients are Scarborough residents 	<ul style="list-style-type: none"> ▪ Economic Self-Sufficiency Program (ESSP) that served women who had left an abusive situation and were at risk of returning because of limited finances is no longer funded. The ESSP served 30 women/yr, 85-90% of whom didn't return to their abusive partner ▪ A new version of the ESS Program, "Rebuilding Our Lives" has recently been funded by the MAG's Ontario Victim Support Services Program. In partnership with Centennial College, the program will include access to academic assessment and college courses ▪ Will be involved in the Scarborough Access Project, a co-location model which will provide one-stop access to services for women experiencing abuse ▪ Clients are experiencing abuse, emotional health issues, poverty, newcomer integration, and/or isolation

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Catholic Family Services of Toronto</u></p> <p>Community-based agency providing counselling and wellness programs for families</p> <p>VAW program funded by MCSS and ShareLife</p>	<ul style="list-style-type: none"> ▪ VAW program has 5 full-time staff (4 counsellors and 1 transitional housing support worker) ▪ Provides individual, group and family counselling to women and their children where there are woman abuse issues ▪ Sliding scale payment for counselling ▪ Provides a weekly open-ended group for women to offer an immediate support and entry point for other services ▪ Provides small, closed groups for women 3 to 4 times a year, focusing on the impact of woman abuse, safety, and relationship issues ▪ Provides a transitional housing and support program ▪ Serves 400-500 women per year in VAW program ▪ Provides individual counselling for men as well as a men's group- "Choosing to Change" ▪ Provides couple counselling for DV based on a double team model they've developed that maintains women's safety 	<ul style="list-style-type: none"> ▪ Works with clients that are referred for services from both Toronto CASs ▪ Do not need to be Catholic to receive service ▪ Participates with North York VAW agencies to provide the Here to Help Program ▪ Participates in the WACT sub-committees
<p><u>Working Women's Centre</u></p> <p>Community agency providing settlement and woman abuse programs for over 30 years</p> <p>Funded through various sources, including the OWD, the City of Toronto, and the MCSS</p>	<ul style="list-style-type: none"> ▪ Provides language instruction and employment training programs for women ▪ Provides individual counselling ; 5-8 sessions; focuses on socio-economic issues, healing processes, and leaving the abusive partner ▪ Provides open and closed groups – 2 different modules: 1) focus on how to achieve personal success and positive thinking and leadership development and 2) Demystifying Abuse – groups of 10 women focus on empowerment and healing ▪ Approximately 350 women per year receive counselling and group interventions ▪ Provides awareness raising and referral to other agencies ▪ Provides wellness and recreation programs 	<ul style="list-style-type: none"> ▪ Serves primarily immigrant women; some younger third generation women ▪ Women access agency for settlement programs; can be referred to VAW services

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>YWCA</u></p> <p>Multi-service agency with over 30 programs, all of which are relevant to VAW</p> <p>Funded by United Way, three levels of government and fundraising initiatives</p>	<ul style="list-style-type: none"> ▪ Operates two violence against women shelters, exclusively for women leaving abusive situations, with a total of 60 beds - the YWCA Women's Shelter in East Toronto and YWCA ARISE in the Annex in Central Toronto ▪ Operates a homeless women's shelter with 44 emergency beds and 12 transition beds; half of the beds are for young women; many of these women have experienced abuse ▪ Operates Beatrice House for high-risk lone mothers with young children, many of whom are survivors of abuse. Beatrice House provides a high quality early childhood development centre for children from infancy to six years ▪ Operates a 77 unit permanent housing apartment building for single women and women with children, with a priority for abused women, in the Leslieville area ▪ Opening a new 68-unit permanent apartment building for single women and women with children in Rexdale in the early fall 2007 with priority given to women fleeing abuse ▪ Provides "Breakthrough" group program for women who are/have experienced abuse; 12 weeks in duration ▪ Currently running a pilot employment program, "Moving on to Success", for women who have experienced violence ▪ Provides "Here to Help" program in south east quadrant of Toronto for children who have witnessed the abuse of their mothers ▪ Runs YWCA December 6 Fund which administers non-interest bearing loans to women and their children leaving abusive situations ▪ Consortium member of FLEW (Family Law Education for Women) which develops materials, offers public legal education and community outreach to inform and enable vulnerable, isolated and abused women who are facing family law issues 	<ul style="list-style-type: none"> ▪ Sees more women with multiple, complex and unaddressed needs than in past (e.g., women who have experienced war trauma, have lost entire families and now experience violence in the home)

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Family Service Association of Toronto</u></p> <p>Multi service agency providing counselling, community development, public education and advocacy</p> <p>Funded by the United Way, the MAG, the MCCS and other levels and branches of government, and multiple other sources</p>	<ul style="list-style-type: none"> ▪ Provides specific, focused VAW program with 10 staff; serves over 1000 women per year ▪ Responds to crisis calls and provides short and longer term support ▪ Provides individual counselling and groups in Farsi, Tamil, Somali, Hindi, Punjabi, Urdu ▪ Provides safety planning, counselling, court accompaniment on an ad hoc basis, groups and other activities. ▪ Provides PAR (2nd largest PAR provider) in English, Farsi and Tamil ▪ When men speak other languages, cultural interpreters used in PAR ▪ Services to men are spatially separated from services to abused women ▪ Provide a group for children who have witnessed abuse or who live in families in which the mother has been abused ▪ Services are also provided to women with an intellectual delay who are being abused ▪ The Seniors and Caregivers Support Unit works with older women who are being abused 	
Criminal Justice Sector		
<p><u>Toronto Police Service</u></p> <p>Police Service for the city of Toronto involved in law enforcement, crime prevention and community mobilization</p>	<ul style="list-style-type: none"> ▪ Provides direct response to DV calls ▪ Mandated DV coordinator for each police service since 2000, Provincial Policing Adequacy Standards LE024 ▪ DV detective in each division attends the area Court Advisory Committee which meets to coordinate services for women in a specific court area ▪ Conducts risk assessment ▪ Refers to Victims Services for support ▪ Increased awareness, education and community mobilization; involved in activities such as school campaigns, lectures, agency training days, creating a web site in multiple languages, increased outreach to diverse communities, including distribution of flyers, and awareness raising in the same sex community 	<ul style="list-style-type: none"> ▪ Sees big increase in dating relationship violence ▪ Diversity of Toronto is the biggest challenge they are trying to meet ▪ Involved in Scarborough Access Project, a co-location model for services for women experiencing abuse ▪ Offender management/Victim support program now city wide ▪ DV one of 6 service priorities for 2006-2009

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Crown Attorney's Office, Ministry of the Attorney General (MAG)</u></p> <p>Involved in the prosecution of domestic violence cases; working in 5 courts in Toronto through the MAG</p>	<ul style="list-style-type: none"> ▪ The MAG funds and is responsible for specialized DV Courts, including the Victim Witness Assistance Program and the Partner Abuse Response Program (PAR) ▪ 5 specialized DV Courts in Toronto – College Park, Old City Hall, Etobicoke, North York and Scarborough ▪ As soon as the police lay a charge in a DV case, the DV Court process starts ▪ DV Court process is supported by Court Advisory Committee which meets to coordinate services for women in a specific court area 	<ul style="list-style-type: none"> ▪ DV Courts result in a more holistic approach to dealing with DV prosecutions ▪ DV Court Advisory Committees and cross-training sessions have improved coordination of services resulting in improved support provided to more women
<p><u>Victim/Witness Assistance Program (VWAP)</u></p> <p>Under the direction of the Ontario Victim Services Secretariat (OVSS)- MAG, the Victim/Witness Assistance Program is a court-based program that provides information, assistance and support to vulnerable victims of crime in order to improve their understanding of and participation in the criminal court process</p>	<ul style="list-style-type: none"> ▪ Works with women (and children) whose abusive partners are going through the criminal justice process ▪ VWAP staff work closely with the DV Courts to support, advocate and empower women ▪ Provides service around safety concerns, needs assessment, crisis intervention, information, court updates, provision of court documents such as bail/probation papers and Victim Impact Statements, support, advocacy with criminal justice partners, court preparation, and referral to community agencies such as the Domestic Violence Emergency Response Program (DVERS), Support Links and other community based agencies ▪ Advocates on behalf of DV clients to the crown attorney ▪ Outreach efforts are made to cases of DV referred to the VWAP ▪ Arranges for language interpreters, as required, and provides a safe and secure waiting space ▪ Co-leads, with the crown attorney, the DV Advisory Committee meeting, which is comprised of representatives from the Woman Abuse Council of Toronto, the Metro Toronto Police, Duty Counsel, the Partner Abuse Response Program, Probation and Parole, and community agencies 	<ul style="list-style-type: none"> ▪ DV courts are now operating across much of the province of Ontario ▪ DV cases comprise 70-75% of the VWAP caseload in the Toronto Region ▪ A high quality of service is provided to victims of domestic violence in spite of increasing caseload volume and the need for additional staff resources

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
<p><u>Victim Services Program, Toronto</u></p> <p>Non-profit organization that helps victims of crime and/or sudden tragic circumstances; focus on restoring and enhancing the victim's quality of life and preventing re-victimization</p> <p>Works closely with criminal justice system</p> <p>Funded by the MAG and the City of Toronto</p>	<ul style="list-style-type: none"> ▪ 17-18 full-time staff ▪ Provides the Victim Crises Response Program; operates 24/7; police call Victim Services when there is a victim of any crime, including DV; Victim Services stays with the victim and provides support, follow-up, and linkage with services ▪ Provides Domestic Violence Emergency Response Program (DVERS) for women in high-risk abusive situations; women need to meet high-risk criteria (e.g., restraining order against abuser); provides safety planning, case management, counselling and individual advocacy; women receive a personal alarm linked to 911; 300 women served per year ▪ Provides Support Link Program for women in high-risk situations who do not meet the strict eligibility criteria for DVERS; women receive cell phone linked to 911; safety planning, case management; 50% of these cases are DV ▪ All women are assessed for DVERS and Support Link programs; women on waiting list prioritized based on risk ▪ Refers out for support services; uses interpreters for their programs 	<ul style="list-style-type: none"> ▪ Lack of adequate funding is a very serious challenge
Health Sector		
<p><u>Parkdale Community Health Centre</u></p> <p>Full service community health centre providing primary health care and community outreach</p> <p>Funded by the MOHLTC, the City of Toronto, and the United Way</p>	<ul style="list-style-type: none"> ▪ Provides VAW services through 3 staff with additional dedicated funding ▪ Offers short term (20-24 weeks) and long term (1-3yrs) individual counselling, crisis counselling and safety planning; 2 month waiting list for counselling ▪ Partners with St Joseph's Health Centre to run abuse education groups for women ▪ Conducts outreach to high schools, works in local community to build and maintain connections with other community services 	<ul style="list-style-type: none"> ▪ Good relationship and access to Parkdale Legal Aid which facilitates access to legal services for clients; not all agencies have this level of access ▪ Good coordination within Community Health Centre ▪ Sees more marginal women, 90-95% on social assistance, women with mental health issues, new waves of refugees

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
		<ul style="list-style-type: none"> ▪ VAW program is expanding; currently working on protocol re “best practices”
<p><u>Women’s Health in Women’s Hands Community Health Centre</u></p> <p>Participatory community Health Centre for women of colour in Toronto</p> <p>Funded by the MOHLTC, the City of Toronto, and the United Way</p>	<ul style="list-style-type: none"> ▪ Intake worker is single access point for all services for new clients ▪ Internal referrals for counselling services from primary health care team ▪ 3 therapists on the counselling team, approximately 49% of counselling services are to abused women ▪ Broad public outreach on continual basis to new communities by all staff and 1 dedicated worker ▪ Priority for all services is given to low income women from Africa, the Caribbean, Latin America and South Asia ▪ Service priorities related to abuse are: pregnant women, regular clinic user, HIV+ women, and women in imminent danger ▪ All services are provided using an anti-oppressive framework 	<ul style="list-style-type: none"> ▪ Small budget line to provide service to non-insured is problematic – women without coverage are often the most vulnerable
<p><u>Women’s College Hospital Sexual Assault and Domestic Violence Care Centre (SA/DVCC) Program</u></p> <p>Hospital-based program for women or men who have been sexually or physically assaulted by an intimate partner or anyone over the age of 14 who has experienced sexual assault</p> <p>Funding through the MOHLTC; the OWD funds some projects</p>	<ul style="list-style-type: none"> ▪ 24 hour on-call nursing response through the emergency department ▪ Provides clinical, written, and photo-documentation, collects evidence (Sexual Assault Evidence Kit), and provides court testimony ▪ Also provides risk assessment, safety planning, crisis intervention, referral to physician for medical care, and nursing follow-up visits ▪ Served approximately 50 women for intimate partner violence and approximately 350 for sexual assault in 2005-2006 ▪ On-call nurses from program also on call and mobile to Sunnybrook Hospital and St. Joseph’s Hospital ▪ Provides outreach, including education, to health care providers, police, nursing students and other VAW programs ▪ Three social workers provide up to 20 sessions of individual counselling using a feminist anti-oppression model; client can self-refer 	<ul style="list-style-type: none"> ▪ Some cultural groups from very small communities do not access service ▪ SACC/DV programs need to be mobile to serve other parts of the city ▪ Funding is a challenge ▪ Outreach and education component has evolved over time and now a significant component of the work ▪ Women’s safety and seeing the woman as an expert in her life is critical ▪ Working to promote universal screening by qualified professionals

Overview of Organization	Description of VAW Services	Key Informants' Comments Regarding their Program
	<ul style="list-style-type: none"> ▪ Uses cultural and sign-language interpreters when needed ▪ Wheelchair accessible ▪ No catchment area 	
<p><u>Scarborough Hospital, Grace Division, Sexual Assault / Domestic Violence Care Centre (SA/DVCC) Program</u></p> <p>Hospital-based emergency and counselling program for women and men over the age of twelve who have been sexually assaulted and for men and women over the age of sixteen who have been physically assaulted by an intimate partner</p> <p>Funding through the MOHLTC</p>	<ul style="list-style-type: none"> ▪ 24 hour on-call nursing response through the emergency department for assaults within the past 72 hours ▪ Provides medical care, crisis intervention, medication to prevent pregnancy, HIV and STD's clinical documentation, safety planning, and evidence collection for police investigation (with client consent) ▪ Provides nursing follow-up visits ▪ Provides individual counselling program up to 26 weeks and group counselling for adolescent girls – six week program ▪ Serves, through the emergency department, approximately 60 women experiencing DV, 140 sexual assault clients per year ▪ Has contract with Aisling Discoveries Child and Family Services for counselling children under the age of twelve who have experienced sexual abuse/assault or have been witness to domestic violence ▪ Able to provide counselling in American Sign Language, Mandarin, Cantonese. Uses Multilingual Cultural Interpreters when needed ▪ Follows practice guidelines developed by the MOHLTC for the SACC/DV program ▪ No waiting list 	<ul style="list-style-type: none"> ▪ Involved in Scarborough Access project, a co-location model for woman abuse services ▪ Works closely with community agencies and youth to develop two websites www.sacc.to, a website that provides information on sexual assault and www.courtprep.ca, a website that helps prepare witnesses for court. The website provides witness tips and includes an animated courtroom
<p><u>Toronto Western Hospital (TWH)</u></p> <p>One of three teaching hospitals which comprise the University Health Network. TWH provides a range of care to over 380,000 patients per year; specializes in neuroscience, musculoskeletal health and arthritis, and community and population health</p>	<ul style="list-style-type: none"> ▪ Hospital has a staff position “Woman Abuse Response Coordinator” ▪ Two facilitators provide a weekly drop-in support group for 15-18 women, “Divine Divas”, which addresses the relationship between trauma, addictions, and mental health issues; based on an eclectic model incorporating cognitive-behavioural, feminist and VAW analysis. ▪ Serves approximately 100 women per year in group ▪ Entry point is abuse and/or addictions and/or mental health issues ▪ Provides individual woman abuse 	<ul style="list-style-type: none"> ▪ Does not have a consistent or systemic response in hospitals or within the health care system ▪ No consistent funding for programs in hospitals related to VAW ▪ Results of Ontario Women's Health Council funded research project on

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<p>Funded primarily by the MOHLTC, with additional funding from sources including the University Health Network Foundation</p>	<p>counselling, including support and referrals, to approximately 12 women per week</p>	<p>woman abuse screening will inform hospital's decision regarding the implementation of screening in the Emergency Department</p>
<p><u>St. Joseph's Women's Health Centre</u></p> <p>Provides non-medical services for women over 16 that address personal health/mental health needs and issues within the context of the broader determinants of health</p>	<ul style="list-style-type: none"> ▪ One staff position specializes in woman abuse; overflow of counselling requests from women in abusive relationships is taken on by other staff or referred elsewhere ▪ The specialized staff position provides up to one year of individual counselling for women in abusive relationships. Counselling provided by staff in 7 languages (Polish/ Ukrainian/ Russian, French, Spanish, Tamil, Portuguese) ▪ Eclectic, feminist-based, goal-setting, counselling model ▪ Priority for counselling is given to women who can't pay, can't access other counselling, and/or have no previous history of counselling; level of crisis is also determining factor; women that can't be accommodated in counselling get referred to other community-based agencies ▪ Provides open group (continuous intake) for women currently in an abusive relationship; can stay up to 6 months or 24 sessions; approximately 12 women in group at a time ▪ Has a service agreement with Women's College Hospital for women assaulted by an intimate partner accessing the Emergency department; on-call nurses provide forensic evidence collection, crisis intervention and referrals on-site at St. Joseph's Hospital ▪ Woman Abuse Coordinator provides training to hospital staff on woman abuse ▪ Some areas in the hospital universally screen for abuse (e.g., Emergency Room, Family Medicine and Mental Health). Emergency Room provides women with a card containing definition of abuse, question about abuse, validating statement, 	<ul style="list-style-type: none"> ▪ Clinical work takes time; not as much time left for coordination and other responses ▪ Women who lack basic supports (e.g., housing and childcare) experience challenges doing the emotional work involved in counselling

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	and prompt to speak to a health care provider if they are being abused	
<p><u>Access Alliance Multicultural Community Health Centre</u></p> <p>Community Health Centre that works to promote health and well-being and improve access to services for immigrants and refugees in Toronto by addressing medical, social, economic and environmental issues</p> <p>Funded by MOHLTC, City of Toronto, Trillium Foundation and other foundations</p>	<ul style="list-style-type: none"> ▪ Sees women who have experienced abuse through their regular clinical care programs – no specialized program ▪ Physician or nurse practitioner refers women who disclose abuse to internal longer term counselling, crisis intervention or a worker who will help in accessing shelter ▪ Provides comprehensive community health education to clients, which includes the issue of VAW ▪ Has a protocol on screening ▪ Staff trained on issue of abuse 	<ul style="list-style-type: none"> ▪ Working towards making response and screening more universal; however, there is a difference of opinion among staff regarding the benefits of universal screening
<p><u>Toronto Public Health</u></p> <p>A division of the City of Toronto that is governed by a Board of Health and mandated under provincial legislation to provide programs and services to individuals, families and community groups for disease prevention, health promotion and health protection</p>	<ul style="list-style-type: none"> ▪ Toronto Public Health is comprised of several program areas. The Healthy Families Service provides direct services and programs for individuals and their families spanning the reproductive period, pregnancy, postpartum and parenting of children 0-6 years of age ▪ Staff in this service area include Public Health Nurses, Family Home Visitors, Dietitians, Nutritionists, and Social Workers ▪ Depending on the role of the various staff, support, counselling, safety planning, referral and linking to woman abuse services are provided where appropriate. ▪ PHNs work closely with child protection services when necessary ▪ Practice Guidelines on identifying and responding to woman abuse are being developed for Healthy Families staff ▪ The Mental Health Program takes the lead for violence prevention within the division. Mental Health Nurses provide consultation to other Public Health Nurses who encounter abuse issues with the women that 	<ul style="list-style-type: none"> ▪ Woman abuse is seen to be a significant issue especially for the clients of the Healthy Families Service area ▪ Violence prevention, under the present provincial guidelines for public health, is not mandated as a program. Therefore, the work is integrated across relevant program areas. The provincial guidelines, are presently under review (as standards) and it is hoped will enable a more proactive Public Health role in VAW. ▪ The organization is very large and often resource shortages

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	<p>they serve. Consultation includes strategies around relationship building, safety planning and resource information</p> <ul style="list-style-type: none"> ▪ Mental Health Nurses provide woman abuse education for other programs both within TPH and in the community when requested. This education is offered to all new Healthy Families PHNs upon orientation to TPH ▪ A TPH Director sits on the Woman Abuse Council of Toronto and a Mental Health Nurse sits on the Health Committee of the Council. ▪ Sexual Health Clinics provide sexual health education for youth up to the age of 25. When clients disclose abuse they are referred to appropriate services and shelters. The clinics have partnerships with four community health centres that provide services for women who are abused ▪ Policy and Planning, another program area within the division, ensures representation on the Ontario Public Health Association, Violence Prevention Committee 	<p>are an issue</p>
<p><u>Women's College Research Institute (WCRI)</u></p> <p>Research Centre, affiliated with the University of Toronto and Women's College Hospital</p> <p>Works towards a new, more comprehensive understanding of women's health by exploring the roots of women's health concerns from cell to society. WCRI works across disciplines and is engaged in developing and assessing health services for women and their families</p> <p>Various sources of funding, including the OWD</p>	<ul style="list-style-type: none"> ▪ The Violence and Health Research Program at WCRI aims to be an international leader in health-based research about violence against women. ▪ Conducts community-based research on intimate partner violence ▪ Focuses on the impact of violence on women's health and the health system's response to women's needs. ▪ Educates health care professionals on VAW ▪ Provides training for residents at Women's College Hospital, as well as paramedics ▪ Involved in provincial project to develop curriculum to train emergency department personnel 	<ul style="list-style-type: none"> ▪ Some positive changes in health system – woman abuse now seen as a determinant of health

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System-Wide Organizations		
<p><u>Metropolitan Action Committee on Violence Against Women and Children (METRAC)</u></p> <p>Works collaboratively with a broad range of partners to develop strategies to end violence against women and build safer communities for everyone</p> <p>Funded mainly by the City of Toronto; some funding from the Law Foundation of Ontario, Ontario Women's Directorate, Ontario Trillium Foundation, unions, some private corporations, and special events</p>	<ul style="list-style-type: none"> ▪ Provides a Community Safety Program: works with communities to conduct safety audits of local neighbourhoods; workplaces, campuses and other institutional settings; audit is used as an empowerment tool for community members; provides resources and training on personal safety and public violence; conducts approximately 20 audits per year ▪ Provides a Community Outreach Program; raises awareness and develops materials on woman abuse in clear and multiple languages; focuses on youth education using youth-friendly approaches ▪ Provides a Community Justice Program; develops legal information materials and workshops for women experiencing violence. Focus is on high risk communities (e.g., low income, immigrant and refugee, older, hearing impaired, disabled); expanding to different groups every year ▪ Provides workshops and train-the-trainer sessions for service providers ▪ Some materials translated into numerous languages ▪ Works with media to highlight woman abuse issues ▪ Convened the THRIVE Coalition (since 2002) to address specific needs of aboriginal women and women of colour related to abuse ▪ Have worked on issues of non-status women ▪ Other issues have included religious arbitration, risk of mediation on women, poverty and its impact on women, trafficking in women and girls, safety supports for parents and children ▪ 6-7 permanent full time staff; additional staff may focus on special initiatives 	<ul style="list-style-type: none"> ▪ Program areas have evolved with funding, changing demographic needs, and emerging issues for women ▪ Assumes a lead role in policy development and reform issues with other organizations

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<p><u>Springtide Resources</u></p> <p>Well-established organization - over 28 years - focussing on primary and secondary prevention of woman abuse</p> <p>Formerly know as Education Wife Assault</p> <p>Funded by the United Way; project funding through additional sources</p>	<ul style="list-style-type: none"> ▪ Involved in a variety of education projects with multiple groups and sectors ▪ Focuses on building communities and increasing a community's ability to respond to woman abuse (e.g., builds the capacity of women with disabilities to identify, advocate and organize) ▪ Developed a web site with resources on woman abuse 	<ul style="list-style-type: none"> ▪ Struggles with funding, especially since mid1990s ▪ Huge gaps in education ▪ Well connected to community organizations through many coalitions and support agencies to provide education ▪ Looks at VAW in relation to other forms of oppression
<p><u>Woman Abuse Council of Toronto</u></p> <p>Policy development and planning body with mandate to develop a coordinated community response to woman abuse within the city of Toronto. Goal of organization is to facilitate systemic change so that the community can be more effective in protecting the safety of women and holding abusers accountable for their behaviour.</p> <p>Since inception in 1991- funding has increased significantly with core funding for coordinating functions from the City of Toronto and the Ministry of Community and Social Services. Annual contract with Ministry of the Attorney General to work with the criminal courts and additional project funding for specific</p>	<ul style="list-style-type: none"> ▪ Council is composed of senior level representatives from key sectors to provide forum for discussion of issues, problem solving initiatives, and research and innovation projects. ▪ Active committee structure provides standing committees (health, shelters, batterer's programs, counselling/support services) where front line staff share information, share best practices and plan advocacy / problem solving initiatives ▪ A staff team works with General Council and committees to implement projects and advocacy initiatives ▪ Key focus is importance of ensuring survivor input in policy/program development within WACT and in the community ▪ Key issues for Council are promoting an enhanced response to high risk/ potentially lethal situations(the WACT offers a high risk Consult Team for practitioners), advocacy regarding women's self-defensive use of force (women inappropriately charged), development of a web-based network for VAW practitioners (Room of Our Own), co-location initiative for services to women in Scarborough, ongoing women's court watch in family 	<ul style="list-style-type: none"> ▪ Sustainable, ongoing core funding, apart from specific project funding, is a key struggle for the organization. This is particularly challenging given that the WACT does not provide direct service ▪ Although there have been significant accomplishments in raising the profile of the issue of woman abuse, there are continuing challenges in creating meaningful and accountable community coordination. ▪ Since inception some progress in increasing linkages between sectors, this does not necessarily lead to women being

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<p>initiatives that respond to identified problems in the community from a wide range of ministries and foundations: United Way, Ontario Trillium Foundation, Canadian Women's Foundation etc.</p>	<p>and criminal court, and raising community awareness through a public education newspaper, and dramatic and art initiatives</p> <ul style="list-style-type: none"> ▪ Works in the criminal courts to provide intake/referral for offenders mandated into batterer's programs and provides coordination to the eleven agencies providing these programs for men ▪ Developed Best Practice Guidelines (BPGs) for a variety of sectors regarding the response to woman abuse (BPG's for health care providers, child care providers, batterer's programs etc.) ▪ Involved in research related to woman abuse issues and their implications for policy 	<p>more effectively protected and abusers being held accountable; challenge is to identify leadership and action that will focus on real experience and needs of women as opposed to responding to needs of individual institutions and agencies.</p> <ul style="list-style-type: none"> ▪ Difficulties in sustaining improvements; significant improvements were seen in criminal justice sector in the development of specialized domestic violence courts, however there has been significant backsliding in effectiveness of these courts since their inception. ▪ Wide range of initiatives and actions that have helped to develop the capacity of those working in the VAW field.