

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

Final Report

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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.

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.

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. 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.

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.

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.

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.

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).

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.

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 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".

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.

