

# THE GREY BRUCE COMMUNITY RESPONSE TO DOMESTIC VIOLENCE

A project of the Grey Bruce Domestic Violence  
Coordinating Committee and the Report Card  
Sub Committee.

Report prepared by  
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# Report Card 2004

## INTRODUCTION

This is the third Report Card on the Community Response to Domestic Violence in Grey and Bruce Counties based upon four community benchmarks for service provision: coordination, consistency, capacity and prevention.

In 2003 the Report Card Sub Committee of the GBDVCC began an ambitious overhaul of the tools and processes used in the previous Report Card processes with help from a 2 year grant from the Ontario Ministry of the Attorney General Victim Services Division. The objectives were to:

1. Increase the number of responses received from women and men who had used services as a result of domestic violence.
2. Involve a broader range of service providers beyond members of the Grey Bruce Domestic Violence Coordinating Committee.

## WHY DO A REPORT CARD ON DOMESTIC VIOLENCE?

- To promote a comprehensive community response
- To strengthen the voices of service users and bring their knowledge and perspectives forward
- To evaluate the effectiveness of our current system and improve the community response
- To measure our community's overall progress towards ending domestic violence
- To gather data that may lead new or improved funding and/or capacity to address domestic violence in Grey and Bruce

## COMMUNITY PARTICIPATION

### Service Users

A total of 100 service users completed surveys. (compared to 11 from 2002)

- Sixty-six (66%) female victims of domestic violence.
- 34 respondents (34%) were male perpetrators of domestic violence.

### Service Providers

A total of 200 surveys were completed by service providers (compared to 26 in 2002).

- 32 organizations participated in the Report Card process (compared to 21 in 2002).
- 9 new community sectors participated in the Report Card process for the first time. (Education, Native Child Welfare, Legal Aid, Community Mental Health, First Nations Shelter Services, Family Y Alternative Justice, Early Years, Community Day Care, Ontario Works).
- 14 departments within organizations were new to the report card process.
- Surveys were completed by Senior or Middle Managers (22%), Staff (75%) Volunteers (3%).

## WHICH SERVICES WERE USED IN 2003?

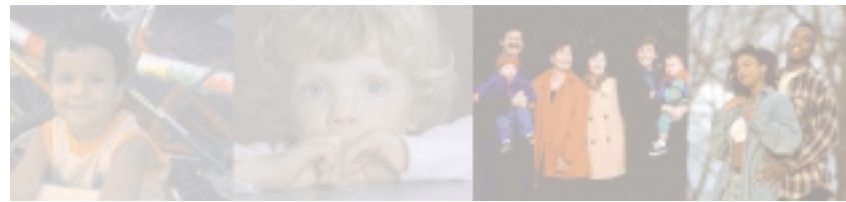
Police were the most used service (62% of service users reported) followed by the gender-specific abuse services (Women's Shelter services 45% and Men's Program 36%). Family physicians were used by 36% of respondents and 21% used private counselling services.

Women use support services more than men, and have a higher use of hospital emergency services, mental health services, Ontario Works and Ontario Housing.

Men appear to be most often involved with non-voluntary services. Promoting help seeking behaviour in men may be a positive strategy for decreasing and eliminating domestic violence.

Child protection services were involved with 36% of respondents indicating that concerns for children witnessing domestic violence are being monitored.

Only five percent of respondents received assistance for their children through the children's mental health service.



## STARS & RED FLAGS

### Coordination

*How well do organizations work together to provide a seamless system response to domestic violence in Grey Bruce?*

- ★ Organizations in Grey Bruce appear to work together when responding to domestic violence situations.
- ★ People working in organizations seem to be aware of domestic violence services offered by other organizations.
- ★ Men and women who need services because of domestic violence are usually directed to the help and services they needed.
- 🚩 Victims and perpetrators were asked to provide the same information about the abuse to different people as they moved from one service to another.
- 🚩 Some women and men still report problems with services not working together.



- 🚩 Front line staff report "not knowing" about the existence of interagency protocols on domestic violence.
- ★ Referrals for victims to community services appear to be high.
- 🚩 The referral rate for perpetrators to community services continues to be much lower, a finding from all three report cards.

### Consistency

*Is there is a common understanding among service providers regarding domestic violence and is it communicated to men and women?*

- ★ Service users reported a high level of consistency in the system (what they were

told about what domestic violence is, being treated with respect, receiving a consistent response and receiving a helpful response).

- ★ Perpetrators indicated that they were held responsible for their behaviour and were supported in making changes.
- 🚩 More domestic violence training for service providers is required to respond effectively in areas of interagency collaboration, victim response and perpetrator response.
- ★ The Report Card generated data on community training needs for follow up action.

### Capacity

*Does our community have the capacity to respond effectively and pro-actively to domestic violence in Grey Bruce?*

- ★ Most service users said services they needed were available and they received the information and referrals they needed.
- 🚩 Women experienced barriers to service more often than men (poverty, transportation, childcare, disabilities and lack of available housing).
- 🚩 Mental health issues and poverty were identified as the major barriers to service by service providers.
- 🚩 Abuse specific services (women's shelter services, men's program) are most effective in meeting DV needs but have the greatest burden to raise funds in our community.

### Prevention

*Does our community work proactively to prevent domestic violence in order to ultimately end it?*

- ★ Information on domestic violence, community resources, and the impact of violence on children was not difficult to get and print materials are helpful.
- 🚩 Service users said their children did not get the support they needed to help them deal with the violence.
- 🚩 Service users and providers stressed that the community needs much more education on domestic violence and what can be done to prevent it.

## NEXT STEPS

The Report Card Committee generated the following summary for Grey Bruce Domestic Violence Coordinating Committee and community partners. In addition, recommendations from the Community Workshop on April 21, 2004 "From Findings to Action" will be used by the Grey Bruce Domestic Violence Coordination Committee to plan activities, seek resources and build capacity to improve our community response to domestic violence.

- ✓ improve the survey design
- ✓ address barriers to service, especially due to poverty and mental health
- ✓ involve family physicians and private therapists in the next report card
- ✓ investigate what can be done to decrease the number of times service users are required to "tell their story"
- ✓ increase the referrals of perpetrators in the police and mental health counselling sectors
- ✓ identify the barriers to interagency training and explore opportunities to address training needs that were identified
- ✓ increase the knowledge front line staff have of interagency protocols
- ✓ advocate for full funding of domestic abuse specific organizations, for increased public education on domestic violence and for increased support services for child witnesses.

## THANKS!

The Grey Bruce Domestic Violence Coordinating Committee would like to thank:

- Members of the GBDVCC Report Card Committee: Sally Dobson, Allison Arnold, Karen Kerker, Frank Elsner, Anne Logan- Elliott, Arden Farrow, Derrick Green, May Tettero (project consultant) and Colleen Purdon (project coordinator).
- Dr. Vicki Leger, Project Advisor for guidance throughout the project.
- Women's Workshop participants for their input and commitment.
- Community Agencies and their staff for participation in the process, and for distribution of survey tools.
- Women and men who completed surveys for the Report Card for their input and support of this project.
- The Children's Aid Society of Owen Sound and County of Grey, sponsoring agency for this project.
- Ministry of the Attorney General, Victim Services Division, for project funding.

For more information or copies of the full report contact; Grey Bruce Domestic Violence Coordinating Committee and the Community Report Card Sub Committee.

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COMMUNITY RESPONSE  
TO DOMESTIC VIOLENCE

Report  
Card 2004

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April 2004

A Community Response to Domestic Violence

The Grey Bruce Community Report Card on Domestic Violence

A project of the

Grey Bruce Domestic Violence Coordinating Committee

Report prepared by Colleen Purdon and May Tettero



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## INTRODUCTION

This is the third Report Card on the Community Response to Domestic Violence in Grey and Bruce Counties. Report Cards conducted in 2001 and 2002 provided important information for community planning and action.

In 2003 the Report Card Sub Committee of the GBDVCC began an ambitious overhaul of both the tools and processes used in previous Report Card processes. This work was made possible through a grant from the Ontario Ministry of the Attorney General Victim Service Division. The goal was to improve the way we gathered information and increase the number of people involved. Specifically, the objectives were to:

- Increase the number of responses received from women and men who had used services as a result of domestic violence.
- Involve a broader range of service providers beyond members of the Grey Bruce Domestic Violence Coordinating Committee.

A series of workshops was held in the fall of 2003 with women of experience to hear from them how to more fully include women in the Report Card process. The Sub Committee reworked the data collection tools with assistance from Dr. Vicki Mowat Léger. In January community agencies were invited to a training and information workshop about the report card process, and how to use the information gathering tools. Sixty people from a broad cross section of community agencies attended the workshop. They provided additional changes to the draft survey tools and volunteered to assist with the distribution of surveys within their agency, and to service users.

The GBDVCC would like to thank everyone who supported this project and through their participation worked towards improving the community response to domestic violence.



## WHAT IS A REPORT CARD?

- A snap shot of how our community is responding to domestic violence
- Information on where we have achieved excellence and what requires improvement and where the "stars" and "red flags" exist in our response to domestic violence
- A way to document, measure and compare the community response to domestic violence from year to year
- The perspective of service providers and people who use services

## WHY DO A REPORT CARD ON DOMESTIC VIOLENCE?

- To promote a comprehensive community response to domestic violence
- To strengthen the voices of service users and bring their knowledge and perspectives to the attention of service providers and policy makers
- To evaluate the effectiveness of our current system with the goal of improving the community response to domestic violence.
- To measure our community's overall progress towards ending Domestic Violence
- To gather data that may lead new or improved funding and/or capacity to address domestic violence in Grey/Bruce



## HOW WAS INFORMATION COLLECTED & ANALYSED?

- Broad Survey of community sectors and organizations from many perspectives (management, staff, volunteers) in Grey and Bruce
- Survey of women and men who have used community services because of domestic violence in 2003
- Collection of statistics from key services for victims and perpetrators: Services for Victims (Shelters, Victim Services, Domestic Violence Care Team, Victim Witness Assistance Program), Men's Program, Domestic Violence Court, and CAS services)
- The returned surveys were collated by Dr. Vicki Mowat Leger and her staff, then returned with data organized by service user (victim, perpetrator and combined) and service provider (combined service providers, by agency, and by position - manager, front line staff and volunteer)
- A summary of the data was prepared by the Project Coordinator
- The Report Card Sub Committee reviewed the data summary and developed findings, red flags and stars
- A draft report was prepared by the Project Consultants, circulated for comment, and a final report was prepared

## LIMITATIONS OR "WHAT A REPORT CARD IS NOT"

- Report Cards provide information on general trends in the community but are not exact tools or provide a high level of detail. This information presented in this Report Card is limited in a several ways:
- Information was collected on specific Benchmarks and indicators through written survey tools for service users and providers and



statistics from community agencies. There is more information about domestic violence available that these approaches did not capture.

- The survey tools used for this report card were revised versions of the tools used in the previous report cards. This makes it difficult to make exact comparisons between the results of past report cards. The benchmarks and key indicators have remained the same, which allows some broad discussion on community trends over time.
- The survey tools are much improved for this report card, but several issues and problems made it difficult to interpret data. More work is needed on these tools, and the further refinement of tools will be an ongoing task for the committee.
- The Report Card is not an answer to the problem of domestic violence, but can be used as a tool to improve the community response. Conducting a report card is not a replacement for necessary action in the community. When the Report Card process is not attached to clear action strategies its usefulness is severely compromised. Neither service users nor service providers benefit from the process.
- The Report Card reflects the information provided by participants. Efforts were made to distribute the report card broadly to service users and providers resulting in an increased response rate, however it is recognized that the responses received may not provide a complete reflection of the community as a whole. It is likely that there are other opinions, experiences and needs in the community that are not reflected in this report.

## COMMUNITY BENCHMARKS

### What Information was Collected for the Report Card?

Information was collected on four Community Benchmarks through a series of key indicators:



## Coordination

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Do community agencies and individuals work together collaboratively to provide a seamless system response to domestic violence?

## Consistency

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Do community agencies demonstrate a consistent response to domestic violence throughout Grey and Bruce?

## Capacity

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Does our community have the capacity and resources to respond effectively to domestic violence in all areas of rural Grey Bruce?

## Prevention

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Do Community agencies demonstrate commitment to education, advocacy, and proactive strategies to ultimately end domestic violence?



# COMMUNITY PARTICIPATION IN THE PROCESS

## Service Users

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A total of 100 service users completed surveys. (compared to 11 from 2002)

- Sixty-six (66%) of the respondents were female victims of domestic violence.
- 32 respondents (32%) were male perpetrators of domestic violence.
- 2 male respondents identified as both victims and perpetrators of domestic violence. One man identified as being abused as a child by a babysitter. The data from both of these respondents was included in the perpetrator response, as this was the perspective they used for completion of the survey tool.

**\*A note on service user participation:** Efforts were made to distribute the Report Card survey broadly throughout the community. Agency staff made surveys available to women and men, an ad was run in the Owen Sound Sun Times with contact information for participation, and surveys were mailed out to clients who had used services in 2003. Despite these efforts, most of the responses to the Report Card reflect the perspective of women and men who used abuse specific services in 2003.

## Service Providers

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A total of 200 surveys were completed by service providers (compared to 26 in 2002).

- A total of 32 organizations participated in the Report Card process (compared to 21 in 2002)
- 9 new community sectors participated in the Report Card process for the first time. (Education, Native Child Welfare, Legal Aid, Community Mental Health, First Nations Shelter Services, Family Y



Alternative Justice, Early Years, Community Day Care, Ontario Works)

- 14 departments within organizations were new to the report card process (for example: Southampton and Owen Sound hospital sites from Grey Bruce Health Services were new to the process with surveys completed by Nursing, WCCU Birth Preparation Clinic, as well as surveys from the Sexual Assault Domestic Violence Care Team who had participated in past Report Cards. Public Health provided surveys from Home Nursing, Sexual Health, Family Health, and Domestic Violence Prevention; VAW services provided new responses from Child Witness program and Transition Workers; Police Services had surveys completed by Dispatch, Communications, Detective/Criminal Investigations; and the Grey Bruce Community Health Corporation included a new response from the South Grey Community Mental Health Team)
- Within agencies, the surveys were completed by:
  - Senior or Middle Managers 22%
  - Staff 75%
  - Volunteers 3%

## FINDINGS: GREY BRUCE REPORT CARD ON DOMESTIC VIOLENCE

### Which Services Were Used in 2003?

Men and women completing the survey were asked to indicate which services they had used in 2003. The results here are the actual number of women and men who said they used the service and an average percent of service users who used the service. They are arranged in order of most used to least used.



Agency	Victim (N=66)	Perp.	Average
• Police	44	18	62%
• Women's Shelter Services (crisis telephone, shelter, community counselling, children's counselling, legal self help, group counselling, information and referrals, second stage housing. Other)	44	1	45%
• Family Doctor	28	9	37%
• Men's Program	5	31	36%
• Children's Aid Society (parenting group, child abuse case, child custody case, supervision order, other)	25	9	34%
• Criminal Court	18	15	33%
• Crown Attorney	20	10	30%
• Mental Health Counselling	22	4	26%
• Family Court	19	6	25%
• Private Counselling Services	16	5	21%
• Victim Witness Assistance Program	18	2	20%
• Legal Aid	15	4	19%
• Ontario Works	17	2	19%
• Victim Services	17	0	17%
• Hospital Emergency Services	15	2	17%
• Ontario Housing	14	1	15%
• Probation and Parole Services	6	9	15%
• Public Health Programs	8	1	9%
• Justice of the Peace	7	1	8%
• Addiction Services	5	3	8%
• Legal Aid Clinic	8	0	8%
• Clergy	8	0	8%
• School Based Services	7	0	7%
• Bruce Grey Children's Services (Children's Mental Health Services)	4	1	5%



Agency	Victim (N=66)	Perp.	Average
• Supervised Access Centre (Salvation Army program)	4	0	4%
• Sexual Assault Services	3	0	3%
• Native Women's Shelter/Respite Services (crisis telephone, shelter, counselling, information, etc.)	3	0	3%
• Native Child Welfare	2	0	2%
• Partner Abuse Care Team (hospital based service)	1	0	1%
• Other (please list)	1	0	2%
• Support Groups, Y Housing (both 1%)	1		

## Discussion



The most used service for service users who completed the survey is the police service. This is followed by the gender-specific abuse services and family physicians. Twenty one percent of respondents also use private counselling services. Neither physicians nor private practice counsellors were invited to participate in the report card project. This needs to be reviewed as they are clearly an important resource for service users.

Women use support services more than men. The higher use of hospital emergency services speaks to their physical vulnerability when experiencing domestic violence. Women's higher use of Ontario Works and Ontario Housing indicates women's financial vulnerability when dealing with the effects of domestic violence. Women utilize mental health and private counselling at a much higher rate than men, which may point to women's greater need for support or perhaps is an indication of women's more frequent help-seeking behaviour in response to crisis. Men appear to be most often involved with non-voluntary services, likely as a result of initial police intervention. Promoting help seeking behaviour in men may, in the long term, be a positive strategy for decreasing and eliminating domestic violence ("get help before you are forced to get help").

The child protection services were involved with 36% of our respondents which indicates that concerns for children witnessing



domestic violence are being monitored. Only five percent of respondents received assistance for their children through the children's mental health service. The survey did not gather separate data on children being served specifically through women's shelter services, although statistics on the number of children involved in VAW Community Child Witness Programs are listed below.

Statistics from the Native Shelters and Native child Welfare were not collected for this report card, but need to be included in next year's report card.

# STATISTICS ON DOMESTIC VIOLENCE IN GREY & BRUCE 2003

<b>Violence Against Women Services</b>	<b>Women's Centre</b>	<b>Women's House</b>	<b>Total Reported</b>
Women using Emergency Shelter	106	67	173
Children at Emergency Shelter	48	49	97
Crisis Calls	3521	1654	5175
Community Counselling Contacts (women)	637	175	812
Child Witness Program Contacts (children)	230	76	306
Women at Second Stage Housing	19	N/A	19
Children at Second Stage Housing	34	N/A	34
<b>Children's Aid Society Services</b>	<b>Grey CAS</b>	<b>Bruce CAS</b>	
Cases opened because of Adult Conflict	151	77	228
Cases transferred or ongoing	36	21	57
<b>Victim Services</b>	<b>Grey</b>	<b>Bruce</b>	
Services provided	72	26	98



<b>Partner Abuse Care Team</b>			<b>Total Reported</b>
Clients served			21
<b>Victim Witness Assistance Program</b>			
Partner Assault Referrals			224
<b>Men's Program</b>	<b>Referrals</b>		
Early Intervention, Domestic Violence Court	46		
Voluntary	69		
CAS	16		
Other (Probation)	123		
Total Referrals			254
Men who Completed the Program			88
<b>Domestic Abuse Review Team</b>	<b>Owen Sound</b>	<b>Walkerton</b>	
Number of Meetings	9	N/A	9

## Discussion



Police statistics on the number of domestic violence charges were not available this year, but we hope to access this information for next year's report card.

Statistics on activity at the Domestic Violence Courts at Owen Sound and Walkerton are not available.

The Children's Aid Society reported that 80% of reports that are received because of adult conflict are either not verified or concerns are not serious enough to warrant on going service. In many cases the woman has support and is able to make and carry out her own safety plan. In 2003 20% of cases were ongoing.

The Women's Centre (Grey & Bruce) reported that they had reduced occupancy at the Shelter because of renovations to the facility during 2003.



# THE COMMUNITY RESPONSE TO DOMESTIC VIOLENCE

Stars, Red Flags and Discussion

## Coordination

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### *How well do organizations work together to provide a seamless system response to domestic violence in Grey Bruce?*

A seamless response is one where the various services are well informed of one another and work together to provide the best possible service to men and women struggling with domestic violence.

The importance of service coordination has been identified previously by service users both locally and abroad. In a study on accountability to victims, as part of the First Charge Intervention Process, completed in 2000 in Grey and Bruce Counties, women identified that "lack of coordination and communication between service providers causes holes through which abusers can escape and cracks through which victims fall" (1) A study done in Tennessee titled "Do we really help? Perspectives of Abused Women" identified poor or non-existent coordination among agencies as one of the barriers to effectively helping abused women.(2) A study looking at the experiences of Australian rural domestic violence survivors concluded that "the important feature is the level of integration of services that encourages a coordinated and comprehensive approach where the level of use is self-determined". (3)

### **Results from 2003 data from service users identify the following stars and flags:**

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77% of service users strongly agree or agree that organizations seemed to work together when responding to the domestic violence situation



85% of service users agree or strongly agree that people working in organizations seemed aware of domestic violence services offered in by other organizations



85% of service users agree or strongly agree that they were directed to the help and services they needed.



60% of service users said they were asked to provide the same information about the abuse to different people as they moved from one service to another.



27% of service users said they had problems with services not working together.

## Discussion

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The perception of service users that organizations work together and are aware of other services, and that they were directed to the help needed was surprisingly positive. It certainly indicates an improved level of coordination among services in Grey and Bruce.

The issue of being asked to tell the same story over and over was also identified by domestic violence survivors and documented in the Accountability study in 2000 (4). The need to balance the trauma of retelling one's story with the need to ensure confidentiality is a difficult one. In addition, each service has different assessment needs and the assessment completed in one organization may not provide the information needed by another. Nevertheless, this concern can be explored further with the aim to improve the service delivery to victims and perpetrators of abuse. Service users added their comments:

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*Enter the information in a computer program so that we do not have to relive it every time...*

*It was emotionally draining to have to repeat my situation over and over to different agencies.... Shared information could decrease the need for repetition.*

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Although there was a high perception of services working together, this was often a qualified response. Service users frequently identified that organizations could work together better by sharing information, reducing repetition, and improving communication.



## Results from Service providers on Coordination:

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Service providers were asked about domestic violence protocols, interagency training, partnering on domestic violence projects and referral of victims and perpetrators.



21 - 47% of service providers answered "don't know" to questions about protocol. When looking at the data from managers, this was drastically reduced, indicating that the "don't know" answers came mainly from front line staff.



Known protocols, for example the CAS/VAW protocol (listed by 34% of service providers), followed by protocols with police (19%) and shelters (11%), are examples of interagency coordination around domestic violence.



As in previous report card reports, the referral of victims to community services is high. This is confirmed by service user responses.



In contrast, the referral of perpetrators is lower. The previous report cards had similar results as the current report card. The sectors that report much lower referral rates for perpetrators than for victims are police and mental health counselling services. This indicates a need for a plan to address this trend.

## Consistency

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***Is there is a common understanding among service providers regarding domestic violence and is this common understanding communicated to men and women who use services?***

In the past, service users often received conflicting messages from service providers such as "it's a private issue" vs "it's a community concern"; "it's a marriage problem" vs. "the perpetrator is responsible for his behaviour". These conflicting messages were confusing for



service users and led to ineffective intervention that did not protect women's safety.

## The results from the 2003 data from service users indicate:

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Service users rated a high level of consistency in the system (from 84 to 95%) This included areas such as what they were told about what domestic violence is, being treated with respect, receiving a consistent response and receiving a helpful response. Victims tended to rate services more positively than perpetrators. These figures have increased from the 2001 Report Card.



88% of perpetrators indicated that they were held responsible for their behaviour and 92% said they were supported in making changes.

## Discussion

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Service users report a high level of consistency in the messages they receive from different service providers. This speaks well for the progress that has been made in the professional community in understanding the roots of domestic violence and what is required to help those struggling with domestic violence in their relationships.

It appears clear that women's and children's safety must be the first concern of intervention. When asked about safety planning, 47 of 66 women said a safety plan was completed with them. A further 12 of 66 women said a safety plan was not applicable, perhaps indicating they had experienced forms of abuse that did not require a safety plan. Six women indicated service providers had not helped them plan for their safety. It is important to note that four of these six women had not accessed women's shelter or counselling services. Perhaps this points to a lower rate of safety planning in other sectors, something that might require improvement.

Twelve women said their lives were not safer after they had reached out for help. Out of these twelve, four had replied "not applicable" to the question about safety planning. It could be interpreted that as they felt safety planning was not applicable, they then indicated their lives had not become safer because they did not perceive safety concerns.



Three of the women who replied their lives had not become safer after intervention also had replied "no" to the question about safety planning. This confirms the importance of safety planning in helping women who experienced abuse. It also tells us that despite safety planning, 8% of our sample did not experience greater safety after intervention.

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*Repeated requests for increased patrol around my home went unanswered despite the perpetrator living just three doors down and having broken his release conditions twice.*

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Men who reported being unhappy with the response from service providers cited resentment that they (and not their partner) were held responsible for the violence, waiting times (crown, mental health counselling), being denied marriage counselling, and negative experiences in jail, with the CAS and police as their reasons.

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*I would have liked to be treated like a human being, not like an animal.*

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## The results form 2003 data on Consistency from Service Providers indicate:

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51% of respondents responded with "somewhat" "no" or "don't know" when asked if they had the domestic violence training required to respond effectively.



Agencies identified specific training needs, and the GBDVCC has an overview of global community training needs

Training needs identified most frequently were:

- Interagency collaboration (55%)
  - Victim response (51%)
  - Safety planning (50%)
  - DV screening (45%)
  - Perpetrator response (45%)
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## Discussion

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Consistent with the 2001 Report card results, just over half of service providers indicated they screen for domestic violence and assess risk with the victim. Over half of service providers also reported completing safety planning with most victims they worked with. For those who did not, some indicated they were aware the safety planning was being done by other organizations the woman was accessing. Others felt it was not part of their mandate to do this work.

There is a need for more training among service providers. It is valuable to explore the barriers to staff attending training and attempt to address those prior to organizing inter agency training opportunities to address the training needs identified above.

## Capacity

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***Does our community have the capacity to respond effectively and pro-actively to domestic violence in Grey Bruce?***

This region has seen an increase in domestic abuse specific services in the last 15 years including a domestic violence court, early intervention program for offenders, second stage housing, community counselling, transition program, a supervised access centre and a partner abuse care team, and family violence prevention through public health.

**Results from the data indicate the following stars and flags:**

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86% of service users said the services they needed were available and they received the information and referrals they needed. This is fairly consistent with what is being reported by service providers.



Women identified they experienced barriers to service more often than men. The barriers most often identified were: poverty, transportation



and childcare. Also of note is that disabilities and lack of available housing were identified.



Service providers identified mental health issues as the primary barrier to service (42%). Service providers echoed poverty as a major barrier to service (30%). Also seen as barriers were lack of culturally appropriate service (21%) and physical disabilities (10%).



Abuse specific organizations (women's shelter services, men's program) are reported to be most effective in addressing domestic violence but are the organizations with the greatest burden to raise funds in our community.

## Discussion

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Both men and women identified having to wait for services, although the majority indicated this was for one month or less. The service women were waiting for most was affordable housing. Also mentioned was Ontario Works, disability space at the shelter, restraining order, and community based sexual assault counseling. Both men and women identified having to wait for mental health counselling. Some men said they had to wait for the Men's Program, Legal Aid and the Crown Attorney.

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*It would have helped to have more available counselling. I could only be seen if I was suicidal/homicidal.*

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Among senior and middle managers who responded to the survey, five out of forty one identified not having the resources to respond effectively to domestic violence. They identified needing more funding, staff training and safety planning.

Two organizations reported having more referrals for service than they were able to respond to. They were: the Men's Program and Bruce Grey Children's Services.

Three services identified having greater capacity. They are the Supervised Access Centre, Victim Services and one other agency.

A total of \$ 370,000 is required to be fundraised in our community for abuse specific services. As these services are crucial to addressing



domestic violence in our community, we urge government to commit full funding to these services, as is the case for other health services.

## Prevention

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### *Does our community work proactively to prevent domestic violence in order to ultimately end it?*

Prevention through education has been identified for decades as the ultimate goal of those who work in domestic violence. Few resources, however, are available for this work and most organizations are overwhelmed with providing service.

### **The results from the 2003 data indicate the following stars and red flags:**

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Only 7% of service users said that information on domestic violence and community resources were difficult to get. The print materials available were rated by 96% as extremely or somewhat helpful. 76% of respondents received information on the impact of domestic violence on children.



Thirty two percent of service users said their children did not get the support they needed to help them deal with the violence.



Ninety two percent of service users believe the community needs more education on domestic violence and what can be done to prevent it. Seventy nine percent of service providers felt the level of public education in Grey Bruce to be low or moderate. Four percent of senior managers said they did not have the resources to do public education.

## Discussion

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Although printed materials are quite widely available and distributed through family physicians, women's shelters, police services, the children's aid societies, and mass media, service users and service providers continue to identify the need for preventative education especially for children and teens, as well as the general public. Women



especially go to friends and family for informal support and information and report the importance of obtaining accurate and helpful information from those sources. Large scale studies in Australia identified that 58% of women turn to friends and/or family after experiencing assault. This is particularly true in rural areas. (5)

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*I was abused to the fullest from my common law partner for nine years. Women need to be told there is a life on the other side of the fence. And the grass is a lot greener and brighter.*

*I had people come and talk to us in grade 6/7 but it is not very effective as not all is understood and the impact of what can really happen is not there. A better target would be grade 8 - 10. A lot happens at this age and many do not know what to do about it and what the consequences are.*

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Children are identified as being under-serviced in their struggle to overcome the effects of domestic violence. The only children's mental health organization in the area reports not being able to meet the demand for its services. Staff from the School Board report not having sufficient training to respond effectively to domestic violence. Clearly this is a gap in services in Grey and Bruce.



94% of women who used abuse-specific women's services reported they found these services helpful. 97% of men who used abuse-specific men's services found these helpful. 89% of women who saw their physician regarding domestic violence found their doctor's response helpful.



The vast majority of service users said abuse specific services were helpful.

## Discussion

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*I urge anyone to go and get help from the women's shelter and the counsellors they have. I am really glad I did, it has shown me that my children and I are not alone. And now that I got help I can change my life for the better. Thanks so much....*

*I have really enjoyed being in the men's group. It has helped me a lot to deal with my problems.*

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Gender specific abuse services were rated overwhelmingly positively by service users, indicating the crucial role these services play in our community in addressing domestic violence. The extent to which both men and women access their physician (43% of women and 27% of men) was surprising. General practice physicians were not included in the Report Card survey but clearly are major players in addressing domestic violence in the community. Police were rated as helpful to 38% of women and not helpful to 18% of women. This may reveal an inconsistency among individual officers or different police departments/detachments. Children's Aid societies were seen to be roughly equally helpful as unhelpful. These organizations can be seen as a threat by many families and the fact that women more often than not experience this organization as helpful is an important finding.

Research with survivors of domestic violence completed in Grey Bruce in 2000 identified what women considered to be components of a helpful service:

1. professionals take time to hear the whole story
2. professionals work with the victim in an egalitarian fashion
3. information about services, process, next steps and options are provided
4. demonstrated attitude of respect, understanding, patience, support and empowerment
5. immediate intervention
6. follow up
7. linking women who have experienced abuse with one another.

Women in that study identified that when organizations do not work well with the victim, the result is that "women were not protected, women were blamed for not cooperating with the system's help and women withdrew from a process that failed to assist them". (6)



# SUMMARY OF STARS & RED FLAGS FROM THE 2004 REPORT CARD

## Coordination

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Organizations in Grey Bruce appear to work together when responding to domestic violence situations and be aware of services offered by other organizations.



Men and women who need services because of domestic violence are usually directed to the help and services they needed.



Victims and perpetrators were asked to provide the same information about the abuse to different people as they moved from one service to another.



Some women and men still report problems with services not working together.



Front line staff report "not knowing" about the existence of interagency protocols on domestic violence



Referral rates for victims to community services appears to be high.



The referral rate for perpetrators to community services continues to be much lower, a finding from the last 3 report cards

## Consistency

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Service users reported a high level of consistency in the system (what they were told about what domestic violence is, being treated with respect, receiving a consistent response and receiving a helpful response).



Perpetrators indicated that they were held responsible for their behaviour and were supported in making changes.



More domestic violence training for service providers is required to respond effectively in areas of interagency collaboration, victim response and perpetrator response.



The Report Card generated information on community training needs for follow up action.

## Capacity

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Most service users said services they needed were available and they received the information and referrals they needed.



Women experienced barriers to service more often than men (poverty, transportation, childcare, disabilities and lack of available housing).



Mental health issues and poverty were identified as the major barriers to service by service providers.



Abuse specific services (women's shelter services, men's program) are most effective in meeting DV needs but have the greatest burden to raise funds in our community.

## Prevention

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Information on domestic violence, community resources, and the impact of violence on children was not difficult to get and available print materials are helpful.



Service users said their children did not get the support they needed to help them deal with the violence.



Service users and providers stressed that the community needs much more education on domestic violence and what can be done to prevent it.



## NEXT STEPS FOR THE REPORT CARD PROCESS

A community workshop will held on April 21, 2004 with service providers and women of experience who attended the fall 2003 workshops. The workshop was requested by agency staff who attended the launch of the Report Card in January 2004. They suggested that the GBDVCC organize a follow up workshop to review the outcomes from the report card, and an opportunity for the community to develop action plans to address issues from the report card process. The Report Card Committee generated the following summary for discussion and planning by GBDVCC and community partners. It is expected that further action items will be generated at the April 21st Community Workshop:

- improve the survey design
- address barriers to service, especially due to poverty and mental health
- involve family physicians and private therapists in the next report card
- investigate what can be done to decrease the number of times service users are required to "tell their story"
- increase the referrals of perpetrators in the police and mental health counselling sectors
- identify the barriers to interagency training and explore opportunities to address training needs that were identified
- increase the knowledge front line staff have of interagency protocols
- advocate for full funding of domestic abuse specific organizations, for increased public education on domestic violence and for increased support services for child witnesses.

Recommendations from the From Findings to Action workshop will be used by the Grey Bruce Domestic Violence Coordination Committee to plan activities and seek resources to improve our community response to domestic violence in the upcoming year.



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## APPENDIX ONE

### **List of Agency Participants in the 2004 Community Report Card**

- Blue Water Board of Education
- Bruce Grey Children's Services
- Bruce Shoreline Community Mental Health Team
- Cape Croker First Nation Police
- Children's Aid Society - County of Bruce
- Children's Aid Society - Grey County and Owen Sound
- Chippewas of Nawash First Nation Alternative Justice
- Corporation of the County of Grey -- Social Services
- D'binooshnowin Crisis Centre
- G & B House
- Grey Bruce Community Health Corporation
- Grey Bruce Community Legal Clinic
- Grey Bruce Public Health Unit
- Grey Bruce Supervised Access Program
- Hanover Police Service
- Kabaeshiwin Respite
- Men's Program Grey Bruce
- Ministry of the Attorney General--Crown Attorney's Office
- Ministry of Community Safety and Correctional Services -- Probation and Parole
- M'Wikwedong Native Cultural Resource Centre



- Native Child Welfare
- Ontario Provincial Police - North Grey
- Ontario Provincial Police - South Bruce
- Owen Sound and Area Family Y
- Owen Sound Police Services
- Salvation Army - Community and Family Services
- Saugeen Shores Police Services
- South East Grey Community Outreach
- The Women's Centre (Grey & Bruce)
- Women's House of Bruce County
- Victim's Services of Grey Bruce Owen Sound
- Victim/Witness Assistance Program

## APPENDIX TWO

### Grey Bruce Domestic Violence Coordinating Committee

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#### *Mission*

*We are a community committee that demonstrates effective, collaborative, justice, social service, and community responses to domestic violence in Grey and Bruce to enhance the safety of victims, hold abusers accountable, and prevent further violence in families.*

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#### **Mandate**

To bring key sectors together in a collaborative, consistent, community response to domestic violence based upon a shared definition and understanding of domestic violence

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To support community wide protocols, policies, and intersector training to enhance collaboration and an effective system response,

To monitor and enhance the community response to domestic violence through an annual Community Report Card process.

To implement community wide strategies and innovative responses to system gaps and issues,

To support women of experience having input in the system and system accountability to women's experience

To engage in public education and prevention activities with the community

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## APPENDIX THREE

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