

THE GREY BRUCE
COMMUNITY RESPONSE
TO DOMESTIC VIOLENCE

Report
Card 2005



April 2005

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

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INTRODUCTION

This is the fourth Report Card on the Community Response to Domestic Violence in Grey and Bruce Counties based upon four community benchmarks: service coordination, consistency, capacity and prevention. Data was collected from service users and service providers on the community response to domestic violence in 2004.

The Report Card Sub Committee of the GBDVCC broadened the scope of the data gathering process for the 2005 Report Card in the following ways:

1. A survey was developed to target clergy, mental health services, Ontario Works, addiction services, education and private counsellors to provide information on the activities and needs of these non-violence specific sectors.
2. Focus groups and interviews were conducted with both service users and selected service providers.
3. A review of other community surveys was conducted to provide detailed information and perspectives on benchmarks and recommendations for community action.

In addition the GBDVCC and the Report Card Sub Committee monitored progress on red flags identified in Report Card 2004. The following is brief summary of some of the action on community issues from Report Card 2004:



Action Item	Action Taken in 2004
Organize interagency training	GBDVCC members used data from the report card to help in development of interagency training events (Public Health) and proposals for interagency training (Victim Services). The report card committee included DV training components in two community workshops.
Support development of protocols	GBDVCC submitted a proposal (under review) for protocol development and training for police and VAW services. V/WAP and the Bruce Crown office developed a protocol to coordinate services; The Men's Program and New Directions developed a coordination protocol; CAS and VAW services implemented their protocol.
Support second stage housing in Bruce	GBDVCC provided a letter of support for Women's House of Bruce County to develop second stage housing and the GBDVCC coordinator sits on the second stage housing committee.
Investigate low referral rates for men	The Men's Program continues to investigate low referral rates.
Develop strategies to address barriers	This remains an action area. The Human Services Justice Committee was founded in Bruce County in 2004 to address mental health and justice issues.
Link with education sector	The Bluewater Board of Education has a representative sitting on the GBDVCC. Public health made resources on the benefits of healthy relationships available to all Grey-Bruce secondary schools.
Develop public education messages & strategies	The GBDVCC dedicated a meeting to develop public education messages and strategies. The Family Violence Prevention program at Public Health uses the GBDVCC to as a community consultation group to plan and develop broad public education messages and strategies.



Increase community participation in RC	Report Card 2005 focused surveys on sectors that are not primarily involved in domestic violence response (clergy, mental health, addictions, Ontario Works, etc.)
Link with First Nations communities	Members of the First Nations community participated on the Report Card committee and GBDVCC in 2004. The report card collected information specifically with First Nations service users.
Cross cultural training	M'Wikwedong sponsored cross cultural training, but additional action on domestic violence issues is needed.
Use more inclusive information gathering for the Report Card	Report Card 2005 used focus groups and interviews with service providers and service users to complement survey data. The service user survey was reviewed for literacy and make it easier to use.

This is the final year of funding from the Ministry of the Attorney General for the Report Card project. The GBDVCC is developing a sustainability plan in order to carry out the report card in the years to come. The ongoing support and interest from our community is deeply appreciated, and will be necessary for the future.



WHAT IS A REPORT CARD?

- A snap shot of how our community is responding to domestic violence
- Information on where we have achieved excellence ("stars") and what requires improvement ("flags")
- 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 in order to plan for new or improved funding and/or capacity to address domestic violence in Grey/Bruce



HOW WAS INFORMATION COLLECTED & ANALYSED?

- Survey of selected community sectors and organizations from Grey and Bruce (mental health, addictions, private counsellors, education, clergy, Ontario Works, Hospital services) that provide services to the public that are not abuse specific.
- Survey of women and men who have used community services because of domestic violence in 2004.
- Interviews and Focus Groups with service users and service providers were used to provide additional data on the community benchmarks and to complement the survey data.

Service Users	Service Providers
Women's focus group – Grey (7 participants)	Focus Group with Grey DART and Bruce DART
Women's focus group – Bruce (7 participants)	Focus Group with GBDVCC members
Interviews with 5 Aboriginal women and one Aboriginal man	Focus group with Private Practice Counsellors
Interviews with 8 men (Grey and Bruce County)	Interviews with GBHS Chief of Staff, Grey CAS, Bruce CAS, V/WAP

- Data from a survey conducted by Public Health with area physicians was reviewed and information on coordination and consistency benchmarks was included in this report.
- Collection of statistics from key services for victims and perpetrators: Services for Victims (Shelters, Victim Services, Partner Abuse Care Team, Victim Witness Assistance Program), Men's Program, Domestic Violence Court, and Children's Aid Society services. In addition, data from a report on court outcomes from the Domestic Violence Court in Grey and Bruce was reviewed for and included in, the Report Card.



- The returned surveys were put on a data base and analysed. Data from interviews and focus groups were analysed using qualitative research methods.
- 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. The information presented in this Report Card is limited in several ways:
- Information was collected on specific benchmarks and indicators through survey tools, interviews and focus groups for service users and providers and statistics from community agencies. Although a great deal of rich data was collected, 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 service provider survey tool was distributed to sectors that were not well represented in past report card surveys. This year, surveys were not distributed to agencies and staff that work primarily in the area of domestic violence. The data from this year's report card survey provides additional information on the response to domestic violence by sectors such as Ontario Works, clergy, schools, mental health workers and addictions. Lower levels of coordination or consistency can be expected within the surveyed group, and should not be interpreted as a general decline in these areas.



- The Report Card 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.
- The Report Card reflects the information provided by participants. Efforts were made to distribute the report card broadly to service users through community agencies. It is likely that there are other opinions, experiences and needs in the community that are not reflected in this report. In particular, the needs and experiences of people struggling with domestic violence who have not connected with community services are not represented 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

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

Consistency

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



Capacity

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

Prevention

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

COMMUNITY PARTICIPATION IN THE PROCESS

Service Users

A total of one hundred and three service users participated in the 2005 Report Card.

Seventy four service users completed surveys (compared to one hundred survey returns in 2004).

- Fifty-one (69%) of the surveys were returned by women. Forty nine identified as victims of abuse, one identified as both a victim and a perpetrator and one survey did not indicate if the respondent was a victim and/or perpetrator.
- Twenty-three (31%) surveys were completed by men. Twenty-one men identified themselves as having used abuse; one man said he was a victim and one man identified as both a victim and perpetrator.

Twenty-eight service users were interviewed or participated in focus groups.



Service Providers

A total of one hundred and twenty-eight service providers participated in the Report Card process:

- Ninety-nine surveys were completed by service providers (compared to 100 in 2004). Many of the respondents were participating in the report card process for the first time. Outreach to mental health, addictions, education, private counselors, clergy and Ontario Works was successful and provided an opportunity for new insights and perspectives.
- Twenty-five service providers participated in focus groups (Grey DART; Bruce DART; and members of the Grey Bruce Domestic Violence Coordinating Committee. Organizations represented at the focus groups include: OPP, Municipal Police, VAW (Women's House and Women's Centre), Victim Services, Victim Witness Assistance Program, Sexual Assault and Partner Abuse Care Team, Probation and Parole, Corrections, Public Health, Bruce Crown Attorney, Grey Crown Attorney, The Men's Program, CAS).
- Four Interviews were completed (Bruce CAS, Grey CAS, Victim Witness Assistance Program and Chief of Staff at the Grey Bruce Health Services).

FINDINGS: GREY BRUCE REPORT CARD ON DOMESTIC VIOLENCE

Which Services Were Used in 2004?

Women and men were asked to indicate on their survey all of the services they had used in 2004 because of domestic violence. They were also asked to indicate if they experienced the service as helpful or unhelpful. It appeared that some respondents had difficulty with this page of the survey as some answered the question incompletely, not at all, or incorrectly.

The community services are arranged from most used to least used.



Services	Women (N=51)	Men (N=23)	Total (N=74)	Percentage
OPP	25	11	36	49%
Men's Program	15	20	35	47%
Municipal Police Service	26	8	34	46%
Women Shelter	27	4	31	42%
Criminal Court	19	11	30	41%
CAS	18	11	29	39%
Crown Attorney	17	11	28	38%
Victim Services	17	6	23	31%
Family Doctor	18	5	23	31%
Victim Witness Assistance Program	17	4	21	28%
Legal Aid	11	6	17	23%
Probation Office	12	5	17	23%
Family Court	13	3	16	22%
Emergency Hospital Service	11	5	16	22%
Mental Health Counselling	10	5	15	20%
Private Counselling	10	5	15	20%
Ontario Works	10	4	14	19%
Sexual Assault Service	7	3	10	14%
Addiction Service	7	3	10	14%
Ontario Housing	9	1	10	14%
Justice of the Peace	3	4	7	9%
Bruce Grey Children Service	5	2	7	9%
First Nation Police	3	3	6	8%
Supervised Access Centre	5	1	6	8%
Clergy	4	2	6	8%
School Based Services	4	2	6	8%
First Nation Women's Shelter	2	3	5	7%
Native Child Welfare	2	3	5	7%



Legal Aid Clinic	3	2	5	7%
Public Health Program	2	2	4	5%
Traditional Native Counselling	1	3	4	5%
Other	2	2	4	5%
Alternative Justice First Nation	1	2	3	4%
Partner Abuse Care Team	1	2	3	4%
NNADAP Program	1	1	2	3%
Native Cultural Resource Centre	1	1	2	3%

Discussion



Police services were identified (as in 2003) as the most often used service by men and women struggling with domestic violence. Women rate police services as more helpful than men although the overall rating of people who experienced the police intervention as positive was between 63 and 92%. The exception is the First Nation Police service which was used by six respondents and all three of the men and one of the women found this service not helpful.

Abuse specific services (Men's Program and women's shelter services) were used by many and this is in part, a reflection of the referral source for the clients who completed the survey. All of the men who use the Men's Program (87% of men who responded) found the program helpful and 80% of the women said likewise. Women's shelter services were also seen as highly effective by women (96% of women rated these services as helpful).

"The staff from the Women's Centre, the Durham Sexual Assault Centre and Bruce Grey Children's Services were amazingly professional, wise, helpful and very clear about what abuse is and the effects it has on women and their families. Only because of their help have I been able to put my life back together and recover to a happy and productive life."

Contrary to last year's results, men appeared to use support services as much as women. No appreciable differences can be noted in the use of mental health and addiction services, Ontario Works and private therapists by men vs. women. The only noticeable difference is that



women use their family physician more often than men for support and women are more often in need of subsidized housing.

All men and women who used hospital emergency services reported they found this service helpful. All of the women who accepted the assistance of Victim Services indicated they found the service helpful.

Women reported that Ontario Works, Ontario Housing and the Family Court were the least helpful services.

Although the number of people who used aboriginal services was low (approximately six), aboriginal services were consistently rated as unhelpful for service users. It is unclear if this reflects a trend or if it is a reflection of the complexity of needs of First Nations people in Grey and Bruce Counties.

Child protection services were involved with 39% of respondents, which is consistent with the results from the previous year, indicating that concerns for child safety in cases of domestic violence continue to be monitored. Twenty out of twenty nine survey respondents who were involved with the Children's Aid Society reported they found the service helpful. Five respondents indicated they were involved with Native Child Welfare and four of them found the service not helpful.



STATISTICS ON DOMESTIC VIOLENCE IN GREY & BRUCE 2003

Violence Against Women Services	Women's Centre	Women's House	Total Reported
Women using Emergency Shelter	127	65	192
Children at Emergency Shelter	64	35	99
Crisis Calls	7711	1938	9649
Community Counselling Contacts (women)	147	152	299
Child Witness Program Contacts (children)	47	230	277
Women at Second Stage Housing	20	N/A	20
Children at Second Stage Housing	31	N/A	31
Native Shelter Services			
	N/A	N/A	N/A
Children's Aid Society Services			
	Grey CAS	Bruce CAS	
Cases opened because of Adult Conflict	164	111	275
Cases transferred or ongoing from previous year(s)	39	48	87
Victim Services			
	Grey	Bruce	
Domestic Violence clients served	102	37	139
Sexual Assault Partner Abuse Care Centre			
Domestic violence clients served			44
Forensic evidence collected			6
Victim Witness Assistance Program			
Partner Assault Referrals	168	115	283



Supervised Access Centre	DV Primary Reason	DV Secondary Reason	Total
Domestic Violence Cases	21	15	36
Men's Program	Referrals		
Court Referrals: Early Intervention, Domestic Violence Court, Probation	135		
Voluntary (Community) Referrals (Addictions, Doctor, Brochure, Newspaper Ad, Mental Health, Lawyer, Work, peer)	51		
CAS Referral	16		
Total Referrals			202
Men who Completed the Program			83
Domestic Violence Court	Owen Sound	Walkerton	Total
Number of DV Cases	168	115	283
Cases to Trial	12	6	18
Convictions	2	1	3
Peace Bonds	26	20	46
Guilty Pleas	107	76	183
Cases Withdrawn	21	10	31
Cases Stayed	0	2	2

Discussion



Police statistics on the number of domestic assault charges were requested from all municipal and OPP police services, but the response rate was not high enough to include for this year's report card.

Services working with victims of violence (women and children) report an overall increase in activity. CAS has an increase of 20.6% of adult conflict cases in 2004. VAW Emergency Shelters had an 11% increase in women using shelters, but no increase in the number of



children. The Partner Abuse Care Team doubled its number of cases and Victim Services provided services for an additional 41% of victims of domestic violence. V/WAP had 26% more cases in 2004.

It is surprising and a concern that given this level of activity the referral rate to the Men's Program fell in 2004 by 20%. The low level of convictions at both the Walkerton and Owen Sound Domestic Violence Courts is an additional concern that will be discussed in more detail in the section on Coordination.

THE COMMUNITY RESPONSE TO DOMESTIC VIOLENCE

Stars, Red Flags and Discussion ¹

Coordination

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

A seamless response to domestic violence involves a broad spectrum of community services and supports that work together in a coordinated way with both victims and perpetrators of domestic violence. Men and women in focus groups and interviews again confirmed that when services work together, it is helpful to them. Service users said that when there is no communication between the organizations involved in their lives, it makes their already difficult situation more confusing and stressful.



Results from 2004 data from service users identify the following stars and flags:



A majority of service users report a coordinated service response.



Most Aboriginal women report a lack of service coordination.

Discussion



Seventy nine percent (N=57) of service users who answered the question agreed or strongly agreed that organizations worked together in a coordinated way. Eighty percent (N=56) of service users agreed or strongly agreed that people working in organizations were aware of domestic violence services provided by other community organizations. Eighty six percent (N=61) of service users agreed or strongly agreed that they were directed to the help and services they needed.

In the focus groups and interviews, men and women expanded that when services work together this is incredibly helpful to them. The corollary is also true and was discussed: that when services do not work together, it makes their struggle more difficult and confusing.

I was involved with the CAS, Victim Witness, Sexual Assault Care Centre, lawyers and private therapists, and last but not least the crisis shelter. I found no communication existed between the various agencies.

First Nations women said that they did not experience service coordination. Two out of four people indicated they were not directed to help and services appropriate to their culture. There are First Nation services and Urban Aboriginal services available, with the exception of a men's treatment program. However, these services received poor ratings as to their helpfulness. These are issues that require further discussion, investigation and action at the community level.

Service users reported that doctors, clergy and private therapists frequently do not refer them to abuse specific services. When referrals are made, these professionals do not follow up or stay in touch to



coordinate service provision. This is an area of development that was identified in the previous report card as well and one that is confirmed by the results of this report card.

No solution has been found to the dilemma that clients are required to tell their story to each new service they attend. Suggestions made to address this include a centralized intake or standardized screening that client can have copied to disk and take with them to the next service provider.

Results from Service providers on Coordination:



Domestic Assault Review Teams (DART) in Grey and Bruce report they are actively problem solving and improving coordination within the justice and social service sectors.



The number of convictions in domestic assault related cases that go to trial are low at both Owen Sound and Walkerton courts.



Increased workloads and ongoing lack of resources for service providers is hurting community coordination.



Many physicians, private counsellors, and clergy report a need for more information about domestic violence services and how to access them.

Discussion



Domestic Abuse Response Teams (DART) are teams from the justice and social service sectors that meet regularly to review specific domestic assault court cases to examine what worked and didn't work in the system response. Focus group participants from the Grey DART and the Bruce DART reported that the DART teams identified issues that led to action to improve coordination in 2004:

- The Bruce Crown office and V/WAP developed a protocol to improve coordination.
- The Grey DART identified that victims fell into a role providing information about services to their partners involved in the court system. The Men's Program addressed this by presenting the Early



Intervention program to the Grey defense bar to engage lawyers in the provision of information.

- The Grey DART reported improvements getting cases through Bail Court and the Bruce DART noted significant improvements in getting Crown briefs in quickly to make sure victims are supported and the man is held accountable.
- Replacing general court and probation orders “to seek counselling” with specific language to order men specifically to the Men’s Program has been implemented in Grey and has been flagged as an action item in Bruce.

DARTs in Grey and Bruce identified additional action items at the focus group discussion:

- The need for a formal protocol for information sharing between the Bruce Crown office and the Early Intervention program
- The need for more coordination between Probation and Parole and the Men’s Program and for increased referrals to the Men’s Program
- The Sexual Assault Partner Abuse Care Centre has a documentation procedure and forensic evidence collection process in place that can be accessed by police and the courts. Implementation and feedback on the process is needed.
- The need for more information for the defense bar and judges on domestic violence and the Early Intervention program in Bruce County, and a suggestion that a joint Crown – Defense presentation on domestic violence be organized under the auspices of the Bruce Law Association.

There are challenges with marrying social services and the justice systems...we need to see this as a constant process – it is not an easy fit and coordination is challenging.

Owen Sound and Walkerton have a Domestic Violence Court Program in place, under a provincial initiative which includes an early intervention process for offenders as well as a coordinated prosecution by trained Crown Attorneys with enhanced evidence collection and victim support throughout the court process.

Focus groups with the Grey and Bruce DART and with the members of the GBDVCC revealed a widespread concern about the low conviction



levels for domestic violence cases that went to trial in 2004 at the Owen Sound and Walkerton courts. A summary report of the court outcomes for all domestic violence court proceedings in 2004 showed that there was one conviction out of six cases in the Walkerton Court and two convictions out of twelve cases in Owen Sound. Despite enhanced levels of sector coordination and enhanced prosecutions, it is difficult to get a conviction. Focus group members expressed frustration and concern about the message this sends to victims and perpetrators and the impact on victim safety and offender accountability. Police noted that the hours of work involved in gathering evidence (on average 55 hours) for the enhanced prosecution does not result in better court outcomes. Focus group members expressed interest in comparing local conviction levels to conviction rates in other Ontario communities. In addition, they recommended that judges have more information and training on domestic violence and that they receive a copy of the Report Card.

It is hard to put a good face on putting the victim through the court system when there is an acquittal.

Focus group and interview participants identified that the lack of staff time and workload demands has a negative impact on coordination efforts. They noted that increased responsibilities and increasingly complex client needs make it difficult to find time for coordination activities such as attending meetings, intersector training or networking with other service providers. Interviews with workers in the Children's Aid Societies and physician sectors noted that domestic violence is a complex issue that requires a great deal of time. Grey CAS reported that they created a Domestic Violence staff position to deal with domestic violence cases and support other CAS staff in order to improve coordination.

Service providers in the clergy, education, Ontario Works, addictions, mental health and private counsellor sectors identified a need for more education and awareness on domestic violence. Sixty-nine percent (n=66) of survey respondents from these sectors had not had any intersector training in domestic violence in 2004 (90% of clergy, 85% of educators, 47% OW, 66% addictions, 70% mental health).



- Survey respondents from the sectors listed above said that increased awareness and education on domestic violence would help coordinate their work with other agencies.
 - Nine of twenty-seven (33%) of physicians answered a question on a Public Health survey saying increased awareness and education is needed to improve the community response to families who are experienced domestic violence.
 - Private counselors said that they need more information about the services provided by women's services (Women's Centre and Women's House) and more opportunities to share information and link with these services.
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Raising the profile of the issues would help coordination. Tapping into the doctor community through an opinion leader in the field is the best way to reach physicians. You need someone from the physician community to raise the profile of the issue. Some physicians may have a sense of powerlessness – not knowing what works and doesn't work for victims. It may be helpful to get more information from service users on what is helpful so doctors know what works.

A very positive coordination effort between the Men's Program, Women's Centre and Women's House called "Reaching Out" began in 2004. This project addresses an identified service gap and meets the needs of the partners of men at the Men's Program who in the past did not access services for victims of violence.

Consistency

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.



Results from 2004 data from service users identify the following stars and flags:



Most service users continue to report a high level of consistency within community services (what they are told about domestic violence, being treated with respect, receiving a consistent and helpful response).



Service users report that abuse specific services are most effective in addressing issues of domestic violence for men and women.

Discussion



There is in general a high level of consistency in how services are delivered and what the service providers' understanding is of abuse. Service users rated the abuse specific services (the women's shelters and associated counselling and the Men's Program) as most effective. Twenty six out of twenty seven women (96%) who used women's shelter services indicated they found this service helpful. Twelve out of fifteen women (80%) and all twenty men who used the Men's Program found this service helpful. Clearly, domestic violence is an area requiring expertise and those services who specialize there are most effective in helping men and women address this issue.

In the focus groups, Women's shelters were most consistently identified as places where women felt understood and received the kind of support they needed:

- Time for healing
- Time to assess the situation and make decisions
- Rest
- Ongoing support for the family
- Referrals for other issues such as historical child sexual abuse
- Help to understand the dynamics and effects of abuse

They gave me the words so I could explain how I felt. They helped me fight for my sanity. They helped me to understand why I started using drugs. They understood better than I did what I had been through.



Men who were interviewed also identified what they felt helped them when they went to the Men's Program:

- To be treated with respect
 - When the helper "handles you with care and is relaxed"
 - Focus on the impact of abuse on women and children
 - To know there is another way, another solution
 - To learn to take responsibility
 - When the service provider takes time to get to know the person and doesn't stay stuck in stereotypes
-

They helped me to understand it was me who had to change. They helped me to understand the problems I was creating. Men's Program staff understood my situation very well.

I want to tell other men: they'll help you see there is another solution. You are going to like yourself better. You are going to let yourself be more loving.

There continue to be reports of actions and attitudes that were not helpful. Nine out of 39 women (23%) who saw the question of safety planning as relevant, said safety planning was not offered to them. In addition, eleven out of fifty six women (20%) who answered the question about safety said that their life did not become safer after they reached out for help. This is consistent with the results from the 2003 report card.

Although much good work is being done in Grey and Bruce Counties, there continue to be people who are failed by the response of helpers. It is disconcerting that some men and women continue to have very negative experiences with certain services or certain staff.

The police told me to press charges. They would keep us safe. They took him away and the same night he was knocking at the door. He rented an apartment in the same building the next week and harassed me and the children constantly. We lived in terror and were horrified to leave the apartment. The police did not do a thing and even stopped coming when I called or they would come hours later. As far as I'm concerned they too are responsible for the abuse, to look away or do nothing. Why should women reach out? It is hard enough to live in it without inviting others into your hell.



One volunteer wished to take me to my local bank in a very small town. She was wearing a tee-shirt with the logo of her organization on it. She was upset that I objected to this. This was not very discreet on her part, I'm afraid.

In the focus groups, women articulated what they found helpful:

- Being asked (screened) about all forms of abuse
- The helper taking an active role in educating women, explaining options, providing referrals and calling for follow up
- Professionals who are well informed and provide information

And not helpful:

- Professionals who did not want to interfere
 - Helpers who did not ask about abuse
 - Marriage counsellors who did not understand the dynamics in a relationship where there is abuse
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I went to the doctor with injuries. I had my eight month old baby with me. The doctor treated the injuries. There was no discussion about the abuse.

Many men and women found the service providers they met competent and understanding. However, areas of training were identified as necessary by some to assist professionals to be more effective:

- Understanding the emotional impact of trauma
-

Little attention was paid to my emotional well-being. People wanted me to hurry up and be task oriented. I felt a pressure to hurry up and get well.

The professionals I saw did not understand what a woman is like after nine years of abuse.

They locked me up in a mental ward for 72 hours after my partner chased me with a gun.

- Physicians need information and resources on the referral process to VAW services. Physicians are key health care providers and they can be very influential to women seeking resources / information
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and help with issues of domestic violence. The use of prescribed medications prompted different responses. One woman said she had found medication helpful. Others said medication reinforced the notion that they were the problem and actually made them less able to act on their own behalf. Four men said they had asked their doctor for help with their abusive behaviour and that they did not receive the information that they needed. This indicates a need for increased education and awareness targeted at physicians, so that they in turn, can assist their patients.

- Understanding how men feel and what the roots of abuse are.
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How you feel inside is terrible. The remorse, the shame and you don't know how to deal with it. When we get to this place we have hit rock bottom. Everything is at stake: family, job, home. It is a very high stress time. The justice system punishes us. When we get out, we still have the same problems

- Understanding the complexity of some people's lives: how issues such as poverty, unemployment, homelessness, mental health problems, legal problems, addictions and work schedules interfere with men and women's abilities to address domestic violence.
- Knowledge of resources in the community, especially for men. Men who were interviewed identified as most helpful: A.A., New Directions, the Men's Program and My Dad's group.

Results from Service providers on Coordination:



Most service providers and some service users identify that more training is needed on domestic violence, especially on screening, safety planning, response to victims and perpetrators, and understanding the impact of trauma and emotional abuse.



Some service providers do not consistently do screening and safety planning, particularly when their work is not focused on domestic violence.



Service providers and the broader public don't share a common understanding of domestic violence, or of what action needs to be taken to address it.



Discussion



Only 28% (n=26) of service providers responded “yes” to the question “Do you believe you have the training you need to respond effectively to Domestic Violence in your work?” Twenty three percent (n=22) of respondents did not have the domestic violence training they need. Forty nine percent (n= 46) said that they had “Somewhat” the training they need, indicating room for improvement. These levels are much lower than those reported by service providers in Report Card 2004, where 49% of respondents said they had the training they need. This makes sense given the focus of the survey this year on service providers for whom domestic violence is not a primary mandate.

Service Providers identified the following training needs:

- Safety Planning
- Screening for Domestic Violence
- Responding to Perpetrators
- Victim Response
- Interagency Collaboration

Sectors have different priorities for training:

Clergy	Interagency collaboration
Mental Health	Screening for Domestic violence
Education	Victim Response
Ontario Works	Training in victim and perpetrator response, interagency collaboration and screening were seen as equally important.
Addictions	Screening and Safety Planning

Focus group and interview respondents stressed the need for better training in understanding the impact of emotional abuse and trauma on victims of domestic violence. This was raised also by female service users. Service providers also noted that there are various levels of training within sectors that may result in inconsistent service provision. Police noted a need for ongoing training to determine the “primary aggressor” in domestic violence situations.



Sixty percent (n=47) of survey respondents do not routinely screen for domestic violence and 46% (n=28) do not do safety planning. These findings are higher than reports from service providers in Report Card 2004 indicating that service providers who do not deal primarily with domestic violence are less likely to screen or develop a safety plan.

Service providers identified the following barriers to screening:

- Time constraints
- No standard at the place of employment. Done on an 'as needed' basis.
- "I'm asking questions but don't have any specific forms or written assessments"
- "Usually we ask questions after we have established a relationship with our clients"
- Lack of resources and training
- "Issue has never come to my attention"

This (screening) is something which has simply not been 'on my radar screen'. That's why I'm filling out this survey. I realize I need to more involved and connected. I guess I simply haven't been dealing with people who have obviously been involved with domestic violence.

Safety planning is done with victims of domestic violence by all mental health and private counselors who responded to the survey. Over two-thirds (67%) of Clergy and Ontario Works survey respondents did not do safety planning.

Service providers did not do safety planning because:

- Not trained or not aware of this practice
- Practice is to refer cases to an outside agency
- Not our area of expertise

Focus group participants noted that there is a good level of consistency in messages about domestic violence particularly with sectors that routinely deal with the issue. This understanding of domestic violence is not always shared by the family, friends, peers and neighbours of victims and perpetrators.



Focus group participants said that victims and perpetrators often get very different messages about the issue of domestic violence from service providers and the people closest to them, a situation that causes conflict and confusion. They suggested broad public education programs to change attitudes and to develop a common understanding of domestic violence at the community level.

Capacity

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

Results from 2004 data indicate the following stars and flags:



Most service users report services for adults are available and they receive the information and referrals they need.



Half of service users experienced barriers to services. Barriers such as lack of transportation, poverty, mental health issues, lack of childcare, disabilities and racism were noted.



More services and service coordination is needed for children affected by domestic violence.



Service users and providers report a lack of mental health services for people dealing with trauma related to their abuse.

Discussion



The response from Service Users is comparable to last year's results and continue to be positive. Fourteen out of sixty nine service users said they had to wait for services. Proportionally this is more so for women than for men. The continuous intake practice of the Men's Program seems to be effective in providing assistance quickly. Several women identified the shut-down of community based counselling services that took place around the middle of December, as a hardship for themselves and their children.



Forty eight percent of men (N= 11) and fifty seven percent of women (N= 29) said they had difficulty getting the services they needed. They identified the following as barriers to accessing services: no transportation, no money, no childcare, shift work, mental health problems, racism, services closure and not being aware of what an agency is able to provide.

Mental health, clergy, addictions, education and Ontario Works workers who completed the survey ranked mental health issues (30%, n=58) and poverty (28%, n=54) as the biggest barriers for people when they address domestic violence in their lives. Developmental challenges (16%, n=31) and lack of cultural services (7%, n=14) were also noted as barriers.

Men and women who participated in focus groups and interviews spoke about the obstacles that prevented them from getting the services they needed.

Women:

Racism

When I reported sexual assault, police asked me about my nationality and commented on the clothes I was wearing.

The CAS worker told me off the record that being Indian made me "high risk".

I stayed at the non-native shelter for only one day. I didn't feel comfortable; I felt the staff didn't care, I felt judged.

Disability

- Needing transportation
- No child witness services for disabled child
- Mental health issues

Poverty

- Unable to travel long distances to get to services
- Social assistance is inadequate



Social assistance wanted me to clean out the joint bank account but I was too afraid he might kill me. What I needed was affordable housing or enough money to cover the rent I had to pay -- \$520.00 for a 3 bedroom apartment doesn't exist in Ontario.

Isolation

I felt isolated. It took so much energy just to raise the kids that I gave up trying to get help for myself. It's so exhausting to have to fight for your rights with police and Social Assistance.

Fear

- Of abusive partner
 - Of CAS: losing children because of poor choice of partner; losing kids because of poverty
-

I kept living in secrecy because I was so afraid of the CAS becoming involved.

- Of the legal system: not understanding how it works, losing control over one's life.

Men:

The lack of culturally relevant services

Poverty:

- Having to pay fees for services
- Transportation problems

Shift work made it a challenge to attend group regularly.

Language -- need for plain language

Men's own unawareness of their problem

I always resisted the idea that my personal anger and angst was hurting my partner.



Lack of awareness of resources available:

I knew I had a rotten temper. I knew I had a problem. I didn't know how to get help.

Fear

- Of being in a room with "really bad guys"
 - Of facing one's problems
-

Men need to know there is a place to go where they won't feel threatened. It's hard for men to feel vulnerable.

Addictions -- several men spoke of their addiction problems standing in the way of making progress in dealing with their abuse problems.

Service provider participants in the survey and focus groups listed additional barriers for men and women struggling with domestic violence:

- Lack of affordable housing
 - Cost of private counseling for clients without EAP
 - Shame, secrecy, stigma, embarrassment, guilt
 - Limited education and lack of marketable skills
 - Denial, inability of clients to understand they need help
 - Limited family support
-

Being a victim is still not acceptable in the community. The old beliefs and myths are present and act as a barrier for women to get help and get out of the situation.

I have certainly learned how little I know about this issue and perhaps how insulated I have been from it. I suspect that the church is simply not sufficiently involved with people at most risk of domestic violence.



Children's Services

Although many women said their children received some help through the women's shelters, they said it was not enough. They said their children needed more consistent and long term support.

Several Aboriginal women said they felt supported by Native Child Welfare. They said other agencies and the school labeled their children as "bad kids" and as having "behaviour problems".

The CAS was often seen as threatening. In the survey, five women (28% of those with CAS involvement) and four men (36% of those involved) indicated they did not find the interventions of the Society helpful. Women felt the CAS did not act to protect children sufficiently during visits with their father. They felt the CAS interventions disempowering through: surprise visits, short notices for meetings, and interventions that felt like woman blaming. Some women had positive experiences with CAS and felt they were helpful for themselves and their children. Half of the men interviewed did not have children in the home. The other half said their children did not get help at the time of the abuse but eventually found support through the Rainbow Program and Ala-teen. Several men said the Dad's group was an indirect support to their children.

Some service providers noted that fear of the CAS is a barrier. Interviews with CAS in Grey and Bruce counties explored this issue further. Several strategies and suggestions were made by the CAS:

- Use of a best practice approach that looks at different types of responses such as solution based interventions
- Dispel myths and work with community partners
- Work from a multi theory base
- Develop more tools to deal with domestic violence, using a respectful approach that sorts out client fears
- Linkages with other agencies and work with interagency groups
- More information for the community on the role and mandate of the society
- Communication, ongoing joint training with VAW



There is a vacuum now in prevention. We work together and are creative and flexible with the present mandate, but this is not a substitute for needed prevention programs. CAS needs to be involved much earlier when families still have energy and hope.

Service providers agree with service users that more resources and strategies are needed to support children dealing with domestic violence. They noted that more local research is needed to determine:

- Which children are not getting services
- What service children need
- Who should provide services and who could be potential partners in service provision
- How to improve access and availability of existing services

Mental Health Services

Service users and providers identified the lack of mental health services as a barrier for women, men and children dealing with domestic violence. This includes:

- Lack of services for people who do not have a diagnosis for a major mental illness
- Mental health workers not understanding the impact of abuse on the mental health of victims and perpetrators
- Lack of resources and lack of understanding of the impact of emotional abuse on the mental health of women
- Women and men have difficulty accessing existing services because of lack of transportation, childcare, money
- Lack of services for children

For additional information see the discussion in the consistency section.



Prevention

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 2004 data indicate the following stars and red flags:

Successful broad community education projects took place in 2004.



Service providers report a need for more coordination and a shared language in public education initiatives on domestic violence.



Service providers and users report a great need for public education and prevention activities, especially directed towards young people and parents, yet there are few resources available to address this need.

Discussion



Several successful community education campaigns took place in 2004:

- The “Love is not Hurtful” campaign conducted by the Family Violence Prevention program at the Grey Bruce Public Health Unit included a broad public education campaign including media, billboards and an conference for service providers.
- The Bluewater Board of Education began an anti bullying campaign that included broad public education initiatives, speakers, training and capacity building for students, educators and parents.
- Community workshops in April and December 2004 that were part of the Report Card project raised awareness and involvement of community sectors such as clergy, addictions, mental health, Ontario Works and education in the community response to domestic violence.



- The Sexual Assault Partner Abuse Care Centre conducted public service announcements and a poster campaign on “where to go for help” for domestic violence and sexual abuse.

Eighty seven percent of service user survey respondents (N = 56) indicated that information about domestic violence and community resources was very easy or somewhat easy to get. They indicated that police were very often a source of information.

Although information on domestic abuse is fairly readily available, public education continues to be identified as a need by both service users and providers. Ninety percent (N= 61) of service user respondents agreed or strongly agreed that the community needs more education about domestic violence. Eighty-eight percent (N=71) of service providers said there was a moderate or low level of public education activity in Grey-Bruce in 2004.

Service users and providers had many suggestions for public education on domestic violence:

Women need more education on:

- Emotional abuse, financial abuse, isolation
- Legal options
- Women's shelters -- who can go there?
- Community resources
- Dealing with a lifetime of abuse

The community as a whole requires more information about:

- How to be helpful
- The progressive nature of abuse
- Awareness of community services especially the Men's Program
- Speaking out against abuse
- Opportunities for abused women to speak
- Nature of power and control in relationships
- Characteristics of an abusive person
- Identifying abuse



- To let families know there is hope

Men need education on:

- Relationship skills, and how to be a good partner
- Ways to encourage males to talk to each other more openly and challenging the culture of violence
- Changing attitudes and beliefs. One man said that in Bruce County the old beliefs hold sway that "the man is always right"

Men need public education messages such as:

- It takes courage to ask for help and admit you are wrong
- It's more common than you think
- Don't be afraid to come forward
- You are going to like yourself better
- You're going to allow yourself to be more loving and tender
- There is another solution

Grey and Bruce needs coordinated and collaborative public education strategies to increase awareness of the issues and community resources, and to change beliefs and attitudes:

- Education on domestic violence in the schools, programs offered to parents through the public school system and increased education for school staff on domestic violence
- Information blitz about verbal/emotional abuse and supports offered at local VAW organizations
- More focus on gender equality in the schools, minor sports, churches etc., and education for coaches teachers and ministers on the influence they can have on attitudes and perceptions
- Broad media campaigns especially targeted at teens
- Video presentation and information on how parents can help children
- Interagency professional development days



- Education in workplaces around Grey and Bruce, and men's service clubs
 - Build on bullying work being done at schools; see if there are connections to adult conflict in the home
-

We need a campaign similar to the one on bullying....posters, big name guests, plays, pamphlets, a spot in the curriculum. It's becoming 'uncool' to be a bully. Let's make it 'uncool' to be sexist.

Education is important and dialogue even more. There is still a surprising level of denial even at leadership/management levels in small communities. Violence overall is so acceptable in our society.

In our province there are so many different titles that define the issue – family violence, woman abuse, partner abuse – We need some common language for our community.

SUMMARY OF STARS & RED FLAGS FROM THE 2005 REPORT CARD

Coordination



Domestic Assault Review Teams (DART) in Grey and Bruce report they are actively problem solving and improving coordination within the justice and social service sectors.



A majority of service users report a coordinated service response.



The number of convictions in domestic assault related cases that go to trial are low at both Owen Sound and Walkerton courts.



Increased workloads and ongoing lack of resources for service providers is hurting community coordination.



Many physicians, private counsellors, and clergy report a need for information about domestic violence services and how to access them.



Most Aboriginal women report a lack of service coordination.



Consistency



Most service users continue to report a high level of consistency within community services (what they are told about domestic violence, being treated with respect, receiving a consistent and helpful response)



Service users report that abuse specific services are most effective in addressing issues of domestic violence for men and women



Most service providers and some service users identify that more training is needed on domestic violence, especially on screening, safety planning, response to victims and perpetrators, and understanding the impact of trauma and emotional abuse.



Some service providers do not consistently do screening and safety planning, particularly when their work is not focused on domestic violence.



Service providers and the broader public don't share a common understanding of domestic violence, or of what action needs to be taken to address it.

Capacity



Most service users report services for adults are available and they receive the information and referrals they need.



Half of service users experienced barriers to services. Barriers such as lack of transportation, poverty, mental health issues, lack of childcare, disabilities and racism were noted.



More services and service coordination is needed for children affected by domestic violence



Service users and providers report a lack of mental health services for people dealing with trauma related to their abuse.



Prevention



Successful broad community education projects took place in 2004.



Service providers report a need for more coordination and a shared language in public education initiatives on domestic violence.



Service providers and users report a great need for more public education and prevention activities, especially directed towards young people and parents, yet there are few resources available to meet this need.

NEXT STEPS FOR THE REPORT CARD PROCESS

A community workshop will be held April 22, 2005 to discuss the findings from Report Card 2005. Participants in the report card process will be invited to review the findings and take part in domestic violence training modules.

The Report Card process is designed to support community action to improve the response to domestic violence in Grey and Bruce. All sectors and service providers, throughout the community have an important role in this work.

The Report Card Committee makes the following suggestions for the GBDVCC and community partners for action:

- Expand service coordination efforts to include clergy, mental health services, Ontario Works, addictions, education, private counsellors and family physicians.
- Develop interagency training opportunities on domestic violence that involve a broad cross section of community sectors. Focus training on screening, safety planning, working with victims and perpetrators and community collaboration



- Develop a one stop information website on domestic violence for Grey and Bruce with links to community services and provincial, national and international resources on domestic violence.
- Take coordinated action to address barriers to service, in particular the impact of poverty on victims of violence and issues of racism.
- Support coordinated interagency initiatives for public education, with a focus on young people, parenting boys, and the development of a common understanding of domestic violence at the community level.
- Research and community discussion to explore current low conviction levels Grey and Bruce Domestic Violence Court process, how our community compares to other Ontario DV Courts, and the impact of low conviction rates on victim safety and perpetrator accountability
- Research and community planning to enhance services and service availability for children who are dealing with domestic violence
- Action to address barriers to service users with mental health issues and to increase coordination with the mental health sector.
- Support cross cultural training and awareness to address discrimination and research to address service coordination issues for Aboriginal women.

THANKS!

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

- Members of the GBDVCC Report Card Committee:

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- The Children's Aid Society of Grey and Owen Sound for administrative support and for acting as the sponsoring agency for this project.
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APPENDIX ONE

Grey Bruce Domestic Violence Coordinating Committee

Mission

We are an intersectoral community committee committed to effective collaborative and a proactive response to domestic violence* in Grey and Bruce. We strive to enhance the safety of victims, hold abusers accountable, increase public awareness and prevent violence in families.



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

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 a 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 TWO

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END NOTES

Glossary

Agency: refers to a non-profit or government funded organization that provides helping services in the community. These services usually address social, educational or medical needs.

CAS: acronym for Children's Aid Society. In Grey/Bruce there are two: Children's Aid Society of Owen Sound and the County of Grey and the Bruce County Children's Aid Society. These are separate and distinct from Native Child Welfare.

DART: acronym for Domestic Abuse Review Team. In Grey/Bruce, two such committees operate: one in Grey County and one in Bruce County. They are made up of representatives from the social services and the justice system and work to ensure a more effective response to individual domestic violence cases.

Domestic Violence: Domestic Violence is any abuse of physical or sexual force, actual or threatened, in an intimate relationship. Although both men and women can be victims of domestic violence the overwhelming majority of this violence involves men abusing women.

These crimes are often committed in a context where there is a pattern of assaultive and controlling behaviour. This violence may include physical assault and emotional, psychological and sexual abuse. It can include threats to harm children, other family members, pets and property. The violence is used to intimidate, humiliate or frighten victims or to make them powerless. Domestic violence may include a single act of abuse. It may also include a number of acts which may appear minor or trivial when viewed in isolation but collectively form a pattern that amounts to abuse.

Intimate relationships include those between the opposite-sex or same sex partners. These relationships vary in duration and legal formality



and include current and former dating, common law and married couples.

GBDVCC: acronym for the Grey Bruce Domestic Violence Coordinating Committee. This committee has representatives of social services, health services and the justice system and works to improve coordination among its members.

Intersector: means between sectors such as health, justice, social services, clergy, private counsellors. For example: the Report Card committee provided intersector training and invited clergy, physicians, private counsellors, agency staff, police, etc.

Interagency: means between agencies. For example: Reaching Out is an interagency initiative, involving the Men's Program, Women's House of Bruce County and The Women's Centre.

Sector: agencies and individual service providers who together make up a specific part of the helping professionals. For example, health, education, social services, justice.

VAW or Violence Against Women services: agencies whose primary mandate is work with women and children who are dealing with domestic violence in their lives such as: women's shelters and outreach programs.

V/WAP: acronym for the Victim Witness Assistance Program, a government service to assist victims dealing with the criminal court system.

Partner Abuse: A gender neutral term used to denote abuse when it occurs in intimate relationships.

Victim Services: A not for profit agency that provides immediate short term support to victims of crime.

¹ The statistical analysis of survey data includes answers to specific survey questions that were completed. If a question was left blank or the respondent answered that the question did not apply to them, the response was not included in the calculation of percentages.